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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: