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**CEIRS Human Influenza Surveillance Study
Form 8A: Follow-up Assessment**

1. How many attempts were made? _____ attempts
At most 4 attempts of phone follow-up should be made unless requested otherwise by subject.

Attempt 1:

Date: _____/_____/_____(mm/dd/yyyy)
 Time: _____/_____/_____(hh:mm) (24-hour clock)
 Successful Contact: No Yes

Attempt 2:

Date: _____/_____/_____(mm/dd/yyyy)
 Time: _____/_____/_____(hh:mm) (24-hour clock)
 Successful Contact: No Yes

Attempt 3:

Date: _____/_____/_____(mm/dd/yyyy)
 Time: _____/_____/_____(hh:mm) (24-hour clock)
 Successful Contact: No Yes

Attempt 4:

Date: / / _____
 Time: : (hh:mm)(24-hour clock)
 Successful Contact: No Yes

2. Did the follow-up assessment occur? No Yes
 If Yes, specify date: _____//_____ (mm/dd/yyyy) If
 Yes, how did the follow-up occur? In-person Telephone
 If No, specify reason:
 _____ Subject unavailable for follow-up
 _____ Minimum of 4 failed attempts at phone follow-up
 _____ Contact numbers non-functional
 _____ Subject requested no further contact
 _____ Other, specify: _____

If the Follow-up was performed via the phone, please use the following script:

“Hello Mr. /Ms. (Insert Subject Last Name)
 My name is (Insert Research Coordinator Name), I am [calling] from the Emergency Department at (Insert Name of Medical Center) where you were seen about 3 weeks ago. At that time, you agreed to enroll in our study on influenza testing in the emergency department. As part of this research study we are following up with you. The purpose of this call is to get some more information from you regarding your illness and the outcome.

Are you still willing to answer a few questions?” No Yes

If No, stop
If Yes, research coordinator proceeds with the follow-up assessment questions:

Follow-up Assessment Questions

1. Have you returned to an Emergency Department since you were enrolled in this study?

- No Yes Unknown

a. If Yes, how many times? _____

What was the approximate date and the reason you came to the ED? (Record up to 3 visits):

ED Visit 1

Which ED was it? JHH BVMC Linkou Taipei

Keelung Other Unknown

Date: / / (mm/dd/yyyy)

Reason: _____

ED Visit 2

Which ED was it? JHH BVMC Linkou Taipei

Keelung Other Unknown

Date: / / (mm/dd/yyyy)

Reason: _____

ED Visit 3

Which ED was it? JHH BVMC Linkou Taipei

Keelung Other Unknown

Date: / / (mm/dd/yyyy)

Reason: _____

2. Have you been admitted to the hospital (stayed overnight) since you were enrolled in this study?

- No Yes Unknown

a. If Yes, how many times? _____

What was the approximate date and the reason for your hospitalizations? (Record up to 3 visits):

Hospitalization 1

Admit Date: / / (mm/dd/yyyy)

Reason: _____

Length of Stay _____

Hospitalization 2

Admit Date: / / (mm/dd/yyyy)

Reason: _____

Length of Stay _____

Hospitalization 3

Admit Date: / / (mm/dd/yyyy)

Reason: _____

Length of Stay _____

3. Following the ED visit during which you were enrolled in this study, did you receive any antiviral medications to treat influenza? (Note: Do not include any antiviral medications that were prescribed during the initial ED visit) No Yes Unknown

a. If yes, What influenza antiviral treatment did you take?

- Zanamavir
- Oseltamivir
- Amantadine
- Rimantadine
- Other, specify: _____
- Unknown
- None

b. If yes, Date antiviral was started: / / (mm/dd/yyyy)
Duration taken for: _____ days

4. Following the ED visit during which you were enrolled in this study, did you receive any antibiotic medications? (Note: Do not include any antibiotic medications that were prescribed during the initial ED visit)

No Yes Unknown

a. If yes, how many did you take? _____ (Record up to three)

Antibiotic 1

Name of antibiotic received: _____
Date antibiotic was started: / / _____ _____
Duration taken for: _____ days

Antibiotic 2

Name of antibiotic received: _____
Date antibiotic was started: / / _____ _____
Duration taken for: _____ days

Antibiotic 3

Name of antibiotic received: _____
Date antibiotic was started: / / _____ _____
Duration taken for: _____ days

5. Have you been diagnosed with a heart attack since you were enrolled in this study?

No Yes Unknown

6. Have you been diagnosed with a stroke since you were enrolled in this study?

No Yes Unknown

a. If yes, date of stroke diagnosis: / / (mm/dd/yyyy)

7. Have you been diagnosed with pneumonia since you were enrolled in this study?

No Yes Unknown

Follow up Blood (Serum) Sample

Blood (Serum) Sample:

- Collected
- Patient refused: Reason _____
- Phone follow up – unable to obtain successful contact
- Coordinator Unable to Obtain: Reason _____
- Other: _____

If collected:

Collection:

Date: / / _____
Time: : (hh:mm) (24-hour clock)
Coordinator initials: _____

Placed in refrigerator:

Date: / / _____
Time: : (hh:mm) (24-hour clock)
Coordinator initials: _____

Final sample processing:

Date: / / _____
Time: : (hh:mm) (24-hour clock)
Coordinator initials: _____

Subject notes: