

Case ID: _____

Case Report Form for Histoplasmosis Enhanced Surveillance**CASE AND INTERVIEW INFORMATION** *(This section is for interviewer use only – do not read)*

1. Date case was reported to the state health department (MM/DD/YY): _____

2. Interview date (MM/DD/YY): _____

Or Case-patient not interviewed

(reason): _____

3. Interviewer initials: _____

4. Interview conducted with:

 Case-patient Other, specify relationship: _____

If interview was conducted with a proxy for the case-patient, indicate reason(s)

 Case-patient unavailable Case-patient is <18 years old Case-patient deceased

How did histoplasmosis contribute to the death?

 Histoplasmosis was the primary cause of death Histoplasmosis was a related cause of death Death was unrelated to histoplasmosis Unknown Other reason interview conducted with someone other than case, specify: _____**DEMOGRAPHICS**First, I'm going to ask some questions about yourself *(Or case name, if interview conducted with someone else)*.5. What is your *(or name of case, if not interviewing case)* date of birth? (MM/DD/YYYY): _____6. What sex were you assigned at birth, on your original birth certificate: Male Female Refused Don't know**DIAGNOSIS, CLINICAL PRESENTATION, AND HEALTHCARE USE**7. Before this phone call, did you know about your positive test result [*or diagnosis, for probable cases without laboratory testing*] for histoplasmosis? Yes No Don't know

I'm going to be asking you some questions about dates. Do you have a calendar that you could look at?

8. Did you have symptoms of histoplasmosis? *(if needed, prompt using the symptom list below)* Yes No *(Skip to question 14)* Don't know8a. *(If yes)* What date did your symptoms start? MM/DD/YY: _____ Don't know

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9. Which of the following symptoms did you have? I'm going to read a list. (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Cough |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Coughing up blood |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Wheezing |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Rash or other skin problem |
| <input type="checkbox"/> Extreme tiredness | <input type="checkbox"/> Stiff neck |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Weight loss without trying | <input type="checkbox"/> Muscle pain |
| <input type="checkbox"/> Other, specify: _____ | |

10. What date did you first seek medical care for your symptoms? MM/DD/YY:_____ Don't know

11. Where did you first get medical care for your symptoms?

- Primary care office
- Urgent care clinic
- Emergency room
- Other, specify: _____

12. Did you ever go to the emergency room for your symptoms? Yes No Don't know

13. How many times did you see a doctor or other healthcare provider for your symptoms before you were tested for histoplasmosis? _____ times Don't know

14. Did you ask a doctor or other healthcare provider to test you for histoplasmosis? Yes No Don't know

15. Which type of healthcare provider first tested you for histoplasmosis? I'm going to read a list.

- Primary care doctor, nurse practitioner, or physician assistant
- Urgent care doctor
- Emergency room doctor
- Infectious disease doctor
- Pulmonologist (lung specialist)
- Other, specify: _____
- Unknown

16. What date did your healthcare provider tell you that you had histoplasmosis?

MM/DD/YY:_____ Don't know Didn't tell me I had histoplasmosis

17. In what city and state was the healthcare provider who told you that you had histoplasmosis?

18. Did your healthcare provider diagnose you with another illness before he/she diagnosed you with histoplasmosis?

Yes, specify: _____ No Don't know

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19. Did your doctor prescribe you antibiotics before he/she diagnosed you with histoplasmosis? By “antibiotics,” I mean medicine to treat bacterial infections, which doesn’t work for histoplasmosis.

- Yes No Don’t know

20. Were you ever hospitalized overnight for histoplasmosis? Yes No Don’t know

20a. (If yes) How long were you hospitalized? (#) _____ days

21. Did your doctor do a chest x-ray or CT scan when diagnosing your illness? Yes No Don’t know

22. When your doctor told you that you had histoplasmosis, which parts of the body did he or she say were involved? I’m going to read a list. (Check all that apply)

- Lungs
 Brain or spinal cord
 Bones or joints
 Whole body
 Other (Specify): _____
 The test was positive, but no specific body part was involved
 The doctor didn’t tell me / I don’t know

TREATMENT AND OUTCOMES

23. Did your doctor prescribe you antifungal medicine(s) to treat histoplasmosis? Yes No Don’t know

23a. (If yes) What was the name of the medicine(s)? I’m going to read a list. (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Amphotericin B, given IV in hospital | <input type="checkbox"/> Voriconazole (VFEND) |
| <input type="checkbox"/> Fluconazole (Diflucan) | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> Itraconazole (Sporanox) | <input type="checkbox"/> Don’t know |
| <input type="checkbox"/> Posaconazole | |

23b. How long did you take antifungal medicine(s) to treat histoplasmosis?

