

QID: _____

Chronic Q Fever - Enhanced Surveillance Follow-up Instrument

Survey instrument for clinician follow-up at 6, 12, 18, and 24 months after initial consultation request.

1. Date of follow-up: __/__/____ (DD/MM/YYYY)
2. Is the patient still serologically monitored for Q fever? Yes No Unknown (if yes go to 2a if no/unknown skip to 2b).
 - a. How frequently are Q fever serologies collected from the patient? Approximately every _____ months
 - b. What was the date of the most recent titer values collected? __/__/__ (DD/MM/YYYY)
 - i. What were these titers? Ph1 IgG _____; Ph2 IgG _____
 - c. Were other titers collected? Yes No Unknown (If yes, go to 2ci, if no/unknown, go to 3.)
 - i. What was the date that these titers were collected? __/__/____ (DD/MM/YYYY)
 - ii. What were these titers? Ph1 IgG _____; Ph2 IgG _____
 - d. Were other titers collected? Yes No Unknown (If yes, go to 2di, if no/unknown, go to 3.)
 - i. What was the date that these titers were collected? __/__/____ (DD/MM/YYYY)
 - ii. What were these titers? Ph1 IgG _____; Ph2 IgG _____
3. Has the patient had a PCR test since the last follow-up? Yes No Unknown (if yes go to 3a if no/unknown skip to 4).
 - a. What was the date of the most recent PCR test? __/__/__ (DD/MM/YYYY)
 - i. What were the result? Detected Not Detected Unknown
4. Has the patient completed antibiotic therapy? Yes No Unknown (if yes/no go to 3a, if unknown go to 4).
 - a. Which antibiotics did the patient receive? Doxycycline Hydroxychloroquine Other _____
 - b. How long has the patient on antibiotic therapy? _____(months)
 - c. What was the dose and interval of these medications? _____ (dose, interval)
 - d. Was the patient taken off any antibiotic during treatment due to side effects? Yes No Unknown (If 'no' or 'unknown', skip to question 2e)
 - e. If yes which medication (s) were stopped? Doxycycline Hydroxychloroquine Other _____
 - f. What were the side effects? nausea vomiting fatigue photosensitivity Other:_____ Unknown
 - g. Did the patient develop any of the following complications from antibiotic therapy (select all that apply)?
 Retinal damage QT prolongation irreversible skin pigmentation

Other _____ None

5. Have the patient's symptoms changed since the initial consult?
 Yes, symptoms have fully resolved (*go to question 5*)
 Yes, symptoms improved but persist (*go to question 5*)
 Yes, symptoms have worsened (*go to question 5*)
 No (*go to question 6*)
6. Please describe any new or worsening symptoms: _____ (free text)
7. Did the patient die from complications of chronic Q fever? Yes No Unknown
(If 'no' or 'unknown', go to question 7.)
 a. Date of death: __/__/____ (DD/MM/YYYY)
 b. Cause of death per death certificate: _____ (free text)
8. Was the patient hospitalized from complications of chronic Q fever? Yes No Unknown
(If 'no' or 'unknown', go to question 8.)
 a. Date of hospitalization: __/__/____ (DD/MM/YYYY)
 b. Duration of hospitalization: _____ (days)
 c. Cause of hospitalization and brief summary of hospital course: _____ (free text)
9. Was the patient diagnosed with lymphoma since the last consult? Yes No Unknown
 a. If yes, please describe: _____ (free text)
10. Did the patient become pregnant since the last consult? Yes No Unknown *If 'no' or 'unknown', go to question 17.)*
11. What treatment was provided during the patient's pregnancy? _____ (free text)
12. What was the outcome of the patient's pregnancy?
 Term delivery (*go to question 13*)
 Preterm delivery (*go to question 13*)
 Currently pregnant (*go to question 15*)
 Stillbirth
 Miscarriage
 Other loss of pregnancy
13. Were there any complications during delivery? Yes No Unknown
 a. If yes, please describe: _____ free text
14. Were there any complications after delivery for the baby or patient? Yes No Unknown
 a. If yes, please describe: _____ free text
15. Were there any complications during pregnancy? Yes No Unknown
 a. If yes, please describe: _____ free text
16. Were any of the following studies performed? Choose all that apply:
 Echocardiogram (*go to question 9*)

- MRI (*go to question 10*)
- CT Scan (*go to question 11*)
- PET Scan (*go to question 12*)

17. Details of echocardiography:

- a. What was the date of the exam: __/__/____ (DD/MM/YYYY)
- b. Was the exam transthoracic or transesophageal?
 - Transthoracic
 - Transesophageal
- c. Please provide a brief summary of findings: _____ (free text)

18. Details of MRI:

- a. What was the date of the exam: __/__/____ (DD/MM/YYYY)
- b. What was the anatomic location of the scan: _____ (free text)
- c. Please provide a brief summary of findings: _____ (free text)

19. Details of CT Scan:

- a. What was the date of the exam: __/__/____ (DD/MM/YYYY)
- b. What was the anatomic location of the scan: _____ (free text)
- c. Please provide a brief summary of findings: _____ (free text)

20. Details of PET Scan:

- a. What was the date of the exam: __/__/____ (DD/MM/YYYY)
- b. What was the anatomic location of the scan: _____ (free text)
- c. Please provide a brief summary of findings: _____ (free text)