Form Approved
OMB No. 0920-1011
Exp. Date 01/31/2020

Patient Screening Questionnaire

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

Patient ID ____ ____ - ____

Answers are being provided on behalf of:

□ Self

□ Child

Please answer the questions to the best of your ability. It is ok to say you don't know.

1. Our records show that you (your child) was diagnosed with RMSF in ___________(mm/yyyy). Is this correct?
   Yes / No / Don't know

   --If no, please provide us with the approximate date in which you (your child) had RMSF: __________(mm/yyyy)

2. Our records also show that you (your child) left the hospital on __________________(MM/DD/YYY). Is this correct?
   Yes / No / Don't know

3. After you left the hospital, where did you (your child) go?
   □ Home □ Another hospital

   □ Nursing home □ Rehabilitation facility

   □ Other

   □ Don't remember

   Name of facility: ____

   How long were you there? ____________________

4. On a scale of 1 to 5 how would you rate your (your child's) overall ability to function <u>before</u> your RMSF illness?
   (Unable to function in my daily life) 1 — 2 — 3 —4 — 5 (perfectly able to function)

5. Do you feel like you (your child) has recovered fully from your RMSF illness?
   Yes / No / Don't know
   --If yes:

   how long did it take to get back to normal? ___________________

   --If no:

   have your (your child's) symptoms improved over time?

   Yes / No / Don't know
   what symptoms are you (your child) still experiencing? ______________________________

   ____

   --If don't know, proceed to next question.

6. On a scale of 1 to 5 how would you rate your (your child's) overall ability to function <u>since</u> your (their) RMSF illness?
   (Unable to function in my daily life) 1 — 2 — 3 —4 — 5 (perfectly able to function)

7. Have you (your child) been diagnosed with neurologic illness since your (their) RMSF illness (such as a stroke, dementia, Parkinson's Disease, etc.)
   Yes / No / Don't know
   --If yes:

   what was the illness? ___________________________________

   when was it diagnosed?_________________________________

8. Are there any activities which you (your child) used to do before your RMSF illness that you (they) are unable to do at this time?
   Yes / No / Don't know
   --If yes:

   please list which activities:
   ____
   ____

   do you think this change is due to your (their) RMSF illness?

   Yes / No / Don't know

Form Approved
OMB No. 0920-1011
Exp. Date 01/31/2020

Neurologic Exam Form
Final

Public reporting burden of this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

NEUROLOGIC EXAM FORM

Patient data (remove top page following exam)

Patient's Name: ____

Last Name First Name

PATIENT ID ___ ___ ___ ___

Date of Birth: ________/________/________
MM DD YYYY

Gender: M ☐ F ☐

Tribal community: ______________________________

Tribal affiliation: ______________________________

FINAL

NEUROLOGIC EXAM FORM

PATIENT ID ___ ___ ___ ___

Date of RMSF onset: ______/______/______ (MM / DD / YYYY) **Age at illness (years):**______ **Current age (years):** _____

Neurologic exam completed? ☐ Yes ☐ No

If yes, **Date of exam:** ______/______/______ (MM / DD / YYYY) **Provider performing exam:** ____________________

If no, why not? ☐ Deceased ☐ Lost to follow up ☐ Did not consent ☐ Other, describe: ____________________

I. Altered mental status ☐ Altered ☐ Normal ☐ Unknown/Unable to determine

(If altered or unknown, proceed to II. Mental status examination, otherwise skip to III. Language)

II. Mental status (8 years and older) *(as determined by the healthcare provider using the Montreal Cognitive Assessment (MOCA))*
(If less than 8 years skip to section IV, cranial nerve assessment.)

Visuospatial/executive: ______ (5) Attention: ______ (6) Abstraction: ______ (2) Orientation ______ (6)

Naming: ______ (3) Language: ______ (3) Delayed recall ______ (5) **TOTAL:** ______ **(30)**

