Appendix 6. Online Survey Example – Case Finding Questionnaire

Form Approved
OMB No. 0920-XXXX
Exp. Date XX/XX/XXXX

Case Finding Questionnaire

Public reporting burden of this collection of information is estimated to average XX 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-XXXX)

1. Attendee Information

***1. Please enter the email address you used to register for the [INSERT NAME OF EVENT]**

***2. Please select the dates you attended the [INSERT NAME OF EVENT] (check all that apply)**

- ☐ **DATE 1**
- ☐ **DATE 2**
- ☐ **DATE 3**

2. Travel Information

1. Please select mode of transportation used to travel to [INSERT LOCATION]

- ☐ Car
- ☐ Plane
- ☐ Train
- ☐ N/A
- ☐ Other (please specify)

3. Flight Information

***1.** If plane, what airline did you fly (flight number optional)?

4. Hotel Information

1. Please select the hotel you stayed in while attending [INSERT NAME OF EVENT]

- ☐ **SITE 1**
- ☐ **SITE 2**
- ☐ **SITE 3**

***2. Please indicate the dates you stayed in the hotel:**

***3. During your stay, did you sue any of the following:**

- [ ] Pool
- [ ] Spa
- [ ] Sauna
- [ ] Steam room
- [ ] Fitness center showers
- [ ] None of the Above

5. Symptoms experienced

1. Did you experience any illness prior to the [INSERT NAME OF EVENT]?

- ○ Yes
- ○ No

If Yes, please specify

2. Did you experience any illness after you attended the [INSERT NAME OF EVENT]?

- ○ Yes
- ○ No

*3. What date did your symptoms start? (enter n/a if you did not have symptoms)

4. What was the duration of your symptoms?

- ○ 1-2 days
- ○ 3-4 days
- ○ 5+ days
- ○ I did not have symptoms

***5. Please indicate symptoms you experienced:**

- ☐ Fever
- ☐ Chills
- ☐ Muscle aches
- ☐ Fatigue
- ☐ Abdominal pain
- ☐ Diarrhea
- ☐ Dry cough
- ☐ Productive cough (phlegm/mucus)
- ☐ Shortness of breath
- ☐ I did not have symptoms
- ☐ Other (please specify)

6. Medical history

1. Do you have any of the following medical conditions?

- ☐ Heart condition
- ☐ Asthma
- ☐ Bronchitis
- ☐ Diabetes
- ☐ Organ transplant recipient
- ☐ Cancer or cancer treatment
- ☐ Other medical conditions

2. Do you take any medications regularly?

- ○ Yes
- ○ No

Please list medications

3. Do you smoke?(Any substance)

- ○ Yes
- ○ No

7. Illness information

1. Did you see a doctor about your illness?

- ○ Yes
- ○ No
- ○ I was not ill

2. Were you hospitalized overnight?

- ○ Yes
- ○ No
- ○ I was not ill

If Yes, please give name of hospital and dates hospitalized

3. If Yes, were any lab test performed?

- ☐ Blood tests
- ☐ Urine tests
- ☐ Chest x-ray
- ☐ Sputum test
- ☐ I was not ill

If Yes, please enter lab result if known

4. Were you given a diagnosis?

- ☐ Flu
- ☐ Pneumonia
- ☐ Viral respiratory illness
- ☐ I was not ill
- ☐ Other (please specify)

5. Were you given antibiotics for your symptoms?

- ☐ Azithromycin (Z-pack)
- ☐ Levofloxacin (Lavaquin)
- ☐ Erythromycin
- ☐ Doxycycline
- ☐ I was not ill
- ☐ Other (please specify)

6. Do you still have symptoms?

- ○ Yes
- ○ No
- ○ I was not ill

8. Events attended [INSERT DATE OF EVENT]

1. **Did you attend the [INSERT NAME OF EVENT] on [INSERT DATE OF EVENT]?**
   - ○ Yes
   - ○ No

2. Did you attend the [INSERT NAME OF EVENT] on [INSERT DATE OF EVENT]?
   - ○ Yes
   - ○ No

3. Did you attend the [INSERT NAME OF EVENT] at [INSERT SITE AND LOCATION OF EVENT] on [INSERT DATE OF EVENT]?
   - ○ Yes
   - ○ No

9. Contact Information (optional)

We thank you for taking the time to complete thus survey. Your cooperation is important as we continue our investigation.

1. Depending on your answers the [INSERT NAME OF INVESTIGATING ENTITY] may want to contact you to obtain more information. We appreciate your cooperation with this investigation.

Name:

Phone number:

2. Are you from [INSERT LOCATION OF EVENT]?

- ◯ **Yes**
- ◯ **No**

3. Please indicate what country you are from.

4. May we contact you?

- ◯ **Yes**
- ◯ **No**