

## Form 2: Medical Tourism Enhanced Surveillance Form

### Instructions:

Health departments should use this form to collect additional information about an adverse health outcome associated with medical tourism when requested by the Centers for Disease Control and Prevention. The interviewer should complete the form by speaking directly with the patient when possible. Alternatively, interviewing someone familiar with the circumstances surrounding the adverse health outcome (e.g., medical provider, relative, friend) or medical chart abstraction is acceptable. The medical chart review may be done in consultation with the patient interview. Verbal consent should be obtained from patients, participation is voluntary. Please ensure any personally identifiable information is removed before uploading.

### Case Investigation Form

Case ID (CDC to complete): \_\_\_\_\_

Local Case ID (local health jurisdiction to complete): \_\_\_\_\_

State Case ID (state/territorial health jurisdiction to complete): \_\_\_\_\_

Patient Initials: \_\_\_\_\_

Date form completed (MM/DD/YYYY): \_\_\_\_\_

If the interview was conducted in a language other than "English" please specify the name of the language here: \_\_\_\_\_

Date of interview (MM/DD/YYYY): \_\_\_\_\_

Who did you interview to complete this form? *Select all that apply.*

- Patient
- Friend or Family Member (*specify relationship*) \_\_\_\_\_
- Healthcare provider
- Medical chart review
- Other (*please specify*): \_\_\_\_\_

Name of person completing the form: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Contact email: \_\_\_\_\_

If you are transferring data from an earlier interview, list the interviewers' names, contact number, and interview date for these interviews:

Interview A: Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Interview B: Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Interview C: Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### **Patient interview/chart abstraction**

#### **Patient Underlying Medical Conditions**

Please check any medical conditions you (the patient) had prior to traveling abroad. *Select all that apply. For diseases with "describe" next to them specify the name of the disease and current treatment.*

- Autoimmune disease (describe: \_\_\_\_\_)
- Cardiovascular disease (describe: \_\_\_\_\_)
- Chronic respiratory disease (describe: \_\_\_\_\_)
- Diabetes mellitus
- Hepatic disease
- HIV
- Cancer (describe: \_\_\_\_\_)
- Immune compromise (describe: \_\_\_\_\_)
- Neurologic disease (describe: \_\_\_\_\_)
- Obesity
- Renal disease
- Other: \_\_\_\_\_
- None

#### **Surgery/treatment/procedure(s) received outside the United States**

##### **Background**

1. Was your (the patient's) surgery/treatment/procedure planned in advance?
  - Yes
  - No
  - Not sure/don't know
  
2. Was a healthcare professional\* in the United States informed of your (the patient's) plans to receive the surgery/treatment/procedure outside the United States before departing from the United States? *Select best answer.*

\*A healthcare professional is a physician, dentist, or other licensed medical professional that can evaluate and provide medical advice regarding traveling for medical care.

- Yes, I (the patient) did consult a healthcare professional and was cleared to have the surgery/treatment/procedure
- Yes, I (the patient) did consult a healthcare professional but was not cleared for the surgery/treatment/procedure. Why not cleared? \_\_\_\_\_
- Yes, I (the patient) did consult a healthcare professional but no clearance evaluation for the surgery/treatment/procedure was done
- No, I did not consult a healthcare professional
- Prefer not to answer
- Not sure/don't know

3. Was having the surgery/treatment/procedure your (the patient's) primary reason for traveling outside the United States? *Select best answer.*

- Yes
- No; the primary reason for traveling was: (*select best answer*)
  - Vacation
  - Missionary/humanitarian/volunteer/community service
  - Study abroad/educational purposes
  - Visiting friends or relatives
  - Lives outside of the United States
  - Work
    - Business
    - Research
    - Attended a conference
    - Seasonal or temporary work
  - Other (*specify*) \_\_\_\_\_
- Prefer not to answer
- Not sure/don't know

4. Why did you (the patient) have the surgery/treatment/procedure performed outside the United States? *Select all that apply.*

- I have a support system (e.g., family, friends) outside of the United States
- It was included as part of a vacation package
- I (the patient) was not approved to have the surgery/treatment/procedure in the United States

- Medical emergency requiring immediate treatment (no time to return to the United States)
  - Surgery/treatment/procedure was not available in the United States
  - Too expensive in the United States
  - Not covered by U.S. health insurance
  - I (the patient) wanted the surgery/treatment/procedure to be performed by someone from my culture, or who speaks my language
  - Quality of medical care or chances of success are better in another country
  - I (the patient) live outside of the United States
  - Other (please explain)
- 
- Prefer not to answer
  - Not sure/don't know