III. Language (8 years and older)

☐ Normal ☐ Expressive aphasia ☐ Receptive aphasia ☐ Global aphasia ☐ Dysarthria

Description of difficulty: ____________________

IV. Cranial nerves

CN I ☐ Normal ☐ Abnormal, describe: ____________________

CN II

Pupil exam ☐ Normal ☐ Abnormal, describe: ____________________

Accommodation ☐ Normal ☐ Abnormal, describe: ____________________

Visual field ☐ Normal ☐ Abnormal, describe: ____________________

Visual acuity ☐ Normal ☐ Abnormal, describe: ____________________

Fundoscopic exam ☐ Normal ☐ Abnormal, describe: ____________________

CN III ☐ Normal ☐ Abnormal, describe: ____________________

CN IV ☐ Normal ☐ Abnormal, describe: ____________________

CN V ☐ Normal ☐ Abnormal, describe: ____________________

CN VI ☐ Normal ☐ Abnormal, describe: ____________________

CN VII ☐ Normal ☐ Abnormal, describe: ____________________

CN VIII ☐ Normal ☐ Abnormal, describe: ____________________

CN IX ☐ Normal ☐ Abnormal, describe: ____________________

CN X ☐ Normal ☐ Abnormal, describe: ____________________

CN XI ☐ Normal ☐ Abnormal, describe: ____________________

CN XII ☐ Normal ☐ Abnormal, describe: ____________________

V. Sensory

Upper extremities ☐ Normal ☐ Numbness ☐ Paresthesias Other, describe: ____________________

Lower extremities ☐ Normal ☐ Numbness ☐ Paresthesias Other, describe: ____________________

Core ☐ Normal ☐ Numbness ☐ Paresthesias Other, describe: ____________________

Face ☐ Normal ☐ Numbness ☐ Paresthesias Other, describe: ____________________

VI. Motor

A. Abnormal movements

Fasiculations ☐ Yes ☐ No Comments: ____________________

Tremor ☐ Yes ☐ No Comments: ____________________

Chorea/dyskinesias ☐ Yes ☐ No Comments: ____________________

Myoclonus ☐ Yes ☐ No Comments: ____________________

B. Bulk

Atrophy ☐ Yes ☐ No Comments: ____________________

C. Tone

Upper extremities ☐ Normal ☐ Increased (spastic or rigid) ☐ Decreased Comments: ____________________

Lower extremities ☐ Normal ☐ Increased (spastic or rigid) ☐ Decreased Comments: ____________________

Core ☐ Normal ☐ Increased (spastic or rigid) ☐ Decreased Comments: ____________________

D. Other upper motor neuro signs

	R		L		
Pronator drift	☐ Yes	☐ No	☐ Yes	☐ No	Comments: ____________________
Finger tap speed	☐ Normal	☐ Slow	☐ Normal	☐ Slow	Comments: ____________________
Foot tap speed	☐ Normal	☐ Slow	☐ Normal	☐ Slow	Comments: ____________________

NEUROLOGIC EXAM FORM

PATIENT ID ___ ___ ___ ___

E. Strength *(0 = No movement; 1 = Barely discernable movement; 2 = Movement along plane of gravity; 3 = Movement against gravity; 4 = Movement against resistance;* ***5 = Normal****)*

Neck flexors ______________

Neck extensors ______________

Upper extremity:

R		L
	Deltoids	
	Biceps	
	Triceps	
	Wrist extensors	
	Wrist flexors	
	Finger extensors	
	Finger flexors	
	Abductor pollicis brevis	
	Opponens pollicis	
	Interossei	

Lower extremity:

R		L
	Hip flexors	
	Hip extensors	
	Hip abduction	
	Hip adduction	
	Quadriceps	
	Hamstrings	
	Plantarflexors	
	Dorsiflexors	
	Foot evertors	
	Foot invertors	
	Extensor hallucis longus	
	Toe flexors	
	Toe extensors	

VII. Reflexes *(0 = Absent; 1 = Decreased;* ***2 = Normal****; 3 = Increased/hyperactive; 4 = sustained clonus)*

R		L
	Brachioradialis	
	Biceps	
	Triceps	
	Patellar	
	Ankle jerk	

Excessive jaw jerk ☐ Yes ☐ No

	R	L
Sustained ankle clonus	☐ Yes ☐ No	☐ Yes ☐ No
Plantar response (Babinski)	☐ Up ☐ Down ☐ Unclear	☐ Up ☐ Down ☐ Unclear

VIII. Coordination

	R	L	Comments:
Finger-to-nose	☐ Normal ☐ Dysmetric ☐ Other	☐ Normal ☐ Dysmetric ☐ Other	____________
Heel-knee-shin	☐ Normal ☐ Dysmetric ☐ Other	☐ Normal ☐ Dysmetric ☐ Other	____________
Past-pointing	☐ Normal ☐ Overshoot ☐ Other	☐ Normal ☐ Overshoot ☐ Other	____________
Check reflex	☐ Normal ☐ Loss of check reflex ☐ Other	☐ Normal ☐ Loss of check relfex ☐ Other	____________

IX. Gait and station

Spontaneous gait ☐ Normal ☐ Hemiplegic ☐ Steppage ☐ Shuffling ☐ Other, describe: ______________________

