CEIRS Human Influenza Surveillance Study
Form 1A: Screening and Enrollment Log Active Surveillance

To be maintained by Study Centers and made available upon request.
The following table will be distributed in a Microsoft Excel format for use at individual medical centers; It is housed in a secure folder.
Row 1 represents column headings
Row 2: represents options available on a drop-down menu.

Date	Shift	Age	Sex	Ethnicity	Race/ Ethnicity	Eligible Symptomatic Surveillance	Eligible Asymptomatic Surveillance	Eligible Influenza Positive
Mm/dd/yyyy	*Morning Evening*		*Male Female*	*Hispanic or Latino* *Non-Hispanic or Non-Latino*	*American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White*	*Yes No*	*Yes No*	*Yes No*

Enrolled?	Reason if not Enrolled	Reason if subject declined enrollment	If enrolled, Completed?
Yes No	*Declined Left ED prior to enrollment Does not meet inclusion criteria Doesn't speak/read English Unable to consent No contact information Currently incarcerated Previously Enrolled Other*	*Did not like the idea of participating in a study. Felt too sick to be in the study Lack of Adequate Compensation. Did not want to receive a nasal swab. Did not want to return for Follow-Up Other*	*Yes No*