5. What were the main reasons you selected this country to have the procedure? *Select up to three.*

- Lower cost
- Visited the country for a previous procedure
- Have family and/or friends in the country
- Previously resided in the country
- Current resident of the country
- Born in the country
- Limited availability of procedure in other countries
- Preferred clinic located there
- Preferred healthcare professional located there
- Recommendation from friend
- Recommendation from social media
- Referral from U.S. healthcare professional or insurance company
- Other: \_\_\_\_\_

6. How did you (the patient) learn about this clinician/doctor or healthcare facility? *Select all that apply.*

- Advertisement (*please specify source; select all that apply*)
  - Magazine or newspaper: \_\_\_\_\_
  - Online search: \_\_\_\_\_
  - Radio: \_\_\_\_\_
  - Social media (ex. TikTok, Facebook, Instagram, Snapchat, etc.): \_\_\_\_\_

Social media influencer (ex. TikTok, Facebook, Instagram, Snapchat):

\_\_\_\_\_

Clinic or healthcare professional's social media (ex. TikTok, Facebook, Instagram, Snapchat): \_\_\_\_\_

Other social media (ex. TikTok, Facebook, Instagram, Snapchat):

\_\_\_\_\_

Television: \_\_\_\_\_

Other: \_\_\_\_\_

Company and/or individuals that connect U.S. clients with clinicians/healthcare facilities outside the United States (please provide the name of the company):

\_\_\_\_\_

Previous surgery, treatment, or procedure there

Referral from friend or relative

Other (please explain): \_\_\_\_\_

Prefer not to answer

Not sure/don't know

7. Did you (the patient) look for information about the clinician/doctor or the healthcare facility before going there? If yes, what information did you research? *Select all that apply.*

Yes, about the clinician/doctor

Patient reviews

Price

Pictures of results posted by the clinician/doctor

Credentials/qualifications

Other: \_\_\_\_\_

Yes, about the healthcare facility/facilities.

Patient reviews

Price

Pictures of the healthcare facility/facilities

International accreditation

Other: \_\_\_\_\_

No research (skip to question 9)

Prefer not to answer (skip to question 9)

Not sure/don't know (skip to question 9)

8. How did you do your research? *Select all that apply.*

Asking friends/family

- Internet search
- Social media
- Other: \_\_\_\_\_

**Post-Surgery/Treatment/Procedure(s)**

9. Did you (the patient) stay in a recovery house, hotel, spa or another facility prior to travel back to the United States? How long were you there? *Select all that apply.*

- Yes, I recovered in a facility (e.g., recovery house, hotel, spa) other than where the procedure was performed.
  - Facility name/address/ city/ country: \_\_\_\_\_
  - Length of stay in days: \_\_\_\_\_
- Yes, I stayed with friends or family
  - Length of stay in days: \_\_\_\_\_
- No, I recovered in the same facility where the procedure was performed. Length of stay in days: \_\_\_\_\_
- No, I returned to the United States immediately (<24 hours) after the procedure
- Prefer not to answer
- Not sure/don't know

10. While at the facility chosen for the surgery/treatment/procedure, did you (the patient) have any concerns about the clinic/surgical center or healthcare professional(s) that performed the procedure (?) If yes, what were your areas of concern?

- Yes (*select all that apply*).
  - Cleanliness
  - Staff qualifications
  - Interaction with the staff (describe: \_\_\_\_\_)
  - Other: \_\_\_\_\_
- No
- Prefer not to answer
- Not sure/don't know

11. Did you (the patient) receive instructions about what to expect after the surgery/treatment/procedure? If, yes what type of instructions did you receive?

- Yes (*select all that apply*). (go to question 12)
  - Follow-up procedures (e.g., reminding the patient to check-in with a healthcare professional)
  - Medications
  - Infection prevention
  - Wound care

- Other: \_\_\_\_\_
- No (go to question 14)
- Prefer not to answer (go to question 14)
- Not sure/don't know (go to question 14)

12. How did you receive your instructions about what to expect after the surgery/treatment/procedure?

- Verbal
- Written (*select all that apply*).
- Paper
- E-mail
- Smart phone app
- Website
- Both written and verbal
- Other: \_\_\_\_\_

13. Were your (the patient's) instructions communicated in a language you (the patient) understand fluently?

- Yes
- No
- Not sure/don't know

14. What signs and symptoms did you (the patient) experience after the surgery/treatment/procedure and how long after surgery did they start? *Select all that apply. Note: the same day of the surgery is considered 0 days post-surgery.*