Able to walk on toes ☐ Yes ☐ No

Able to walk on heels ☐ Yes ☐ No

Able to tandem ☐ Yes ☐ No

Romberg ☐ Positive ☐ Negative ☐ Unable to assess

X. Additional narrative/comments:

Modified Rankin Scale *(Determined by healthcare provider at exam)*
Use pediatric modified Rankin for children less than 8 years of age (appendix A)

0 = No symptoms at all
1 = No significant disability despite symptoms; able to carry our all usual duties and activities
2 = Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance
3 = Moderate disability; requiring some help, but able to walk without assistance
4 = Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance
5 = Severe disability; bedridden, incontinent and requiring constant nursing care and attention
6 = Dead

SCORE (0 – 6): ____________

PATIENT ID ___ ___ ___ ___

Appendix A: Modified Rankin Scale for children

Score	Description
0	No symptoms at all
1	No significant disabilities despite symptoms in clinical examination; age appropriate behaviour and further development
2	Slight disability; unable to carry out all previous activities, but same independence as other age- and sex-matched children (no reduction of levels on the gross motor function scale)
3	Moderate disability; requiring some help, but able to walk without assistance; in younger patients adequate motor development despite mild functional impairment (reduction of one level on the gross motor function scale)
4	Moderately severe disability; unable to walk without assistance; in younger patients reduction of at least 2 levels on the gross motor function scale
5	Severe disability; bedridden, requiring constant nursing care and attention
6	Dead

Appendix 1: Questionnaire

Updated: August 28, 2018

Form Approved
OMB No. 0920-1011
Exp. Date 01/31/2020

Survey ID ________________________

Section 1: Questions about travel to Mexico and the southwest United States

Yes	No	
☐	☐	**1.** Did you attend a service trip to the Tijuana area of Mexico at any time during July 2018? *(Note that the Tijuana area is directly south of the San Diego metro area. For purposes of this survey, please consider nearby towns, including Rosarito and La Joya as part of the Tijuana area.)*

If Q1 is "No", END survey. Thank you for participating in the survey.

2. When did you arrive in Mexico for this trip?
(If you don't know, check the box for "don't know" and record your best guess)
__ __ / __ __ / __ __ __ __ ☐ Don't know
M M D D Y Y Y Y

3. When did you leave Mexico at the end of this trip?
(If you don't know, check the box for "don't know" and record your best guess)
__ __ / __ __ / __ __ __ __ ☐ Don't know
M M D D Y Y Y Y

Yes	No	
☐	☐	**4.** As part of this trip, did you travel anywhere else in Mexico **before** arriving in the Tijuana area?
➔ SKIP if Q4 is No		**5.** *If yes*, specify________________________

Yes	No	
☐	☐	**6.** As part of this trip, did you travel anywhere else in Mexico **after** leaving the Tijuana area?
➔ SKIP if Q6 is No		**7.** *If yes*, specify________________________

Yes	No	
☐	☐	**8.** As part of this trip, did you spend time in California or Arizona? *(Please don't count travel directly between the San Diego airport and the Mexico border)*
➔ SKIP if Q8 is No		**9.** If yes, specify location(s) _______________________ **10.** Specify amount of time____________________

Yes	No	Don't Know	
☐	☐	☐	**11.** Before this service trip, had you previously traveled to the Tijuana area or other parts of northwestern Mexico (i.e., the states of Baja California and Sonora)?
➔ SKIP if Q11 is No or don't know			**12.** If yes, in which years? Specify_______________ *(If you don't remember exactly, please use your best guess)*

Yes	No	Don't Know	
☐	☐	☐	**13.** Before this service trip, had you previously traveled to southern California or Arizona?
➔ SKIP if Q13 is No or don't know			**14.** If yes, in which years? Specify________________*(If you don't remember exactly, please use your best guess)*

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

Form Approved
OMB No. 0920-1011
Exp. Date 01/31/2020

Section 2: Questions about your activities during travel to Mexico

Yes	No	Don't Know	
☐	☐	☐	**15.** Did you help build houses during the 2018 service trip?

16. How many houses did you work on during this trip?
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

We would like to know which houses you worked on and what type of soil-related activities you did each day of your trip. We have provided pictures of the houses along with their location names to help you identify them as best you can. Please answer as best you can remember, even if you're not sure.

House A (Castores) Next to a school, and view of a valley at the end of the street.

House B (Rosarito) Urban nice neighborhood.

House C (Cumbres) Top of a hill with breezy ocean view.

