

## Patient Screening Questionnaire

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/YYYY). 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 before 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 since 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