- Fatigue (days post-surgery: \_\_\_\_\_)
- Fever (days post-surgery: \_\_\_\_\_)
- Pain (days post-surgery: \_\_\_\_\_)
- Bleeding or drainage from incision(s) or procedure site (days post-surgery: \_\_\_\_\_)
- Redness around incision or procedure site (describe: \_\_\_\_\_) (days post-surgery: \_\_\_\_\_)
- Respiratory symptoms (describe: \_\_\_\_\_) (days post-surgery: \_\_\_\_\_)
- Swelling (days post-surgery: \_\_\_\_\_)
- Other (describe: \_\_\_\_\_) (days post-surgery: \_\_\_\_\_)
- Prefer not to answer
- Not sure/don't know

15. What type of complication(s) did you (the patient) experience **after** the surgery/treatment/procedure? *Select all that apply. If using the electronic version of the form, indicate the organism identified from the list or select "other" and specify, if known. If using the paper form, enter the name of the organism in the space provided, if known. Please add additional details if necessary, in the space provided at the end of the form.*

Infection

- Bloodstream
  - Was an organism identified?
    - No
    - Not sure/don't know
    - Yes, what organism(s) was identified? (specify:\_\_\_\_\_)
- Skin/soft tissue (e.g., cellulitis, abscess, wound infection)
  - Was an organism identified?
    - No
    - Not sure/don't know
    - Yes, what organism(s) was identified? (specify:\_\_\_\_\_)
- CNS (e.g., meningitis, brain abscess)
  - Was an organism identified?
    - No
    - Not sure/don't know
    - Yes, what organism(s) was identified? (specify:\_\_\_\_\_)
- Bone (i.e., osteomyelitis)
  - Was an organism identified?
    - No
    - Not sure/don't know
    - Yes, what organism(s) was identified? (specify:\_\_\_\_\_)
- Wound at site of procedure
  - Was an organism identified?
    - No
    - Not sure/don't know
    - Yes, what organism(s) was identified? (specify\_\_\_\_\_)
- Joint (i.e., septic arthritis)
  - Was an organism identified?
    - No
    - Not sure/don't know
    - Yes, what organism(s) was identified? (specify\_\_\_\_\_)
- Urinary tract
  - Was an organism identified?

- No
  - Not sure/don't know
  - Yes, what organism(s) was identified? (specify:\_\_\_\_\_)
- o Other infection-related diagnosis, specify\_\_\_\_\_
- Was an organism identified?
    - No
    - Not sure/don't know
    - Yes, what organism(s) was identified? (specify\_\_\_\_\_)
- Deep venous thrombosis
- Pulmonary embolism
- Death (describe): \_\_\_\_\_
- Other adverse health outcome (describe): \_\_\_\_\_

16. Did you (the patient) seek care after the surgery/treatment/procedure **before** returning to the United States?

- Yes (go to question 17)
- No (go to question 21)
- Prefer not to answer (go to question 21)
- Not sure/don't know (go to question 21)

17. Where did you (the patient) get the initial treatment **before** returning to the United States?  
*Select all that apply.*

- At a clinic, urgent care center, or other outpatient setting
- In a hospital (*select all that apply*).
- o Emergency department
  - o Medical/surgical floor
  - o Intensive care unit (ICU)
- In a long-term care facility or rehabilitation center
- Healthcare provider visited place of residence

18. Were you (the patient) admitted to a hospital after the surgery/treatment/procedure **before** returning to the United States?

- Yes
- No
- Prefer not to answer
- Not sure/don't know

19. Please provide us with additional information about your (the patient's) treatment location **before** returning to the United States.

*If you (the patient) sought care at multiple facilities, enter the narrative (the date(s) visited, facility name, facility type, location, and please indicate whether it was affiliated with the original facility chosen for the surgery/treatment/procedure in the space at the end of Form 2). Can use medical records to complete this section if available.*

- Date(s): \_\_\_\_\_
- Facility name: \_\_\_\_\_
- Facility type
  - Clinic, urgent care center or other outpatient setting
  - Hospital
  - Long-term care facility or rehabilitation center
  - Healthcare provider visited place of residence
- Location (Address if known, or city/state/country): \_\_\_\_\_

20. What type of treatment did you (the patient) receive **before** returning to the United States? *Select all that apply. Can use medical records to answer this question if available.*