17. On Monday, which house did you work at?
☐ House A ☐ House B ☐ House C ☐ Other. Specify_____________ (describe the house the best you can such as how far it was from the Posada, whether it was paved road, whether it was rural or urban location, whether it was next to a school, whether there were many stray dogs, and whether you saw a valley or an ocean)

As best you can recall, did you do the following activity?	Yes	No	Don't Know	For about how many hours total?
18. Digging trenches or holes	☐	☐	☐	**19.** _______hours
20. Shoveling or wheelbarrowing dirt/soil	☐	☐	☐	**21.** _______hours
22. Mixing/making cement from dry ingredients (sand and gravel)	☐	☐	☐	**23.** _______hours
24. Filling or passing buckets with sand or soil	☐	☐	☐	**25.** _______hours
26. Filling or passing buckets with cement	☐	☐	☐	**27.** _______hours
28. Passing empty buckets	☐	☐	☐	**29.** _______hours
30. Backfilling the trench (putting dirt back into the foundation of the house)	☐	☐	☐	**31.** _______hours
32. Compacting dirt/soil in the trench	☐	☐	☐	**33.** _______hours
34. Cutting and bending rebar	☐	☐	☐	**35.** _______hours
36. Tying rebar for the floor or the roof	☐	☐	☐	**37.** _______hours
38. Laying blocks in the trench to make walls	☐	☐	☐	**39.** _______hours
40. Building the roof	☐	☐	☐	**41.** _______hours
42. Other activities, *specify*__________	☐	☐	☐	**43.** _______hours
44. Other activities, *specify*__________	☐	☐	☐	**45.** _______hours

46. Did you use any of the following tools this day? (check all that apply)
☐ Shovel ☐ Pick ☐ Electric tamper/soil compactor ☐ Manual tamper/soil compactor
☐ Wheelbarrow ☐ Other, *specify* ____________

47. How much of the time while you were working on the house this day was there dust in the air you were breathing?
☐ All of the time ☐ Most of the time ☐ Some of the time ☐ Rarely ☐ Never ☐ Don't know

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

48. During times when you could see dust in the air, did you wear any type of covering over your mouth and nose at any time this day?
- ☐ No
- ☐ Bandanna
- ☐ Dust mask
- ☐ Respirator (e.g., N-95)
- ☐ Other, specify ___________________

Yes	No	Don't Know	
☐	☐	☐	**49.** Did you notice dust on your clothes at the end of this day?
➔ Skip if Q49 is No or Don't know			**50.** If yes, how dusty was your clothes? ☐ Extremely dusty ☐ Very dusty ☐ Mildly dusty ☐ Just a little bit of dust
➔ Skip if Q49 is No or Don't know			**51.** As best as you can recall, what was the color of the dust? ☐ Black ☐ Tan brown ☐ Mustard yellow ☐ Other. Specify______
➔ Skip if Q49 is No or Don't know			**52.** Where did you shake off your dusty clothes at the end of the day? Specify_______________
Yes	**No**	**Don't Know**	
☐	☐	☐	**53.** Were you near someone moving or digging dirt?
➔ Skip if Q53 is No or Don't know			**54.** If yes, what do you consider near? Specify ________feet

55. On **Tuesday**, which house did you work at?
☐ House A ☐ House B ☐ House C ☐ Other. Specify_____________ (describe the house the best you can such as how far it was from the Posada, whether it was paved road, whether it was rural or urban location, whether it was next to a school, whether there were many stray dogs, and whether you saw a valley or an ocean)

As best you can recall, did you do the following activity?	Yes	No	Don't Know	For about how many hours total?
56. Digging trenches or holes	☐	☐	☐	**57.** _______hours
58. Shoveling or wheelbarrowing dirt/soil	☐	☐	☐	**59.** _______hours
60. Mixing/making cement from dry ingredients (sand and gravel)	☐	☐	☐	**61.** _______hours
62. Filling or passing buckets with sand or soil	☐	☐	☐	**63.** _______hours
64. Filling or passing buckets with cement	☐	☐	☐	**65.** _______hours
66. Passing empty buckets	☐	☐	☐	**67.** _______hours
68. Backfilling the trench (putting dirt back into the foundation of the house)	☐	☐	☐	**69.** _______hours
70. Compacting dirt/soil in the trench	☐	☐	☐	**71.** _______hours
72. Cutting and bending rebar	☐	☐	☐	**73.** _______hours
74. Tying rebar for the floor or the roof	☐	☐	☐	**75.** _______hours
76. Laying blocks in the trench to make walls	☐	☐	☐	**77.** _______hours
78. Building the roof	☐	☐	☐	**79.** _______hours
80. Other activities, *specify*__________	☐	☐	☐	**81.** _______hours
82. Other activities, *specify*__________	☐	☐	☐	**83.** _______hours

84. Did you use any of the following tools this day? (check all that apply)
☐ Shovel ☐ Pick ☐ Electric tamper/soil compactor ☐ Manual tamper/soil compactor
☐ Wheelbarrow ☐ Other, *specify* _____________

