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| **Attachment 5: Health Questionnaire for study** **“Factors Influencing the Transmission of Influenza”** |  | Form Approved  OMB No.0920-0888  Exp. Date xx/xx/20xx |

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| **Record Number:** |  | Date: |  |
| Age: | Gender: M F | Height: | Weight: |

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| --- | --- | --- |
| 1. Do you have any respiratory illness such as severe asthma, COPD or tuberculosis? | YES | NO |
| 2. Besides the flu, do you have any other serious illnesses such as diabetes or heart disease? | YES | NO |
| 3. If female, are you pregnant? | YES | NO |
| 4. During this study, you will be asked to inhale deeply and cough hard several times. Do you have any condition or illness that would make it difficult or uncomfortable for you to do this? | YES | NO |

(Note: If the participant answers “yes” to any of the questions 1-4, they cannot participate in the study)

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| 5. Do you have any of the following symptoms? (Circle all that apply)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Fever/chills | Headache | Fatigue | Cough | Sore throat | | Sinus congestion | Runny nose | Sneezing | Muscle aches |  |   If YES, when did your symptoms begin? | |
| 6. Were you vaccinated against the flu in the past 6 months? YES NO NOT SURE | |
| 7. Have you taken any medication for the flu today, such as aspirin, acetaminophen (Tylenol), ibuprofen (Motrin) or Oseltamivir (Tamiflu)?  YES NO If so, what did you take and when? | |
| 8. Are you currently a smoker? YES NO  If YES, how often do you smoke? | |
| **FOR CLINIC USE:**  **Oral temperature (°F)** | **NOTES:** |
| Public reporting burden of this collection of information is estimated to average 5 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0888) | |