(#) _____ days (#) _____ weeks (#) _____ months Still taking (see 23c)

23c. (If still taking antifungals) How long did your doctor say you need to take antifungal medicine, in total?

(#) _____ days (#) _____ weeks (#) _____ months Don’t know

24. Total, how long did your histoplasmosis symptoms last?

(#) _____ days (#) _____ weeks (#) _____ months

- Not yet recovered Don’t know Not applicable; no symptoms

25. Did you have a job or were you in school when you got histoplasmosis?

Yes, a job , specify: _____ Yes, in school No

25a. (If yes) Did you miss any time from your job or school due to histoplasmosis?

Yes, (#) _____ days No Don’t know

26. Did histoplasmosis interfere with your ability to do your usual daily activities?

Yes No Don’t know

26a. (If yes) For how long? (#) _____ days (#) _____ weeks (#) _____ months Don’t know

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MEDICAL HISTORY

Now I'm going to ask some questions about your overall health and any past medical problems.

27. Have you ever smoked tobacco, such as cigarettes, cigars, or pipes?

- Yes, currently Yes, in the past No Unknown

28. Did you have any of the following medical conditions when you were diagnosed with histoplasmosis? I'm going to read a list.

- Asthma requiring an inhaler
 Autoimmune disease, specify: _____
 COPD or emphysema
 Other lung disease, specify: _____
 Diabetes
 HIV/AIDS. If yes: were you taking HIV medicine (antiretroviral therapy) when you got histoplasmosis? ____
 Heart disease, specify: _____
 Cancer, specify: _____
 Organ transplant or bone marrow transplant, specify: _____
 Liver disease
 Kidney disease
 Pregnancy
 Other major illnesses, specify: _____
 Unknown

29. Before you were diagnosed with (*or had a positive test for*) histoplasmosis, were you taking any medications that affect your immune system? Examples are steroids such as prednisone or dexamethasone, interferon, chemotherapy medications, methotrexate, medications to prevent organ transplant rejection, or any TNF inhibitor such as Remicade, Enbrel, or Humira.

- Yes No Don't know

29a. (*If yes*) What medication(s): _____

From _____(MM/YY) to _____(MM/YY) or still taking

30. Before this diagnosis of histoplasmosis, had a doctor ever told you that you had histoplasmosis in the past?

- Yes No Don't know

30a. (*If yes*) When? _____(*approximate date*)

RESIDENCE AND EXPOSURES

My next set of questions is about where you live and your activities.

31. What city and state did you live in when you were diagnosed with histoplasmosis? _____

31a. How long had you lived in (*state named above*) before you were diagnosed with histoplasmosis?

(#) _____ months (#) _____ years

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32. Is your home located in an urban, suburban, or rural area? Urban Suburban Rural Don't know
33. In the one month before your first symptoms of histoplasmosis, did you travel out of your home state? (If no symptoms, please ask about month before diagnosis by laboratory test.)

Yes, specify: _____ No Don't know

34. In the one month before your first symptoms of histoplasmosis, did you do any of the following activities, or were you near any of the following activities? (If no symptoms, ask about month before diagnosis by laboratory test. Check all that apply. If yes to any, ask in what city/state or city/country if outside the U.S., and ask specifically where, e.g., home/work, another building, name of cave, etc.)

- | | | |
|--|-------------------|--------------------------|
| <input type="checkbox"/> Dig in soil | City/state: _____ | Specific location: _____ |
| <input type="checkbox"/> Go in a barn | City/state: _____ | Specific location: _____ |
| <input type="checkbox"/> Go in a cave | City/state: _____ | Specific location: _____ |
| <input type="checkbox"/> Handle bird poop | City/state: _____ | Specific location: _____ |
| <input type="checkbox"/> Handle bat poop | City/state: _____ | Specific location: _____ |
| <input type="checkbox"/> Clean a chicken coop | City/state: _____ | Specific location: _____ |
| <input type="checkbox"/> Construction | City/state: _____ | Specific location: _____ |
| <input type="checkbox"/> Demolition or renovation | City/state: _____ | Specific location: _____ |
| <input type="checkbox"/> Excavation | City/state: _____ | Specific location: _____ |
| <input type="checkbox"/> Clean attic or chimney | City/state: _____ | Specific location: _____ |
| <input type="checkbox"/> Hiking | City/state: _____ | Specific location: _____ |
| <input type="checkbox"/> Hunting | City/state: _____ | Specific location: _____ |
| <input type="checkbox"/> Camping | City/state: _____ | Specific location: _____ |
| <input type="checkbox"/> Heating or air conditioning work | City/state: _____ | Specific location: _____ |
| <input type="checkbox"/> Gardening or landscaping | City/state: _____ | Specific location: _____ |
| <input type="checkbox"/> Other handling of plants or trees | City/state: _____ | Specific location: _____ |