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

85. How much of the time while you were working on the house this day was there dust in the air you were breathing?
☐ All of the time ☐ Most of the time ☐ Some of the time ☐ Rarely ☐ Never ☐ Don't know

86. During times when you could see dust in the air, did you wear any type of covering over your mouth and nose at any time this day?
☐ No
☐ Bandanna
☐ Dust mask
☐ Respirator (e.g., N-95)
☐ Other, specify ___________________

Yes	No	Don't Know	
☐	☐	☐	**87.** Did you notice dust on your clothes at the end of this day?
➔ Skip if Q87 is No or Don't know			**88.** If yes, how dusty was your clothes? ☐ Extremely dusty ☐ Very dusty ☐ Mildly dusty ☐ Just a little bit of dust
➔ Skip if Q87 is No or Don't know			**89.** As best as you can recall, what was the color of the dust? ☐ Black ☐ Tan brown ☐ Mustard yellow ☐ Other. Specify______
➔ Skip if Q87 is No or Don't know			**90.** Where did you shake off your dusty clothes at the end of the day? Specify_______________

Yes	No	Don't Know	
☐	☐	☐	**91.** Were you near someone moving or digging dirt?
➔ Skip if Q91 is No or Don't know			**92.** If yes, what do you consider near? Specify ________feet

93. On **Wednesday**, which house did you work at?
☐ House A ☐ House B ☐ House C ☐ Other. Specify_____________ (describe the house the best you can such as how far it was from the Posada, whether it was paved road, whether it was rural or urban location, whether it was next to a school, whether there were many stray dogs, and whether you saw a valley or an ocean)

As best you can recall, did you do the following activity?	Yes	No	Don't Know	For about how many hours total?
94. Digging trenches or holes	☐	☐	☐	**95.** _______hours
96. Shoveling or wheelbarrowing dirt/soil	☐	☐	☐	**97.** _______hours
98. Mixing/making cement from dry ingredients (sand and gravel)	☐	☐	☐	**99.** _______hours
100. Filling or passing buckets with sand or soil	☐	☐	☐	**101.**_______hours
102. Filling or passing buckets with cement	☐	☐	☐	**103.**_______hours
104. Passing empty buckets	☐	☐	☐	**105.**_______hours
106. Backfilling the trench (putting dirt back into the foundation of the house)	☐	☐	☐	**107.**_______hours
108. Compacting dirt/soil in the trench	☐	☐	☐	**109.**_______hours
110. Cutting and bending rebar	☐	☐	☐	**111.**_______hours
112. Tying rebar for the floor or the roof	☐	☐	☐	**113.**_______hours
114. Laying blocks in the trench to make walls	☐	☐	☐	**115.**_______hours
116. Building the roof	☐	☐	☐	**117.**_______hours
118. Other activities, *specify*__________	☐	☐	☐	**119.**_______hours
120. Other activities, *specify*__________	☐	☐	☐	**121.**_______hours

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

Form Approved
OMB No. 0920-1011
Exp. Date 01/31/2020

122. Did you use any of the following tools this day? (check all that apply)
☐ Shovel ☐ Pick ☐ Electric tamper/soil compactor ☐ Manual tamper/soil compactor
☐ Wheelbarrow ☐ Other, *specify* _____________

123. How much of the time while you were working on the house this day was there dust in the air you were breathing?
☐ All of the time ☐ Most of the time ☐ Some of the time ☐ Rarely ☐ Never ☐ Don't know

124. During times when you could see dust in the air, did you wear any type of covering over your mouth and nose at any time this day?
☐ No
☐ Bandanna
☐ Dust mask
☐ Respirator (e.g., N-95)
☐ Other, specify ___________________

Yes	**No**	**Don't Know**	
☐	☐	☐	**125.** Did you notice dust on your clothes at the end of this day?
➔ Skip if Q125 is No or Don't know			**126.** If yes, how dusty was your clothes? ☐ Extremely dusty ☐ Very dusty ☐ Mildly dusty ☐ Just a little bit of dust
➔ Skip if Q125 is No or Don't know			**127.** As best as you can recall, what was the color of the dust? ☐ Black ☐ Tan brown ☐ Mustard yellow ☐ Other. Specify______
➔ Skip if Q125 is No or Don't know			**128.** Where did you shake off your dusty clothes at the end of the day? Specify_______________

Yes	**No**	**Don't Know**	
☐	☐	☐	**129.** Were you near someone moving or digging dirt?
➔ Skip if Q129 is No or Don't know			**130.** If yes, what do you consider near? Specify ________feet

