

**Case Exposure/Source Information** 3. INTERVIEW DATE:        
Month Day Year

**Case Information**

4. CASE NAME: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle) (Suffix) (Nickname)

5. ADDRESS: \_\_\_\_\_  
Street Address, Apt #. City State Zip Code

6. Case Classification:  Confirmed  Probable  Suspect  Unknown

**Information on possible source of infection - INDIVIDUALS**

7. DO YOU KNOW FROM WHOM YOU CAUGHT THIS ILLNESS?  Yes  No  Unknown  
IF NO OR UNKNOWN, GO TO QUESTION 10.

IF YES, GIVE NAME, ADDRESS, AND TELEPHONE NUMBER

Name (LAST, FIRST) Street Address, Apt #. City State Zip Code Area Code Number

8. DATE OF LAST EXPOSURE:        
Month Day Year

9. DID THE PERSON HAVE ANY OF THE FOLLOWING SIGNS OR SYMPTOMS (MARK ALL THAT APPLY):

RASH: PAPULES/BUMPS  FEVER  SEVERELY ILL  OTHER, DESCRIBE: \_\_\_\_\_  
 RASH: VESICLES  COUGH  IMMOBILE  
 RASH: PUSTULES (FLUID FILLED)  
 RASH: CRUSTS/SCABS

10. DO YOU KNOW OF ANY OTHER PERSON WITH AN ILLNESS LIKE YOURS:  Yes  No  Unknown  
IF YES, GIVE NAME, ADDRESS, AND TELEPHONE NUMBER

Name (LAST, FIRST) Street Address, Apt #. City State Zip Code Area Code Number

11. DURING THE DATES FROM \_\_\_\_\_ TO \_\_\_\_\_ BEFORE YOUR RASH ONSET, WERE YOU IN CONTACT WITH  
(Insert date: 21 days before rash onset) (Insert date: 7 days before rash onset)

DO YOU KNOW OF ANYONE WHO APPEARED TO HAVE:

11a. CHICKENPOX:  Yes  No  Unknown

11b. A SEVERE RASH ON THE FACE AND/OR ARMS:  Yes  No  Unknown

IF YES TO 11a OR 11b, GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE INDIVIDUALS:

Name (LAST, FIRST) Street Address, Apt #. City State Zip Code Area Code Number

DATE OF LAST EXPOSURE:        
Month Day Year

Name (LAST, FIRST) Street Address, Apt #. City State Zip Code Area Code Number

DATE OF LAST EXPOSURE:        
Month Day Year

**Information on possible source of infection - PLACE**

12. DO YOU KNOW WHERE YOU CAUGHT THIS ILLNESS?  Yes  No  Unknown

IF YES, NAME OF PLACE/EVENT: \_\_\_\_\_ TYPE OF PLACE/EVENT: \_\_\_\_\_  
(i.e., restaurant, store, theater, sports event, office, etc)

ADDRESS / LOCATION: \_\_\_\_\_  
Street Address, Apt #. City State Zip Code

DESCRIBE LOCATION: \_\_\_\_\_ TELEPHONE:        
Area Code Number

13. POSSIBLE DATE OF EXPOSURE:        
Month Day Year

14. TIME: \_\_\_\_\_ AM / PM

15. ESTIMATED NUMBER OF PERSONS POTENTIALLY EXPOSED AT THE SAME PLACE AND TIME AS CASE: \_\_\_\_\_

**LIST OTHERS POTENTIALLY EXPOSED (NAME, ADDRESS, TELEPHONE) ON REVERSE SIDE OF THIS FORM OR ON AN ADDITIONAL PIECE OF PAPER.**

Public reporting burden of this collection of information is estimated to average \_\_\_ 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-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0008).

**LIST OF NAMES AND ADDRESSES/TELEPHONE NUMBERS:**

Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number

**SAMPLE QUESTIONS FOR FORM 3B: SMALLPOX CASE TRAVEL/ACTIVITY WORKSHEET – EXPOSURE PERIOD:**

For the next few questions, I'd like you to think back to the 14 day period between 1 and 3 weeks before you developed a rash that we have marked on the calendar. Let's start with weekdays. (Offer dates, holidays, etc., as available to anchor the case's recall to this time period. Consider routine weekday activities in a systematic way going either back from day 7 or forward from day 21 from fever onset depending on what seems easier to do.)

For weekends, ask about usual routines and then occasional activities. Prompt especially for attendance at public events. A question to capture this type of attendance follows after questions regarding usual activities.

**WHAT IS YOUR USUAL ROUTINE:**

DO YOU WORK?  Yes  No      VOLUNTEER ON A REGULAR BASIS?  Yes  No

DO YOU GO TO SCHOOL?  Yes  No      HAVE ANOTHER EVERY DAY ACTIVITY?  Yes  No

DURING THIS 14-DAY PERIOD AS SHOWN ON THIS CALENDAR, DID YOU SPEND ANY TIME REGULARLY (3 OR MORE TIMES A WEEK) IN THE FOLLOWING PLACES? (Check all that apply.)

WORK:  Yes  No      SCHOOL:  Yes  No      RESTAURANT:  Yes  No

YOUR CHILD'S SCHOOL OR DAY CARE CENTER:  Yes  No      GROCERY STORE:  Yes  No

OTHER, SUCH AS PLACE OF WORSHIP, GYM, ETC:  Yes  No      IF YES, SPECIFY: \_\_\_\_\_

**Please complete FORM 3C – CASE EXPOSURE TRANSPORTATION WORKSHEET for all transportation questions.**

IF YOU WORK, GO TO SCHOOL, OR TRANSPORT YOUR CHILDREN OR OTHER FAMILY MEMBERS, HOW DO YOU TRAVEL TO AND FROM THESE PLACES?

CAR ALONE, BICYCLE, WALK:  Yes  No      CAR WITH OTHER PEOPLE IN THE VEHICLE AT LEAST SOMETIMES:  Yes  No

BUS, TRAIN OR SUBWAY:  Yes  No      TAXI:  Yes  No

OTHER, SPECIFY (E.G. PLANE):  Yes  No      IF YES, SPECIFY: \_\_\_\_\_

NOTE: For regular travel schedule such as to and from work, indicate range of days and times if this is the same each day.

DURING THE 14-DAY TIME PERIOD DESIGNATED ABOVE, DID YOU TRAVEL OUT OF TOWN (IF CITY, OUT OF URBAN AREA, IF RURAL, OUT OF COUNTY)?  Yes  No

DURING THE 14-DAY TIME PERIOD DESIGNATED ABOVE, DID YOU VISIT ANY OF THE FOLLOWING ACTIVITIES AT LEAST ONCE:

HOTEL/CONVENTION CENTER:  Yes  No      CHURCH, TEMPLE, MOSQUE OR OTHER PLACE OF WORSHIP:  Yes  No

SHOPPING MALL OR LARGE STORE:  Yes  No      DOCTOR'S OFFICE, EMERGENCY ROOM, CLINIC OR HOSPITAL:  Yes  No

AIRPORT:  Yes  No      THEATER (MOVIES/PLAY):  Yes  No

CONCERT:  Yes  No      PUBLIC SPORTING EVENT:  Yes  No

BUS, TRAIN OR SUBWAY:  Yes  No      FAIR, FESTIVAL OR CARNIVAL:  Yes  No

ANY OTHER GATHERING WITH MORE THAN 100 OTHER PEOPLE:  Yes  No      IF YES, SPECIFY: \_\_\_\_\_