Describe: _____

- Other exposures to birds, bats, or soil disruption? City/state: _____ Specific location: _____
Describe: _____

35. Has anyone else you know also recently been diagnosed with histoplasmosis?

Yes, specify who/when: _____ No Don't know

36. Did you know about histoplasmosis before you were diagnosed with it (or tested positive for it)?

Yes No Don't know

36a. (If yes) How did you first hear about it? (e.g., the Internet, a family member, TV, etc.) _____

37. How and where do you think that you got histoplasmosis? _____

I have a few more questions about yourself (or name of case, if not interviewing case).

38. Are you Hispanic or Latino? Yes No Refused

39. Which of the following best describes your race? I'm going to read a list, and you can pick more than one.

White

Black or African American

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- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other, specify: _____
- Refused

INSURANCE, EDUCATION, AND INCOME

We're almost done. Thanks for your patience. I just have a few more questions for you, which are about your health insurance and education.

40. When you got histoplasmosis, did you have health insurance? Yes No Don't know
41. How far did you go in school? I'm going to read a list of choices.
- No high school
 - Some high school
 - High school graduate / GED
 - Technical school / certificate / apprenticeship
 - Some college / associate degree
 - College graduate / bachelor's degree
 - Post-graduate / professional degree
 - Don't know
 - Refused
42. Because income can affect a person's ability to receive healthcare, I'd like to ask you about your total yearly household income from all sources. Which income group best represents the total yearly income for your household when you had histoplasmosis? I'm going to read a list, and you can stop me when I get to the right category.
- Less than \$15,000
 - Between \$15,001 and \$25,000
 - Between \$25,001 and \$35,000
 - Between \$35,001 and \$50,000
 - Over \$50,000
 - Refused

That's all the questions I have for you. Thank you very much for your time. Do you have any questions for me?
(Record any questions here): _____

Interviewer notes; attach additional notes pages as needed: _____

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DIAGNOSIS OF HISTOPLASMOSIS Please record all histoplasmosis laboratory test results below.

Test type	Specimen type	Collection date	Result	Value, if applicable	Laboratory that performed the test
Complement fixation			<input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> unk	Titer:_____	
			<input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> unk	Titer:_____	
			<input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> unk	Titer:_____	
Immunodiffusion, H band			<input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> unk		
			<input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> unk		
			<input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> unk		
Immunodiffusion, M band			<input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> unk		
			<input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> unk		
			<input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> unk		
Antigen, EIA			<input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> unk	_____ng/ml or index:_____	
			<input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> unk	_____ng/ml or index:_____	
Antigen, LFA			<input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> unk	Concentration:_____	
Culture			<input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> unk		
DNA probe for culture confirmation			<input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> unk		
Histopathology			<input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> unk		
PCR			<input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> unk		
Cytopathology/smear			<input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> unk		

Record any additional lab test results here: _____

Additional questions related to diagnosis

43. Case status: Confirmed Probable (*indicate category below*)
- Clinically-compatible case that meets non-confirmatory lab criteria
 - Case meets confirmed lab criteria, but no clinical information is available
 - Clinically-compatible case that does not meet lab criteria, but is epi-linked to a confirmed case
44. Did the provider diagnose this illness as histoplasmosis?
- Yes (*indicate type below, if known*)
 - Acute pulmonary histoplasmosis
 - Chronic pulmonary histoplasmosis
 - Disseminated histoplasmosis
 - Other, specify: _____
 - Unknown
 - No, not histoplasmosis. Other diagnosis: _____
 - Unknown, etiology unclear, or diagnosis not recorded
45. What was the reason for histoplasmosis testing? _____