131. On **Thursday**, which house did you work at?
☐ House A ☐ House B ☐ House C ☐ Other. Specify_____________ (describe the house the best you can such as how far it was from the Posada, whether it was paved road, whether it was rural or urban location, whether it was next to a school, whether there were many stray dogs, and whether you saw a valley or an ocean)

As best you can recall, did you do the following activity?	**Yes**	**No**	**Don't Know**	For about how many hours total?
132. Digging trenches or holes	☐	☐	☐	**133.**_______hours
134. Shoveling or wheelbarrowing dirt/soil	☐	☐	☐	**135.**_______hours
136. Mixing/making cement from dry ingredients (sand and gravel)	☐	☐	☐	**137.**_______hours
138. Filling or passing buckets with sand or soil	☐	☐	☐	**139.**_______hours
140. Filling or passing buckets with cement	☐	☐	☐	**141.**_______hours
142. Passing empty buckets	☐	☐	☐	**143.**_______hours
144. Backfilling the trench (putting dirt back into the foundation of the house)	☐	☐	☐	**145.**_______hours
146. Compacting dirt/soil in the trench	☐	☐	☐	**147.**_______hours
148. Cutting and bending rebar	☐	☐	☐	**149.**_______hours
150. Tying rebar for the floor or the roof	☐	☐	☐	**151.**_______hours
152. Laying blocks in the trench to make walls	☐	☐	☐	**153.**_______hours
154. Building the roof	☐	☐	☐	**155.**_______hours

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

156. Other activities, *specify*___________	☐	☐	☐	**157.**________hours
158. Other activities, *specify*___________	☐	☐	☐	**159.**________hours

160. Did you use any of the following tools this day? (check all that apply)
☐ Shovel ☐ Pick ☐ Electric tamper/soil compactor ☐ Manual tamper/soil compactor
☐ Wheelbarrow ☐ Other, *specify* _____________

161. How much of the time while you were working on the house this day was there dust in the air you were breathing?
☐ All of the time ☐ Most of the time ☐ Some of the time ☐ Rarely ☐ Never ☐ Don't know

162. During times when you could see dust in the air, did you wear any type of covering over your mouth and nose at any time this day?
☐ No
☐ Bandanna
☐ Dust mask
☐ Respirator (e.g., N-95)
☐ Other, specify ___________________

Yes	No	Don't Know	
☐	☐	☐	**163.** Did you notice dust on your clothes at the end of this day?
➔ Skip if Q163 is No or Don't know			**164.** If yes, how dusty was your clothes? ☐ Extremely dusty ☐ Very dusty ☐ Mildly dusty ☐ Just a little bit of dust
➔ Skip if Q163 is No or Don't know			**165.** As best as you can recall, what was the color of the dust? ☐ Black ☐ Tan brown ☐ Mustard yellow ☐ Other. Specify______
➔ Skip if Q163 is No or Don't know			**166.** Where did you shake off your dusty clothes at the end of the day? Specify_______________
Yes	**No**	**Don't Know**	
☐	☐	☐	**167.** Were you near someone moving or digging dirt?
➔ Skip if Q167 is No or Don't know			**168.** If yes, what do you consider near? Specify ________feet

169. On **Friday**, which house did you work at?
☐ House A ☐ House B ☐ House C ☐ Other. Specify______________ (describe the house the best you can such as how far it was from the Posada, whether it was paved road, whether it was rural or urban location, whether it was next to a school, whether there were many stray dogs, and whether you saw a valley or an ocean)

As best you can recall, did you do the following activity?	Yes	No	Don't Know	For about how many hours total?
170. Digging trenches or holes	☐	☐	☐	**171.**________hours
172. Shoveling or wheelbarrowing dirt/soil	☐	☐	☐	**173.**________hours
174. Mixing/making cement from dry ingredients (sand and gravel)	☐	☐	☐	**175.**________hours
176. Filling or passing buckets with sand or soil	☐	☐	☐	**177.**________hours
178. Filling or passing buckets with cement	☐	☐	☐	**179.**________hours
180. Passing empty buckets	☐	☐	☐	**181.**________hours
182. Backfilling the trench (putting dirt back into the foundation of the house)	☐	☐	☐	**183.**________hours
184. Compacting dirt/soil in the trench	☐	☐	☐	**185.**________hours
186. Cutting and bending rebar	☐	☐	☐	**187.**________hours
188. Tying rebar for the floor or the roof	☐	☐	☐	**189.**________hours

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

190. Laying blocks in the trench to make walls	☐	☐	☐	**191.**_______hours
192. Building the roof	☐	☐	☐	**193.**_______hours
194. Other activities, *specify*__________	☐	☐	☐	**195.**_______hours
196. Other activities, *specify*__________	☐	☐	☐	**197.**_______hours