- Antimicrobial medication
- Blood product
- Anticoagulant
- Medical observation
- Pain management
- Surgery (describe): \_\_\_\_\_
- Wound care
- Other (describe): \_\_\_\_\_
- Not sure/don't know

### **Return to the United States**

21. Did you (the patient) seek care in the United States for the complication/adverse health outcome?

- Yes (go to question 22)
- No, did not seek care (go to question 26)
- Prefer not to answer (go to question 26)

22. Where did you (the patient) get the initial treatment after returning to the United States? *Select all that apply.*

- At a clinic, urgent care center, or other outpatient setting

- In a hospital (*select all that apply*).
  - Emergency department
  - Medical/surgical floor
  - Intensive care unit (ICU)
- In a long-term care facility or rehabilitation center
- Healthcare provider visited place of residence

23. Were you (the patient) admitted to a hospital after the surgery/treatment/procedure **after** returning to the United States?

- Yes
- No
- Prefer not to answer
- Not sure/don't know

24. Please provide us with additional information about your (the patient's) treatment location in the United States.

*If you (the patient) sought care at multiple facilities, please provide the narrative (the date(s) visited, facility name, facility type, and location, in the space at the end of Form 2). Can use medical records to complete this section if available. If using the paper form, please add additional details as necessary in the space provided at the end of the form.*

- Date(s): \_\_\_\_\_
- Facility name: \_\_\_\_\_
- Facility type
  - Clinic, urgent care center or other outpatient setting
  - Hospital
  - Long-term care facility or rehabilitation center
  - Healthcare provider visited place of residence
- Location (city/state): \_\_\_\_\_

25. What type of treatment did you (the patient) get in the United States? *Select all that apply.*  
*Can use medical records to answer this question if available.*

- Antimicrobial medication
- Blood product
- Anticoagulant
- Medical observation
- Pain management
- Surgery (describe): \_\_\_\_\_
- Wound care

- Other (describe): \_\_\_\_\_
- Not sure/don't know

26. What is your (the patient's) current health status related to the adverse health outcome?

- Recovered
- Hospitalized/receiving inpatient care
- Resident of long-term care facility or subacute rehabilitation center receiving outpatient care
- At private home, receiving outpatient care
- Deceased
  - o Date of death (MM/DD/YYYY): \_\_\_\_\_

**Please read to the interviewee:** *Below are questions about the costs related to receiving care abroad. This information will help us understand the financial burdens on medical tourists. If you do not feel comfortable answering these questions, feel free to skip this section and end the interview.*

27. How did you (the patient) pay for the surgery/treatment/procedure done outside of the United States? *Select all that apply.*

- Out-of-pocket
- Private U.S. health insurance
- Medicare
- Supplemental health insurance for Medicare beneficiaries
- Tricare
- Other insurance (*please specify source; select all that apply*)
  - o Travel health insurance
  - o Medical evacuation insurance
  - o National insurance, Country (*please specify*): \_\_\_\_\_
  - o Other (*please specify*): \_\_\_\_\_
- Prefer not to answer
- Not sure / don't know

28. If you (the patient) had a complication/adverse health outcome, how has care been paid for in the United States? *Select all that apply.*

- Out-of-pocket
- Private U.S. health insurance
- Medicare

- Supplemental health insurance for Medicare beneficiaries
- Medicaid
- Tricare
- Other insurance (*please specify source; select all that apply*)
  - Travel health insurance
  - Medical evacuation insurance
  - National insurance, Country (*please specify*): \_\_\_\_\_
  - Other (*please specify*): \_\_\_\_\_
- Prefer not to answer
- Not sure / don't know

29. If you (the patient) used insurance to pay for a complication/adverse health outcome related to the surgery/treatment/procedure done outside of the United States, did you have a deductible and/or copay?

- Yes
  - How much (in dollars): \_\_\_\_\_
- No
- Prefer not to answer
- Not sure/ don't know

30. Approximately how much did you (the patient) spend out of pocket on the surgery/treatment/procedure done outside of the United States? \_\_\_\_\_

31. Approximately how much did you (the patient) spend out of pocket on other costs related to the surgery/treatment/procedure, including travel, lodging, food and other daily provisions? *This does not include costs related to the complication/adverse health outcome.*

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32. Approximately how much did you (the patient) spend out of pocket on treatment and recovery care (including care at a recovery center and/or home health care) for the complication/adverse health outcome related to the surgery/treatment/procedure done outside of the United States? \_\_\_\_\_

Additional Notes/Additional Space for answers (if needed)

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