198. Did you use any of the following tools this day? (check all that apply)
☐ Shovel ☐ Pick ☐ Electric tamper/soil compactor ☐ Manual tamper/soil compactor
☐ Wheelbarrow ☐ Other, *specify* ____________

199. How much of the time while you were working on the house this day was there dust in the air you were breathing?
☐ All of the time ☐ Most of the time ☐ Some of the time ☐ Rarely ☐ Never ☐ Don't know

200. During times when you could see dust in the air, did you wear any type of covering over your mouth and nose at any time this day?
☐ No
☐ Bandanna
☐ Dust mask
☐ Respirator (e.g., N-95)
☐ Other, specify ________________

Yes	No	Don't Know	
☐	☐	☐	**201.** Did you notice dust on your clothes at the end of this day?
➔ Skip if Q201 is No or Don't know			**202.** If yes, how dusty was your clothes? ☐ Extremely dusty ☐ Very dusty ☐ Mildly dusty ☐ Just a little bit of dust
➔ Skip if Q201 is No or Don't know			**203.** As best as you can recall, what was the color of the dust? ☐ Black ☐ Tan brown ☐ Mustard yellow ☐ Other. Specify______
➔ Skip if Q201 is No or Don't know			**204.** Where did you shake off your dusty clothes at the end of the day? Specify______________
Yes	**No**	**Don't Know**	
☐	☐	☐	**205.** Were you near someone moving or digging dirt?
➔ Skip if Q205 is No or Don't know			**206.** If yes, what do you consider near? Specify ________feet
Yes	**No**	**Don't Know**	
☐	☐	☐	**207.** Did you play volleyball at the Posada on this trip?
➔ Skip if Q207 is No			**208.** If yes, how many times did you play at the volleyball court? ☐ Once ☐ Twice ☐ Three times ☐ More than three times

209. Please describe any other place that appeared very dusty. Specify________________

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

Form Approved
OMB No. 0920-1011
Exp. Date 01/31/2020

Section 3: General Questions About Valley Fever

This section includes questions about Valley fever and working in dusty places. Answers to these questions can help improve public communications to prevent the disease.

Yes	No	
☐	☐	**210.** Before August 2018, had you heard of Valley fever (coccidioidomycosis)?
➔ Skip if Q210 is No		**211.** If yes, where or how had you heard of it? Specify_______________
Yes	**No**	
☐	☐	**212.** Before August 2018, did you know that people can get fungal infections from breathing in dust in certain places?
☐	☐	**213.** Did you take any special efforts to reduce the amount of dust that was created?
➔ Skip if Q213 is No		**214.** If yes, specify________________
215. What are ways that people can minimize the amount of dust they breathe when doing construction work? Specify ___________________________________		
Yes	**No**	
☐	☐	**216.** Did you take any special efforts to reduce the amount of dust that you inhaled?
➔ Skip if Q216 is No		**217.** If yes, specify________________

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

Form Approved
OMB No. 0920-1011
Exp. Date 01/31/2020

Section 4: Questions About Your Experience After Returning from Mexico

Yes	No	Don't Know	*Did you experience any of the following during or in the 4 weeks after your volunteer service trip to Mexico?*
☐	☐	☐	**218.** Fever
☐	☐	☐	**219.** Fatigue
☐	☐	☐	**220.** Chest pain
☐	☐	☐	**221.** Chills
☐	☐	☐	**222.** Painful joints
☐	☐	☐	**223.** Painful muscles
☐	☐	☐	**224.** Cough
☐	☐	☐	**225.** Shortness of breath
☐	☐	☐	**226.** Any rashes? (painful or itchy red lumps on skin)
☐	☐	☐	**227.** Night sweats
☐	☐	☐	**228.** Headache
☐	☐	☐	**229.** Weight loss
☐	☐	☐	**230.** Do you still have any of these symptoms?

231. Did you have any other symptoms? Specify ____________

232. Did you have any other symptoms? Specify ____________

Yes	No	Don't Know	
☐	☐	☐	**233.** Did you have any respiratory symptoms or fever (for example, like from a cold or flu) that started during your recent travel to Mexico or in the four weeks after returning?

Skip instruction	Question
➔ Skip to Q245 if Q233 is No or Don't know	***234.*** *If yes*, what date did you first feel sick? *(If you don't know, check the box for "don't know" and record your best guess)* __ __ / __ __ / __ __ __ __ (M M D D Y Y Y Y) ☐ Don't know
➔ Skip to Q245 if Q233 is No or Don't know	***235.*** *If yes*, how many days did your illness last? Specify__________

Skip instruction	Yes	No	Question
➔ Skip if Q233 is No or Don't know	☐	☐	**236.** Were you unable to do your normal activities because of this illness?
➔ Skip if Q236 is No			**237.** *If yes*, how many days? Specify___________________
➔ Skip if Q233 is No or Don't know	☐	☐	**238.** Did you visit the emergency room for this respiratory illness in July or August 2018?
➔ Skip if Q233 is No or Don't know	☐	☐	**239.** Were you hospitalized for this illness in July or August 2018?
➔ Skip if Q239 is No			**240.** *If yes*, how many days were you hospitalized in July or August 2018? *Specify*_______________

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

			Yes	No		
➔ Skip if Q239 is No			☐	☐		**241.** *If yes to hospitalized*, were you put on a ventilator (breathing machine) in July or August 2018?
➔ Skip if Q241 is No			***242.*** *If yes*, how many days were you on a ventilator in July or August 2018? Specify___________			
			Yes	No		
➔ Skip if Q239 is No			☐	☐		**243.** *If yes to hospitalized*, were you in the intensive care unit in July or August 2018?
➔ Skip if Q243 is No			***244.*** *If yes*, how many days were you in the intensive care unit in July or August 2018? Specify_________________			
Yes	**No**	**Don't Know**				
☐	☐	☐	**245.** Did you see a healthcare provider during your recent travel to Mexico or in the four weeks after returning to the United States?			
➔ Skip if Q245 is No			**246.** *If yes to healthcare provider,* what was the reason for visiting a healthcare provider? Specify ____________________			
➔ Skip if Q245 is No			***247.*** *If yes to healthcare provider*, how many times did you visit a healthcare provider during this period? ☐ once ☐ twice ☐ three times ☐ four times ☐ five times or more			
			Yes	No		
➔ Skip if Q245 is No			☐	☐		**248.** *If yes to healthcare provider*, was this for any type of respiratory symptoms or fever (for example, like from a cold or flu)?
➔ Skip if Q248 is No			***249.*** *If yes to respiratory symptoms*, what did the healthcare provider tell you was the cause of your illness? Specify ____________________ ☐ Don't know			
			Yes	**No**	**Don't Know**	
➔ Skip if Q245 is No or Don't know			☐	☐	☐	**250.** Did you receive a chest x-ray in July or August 2018?
➔ Skip if Q245 is No or Don't know			☐	☐	☐	**251.** Were you given any medication for this respiratory illness in July or August 2018?
➔ Skip if Q245 is No or Don't know			☐	☐	☐	**252.** Did you take anti-fungal medication (Examples: Amphotericin B, Ambisome, Diflucan, Fluconazole, Itraconazole, Voriconazole, Posaconazole)?
➔ Skip if Q245 is No or Don't know			☐	☐	☐	**253.** Did you take antibiotic medication (Example: amoxicillin, doxycycline, cephalexin, ciprofloxacin, clindamycin, metronidazole, azithromycin, sulfamethoxazole/trimethoprim)?
Yes	**No**	**Don't Know**				
☐	☐	☐	**254.** Did you take anything over the counter (without prescription)?			
➔ Skip if Q254 is No or Don't know			**255.** If yes to over the counter, specify medication________________			
Yes	**No**	**Don't Know**				

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

☐	☐	☐	**256.** Were you ever diagnosed with Valley fever **before** traveling to Mexico in summer 2018?
☐	☐	☐	**257.** Were you diagnosed with Valley fever **after** returning from Mexico in summer 2018?
☐	☐	☐	**258.** Did you take a corticosteroid (for example, prednisone) in the 4 weeks before your recent travel to Mexico?
☐	☐	☐	**259.** Do you have diabetes?
☐	☐	☐	**260.** Do you have lung disease such as COPD, asthma, or emphysema?
☐	☐	☐	**261.** Do you have any condition that weakens your immune system (for example, cancer, HIV, transplant, or medication that weakens your immune system)?
➔ Skip if Q261 is No or Don't know			**262.** *If yes*, specify ___________________

Section 5: Demographic Questions

263. Which State and city do you reside in? State _____ City ____________

264. Age________

265. Sex: ☐ Male ☐ Female

266. How do you describe your race? (select all that apply)
☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian
☐ Native Hawaiian or Other Pacific Islander

267. How do you describe your ethnicity?
☐ Hispanic ☐ Non-Hispanic

268. What is your occupation? ☐ Student ☐ Faculty ☐ Other. Specify_______________

269. What is the name of the school you attend or teach at? Specify________________

Section 6: COMMENTS

If there is any other information you would like to share about your travel or Valley fever?

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)