

# Meningococcal Case Supplemental Form



**To be filled out in conjunction with the  
Meningococcal Disease Case Report and Contact Roster**

**In the past months, there has been an increase in severe meningitis cases. The public health department is investigating this increase in these severe infections. To assist Public Health Department in controlling the spread of these infections, I need to ask some questions about your habits, activities, and recent places that you and your close friends and family have lived.**

Patient Name (Last, First)	Date of Birth ____/____/____	VCMR ID
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Will the information be collected by proxy?  Yes  No If Yes, Name and relationship to case. \_\_\_\_\_

## POSSIBLE EPIDEMIOLOGIC RISK FACTORS

### SOURCE CONTACT

1) In the past month, have you been in contact with friends, relatives or any other groups of people that had similar symptoms as yours (i.e. headaches, fever, problem in thinking, skin rash, nausea, vomiting)?  Yes  No

If Yes, Name of contact or group. \_\_\_\_\_

Location of contact. \_\_\_\_\_

Address. \_\_\_\_\_

Contact telephone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

### RESIDENCE

2) In the past 3 months, where have you slept at night? (Check all that apply.)

Residence Specify address. \_\_\_\_\_ City. \_\_\_\_\_ State. \_\_\_\_\_ ZIP Code. \_\_\_\_\_

How long at this location? \_\_\_\_\_

Shelter Specify name of shelter. \_\_\_\_\_

Shelter address. \_\_\_\_\_ City. \_\_\_\_\_ State. \_\_\_\_\_ ZIP Code. \_\_\_\_\_

Time period of stay. \_\_\_\_\_

Streets Specify name of streets/cross streets. \_\_\_\_\_

Jail Specify name of jail. \_\_\_\_\_

Other Describe location. \_\_\_\_\_

3) In the past 3 months, do you have any friends or relatives that have:

Been homeless

Stayed in a shelter Specify shelter name. \_\_\_\_\_ Telephone number. (\_\_\_\_) \_\_\_\_\_

Stayed on the streets Specify name of streets/cross streets. \_\_\_\_\_

### FOOD AND BEVERAGE

4) In the past 3 months, where have you eaten your meals? (List all locations)

Residence Specify address. \_\_\_\_\_ City. \_\_\_\_\_ State. \_\_\_\_\_ ZIP Code. \_\_\_\_\_

Shelter Specify name of shelter. \_\_\_\_\_

Shelter address. \_\_\_\_\_ City. \_\_\_\_\_ State. \_\_\_\_\_ ZIP Code. \_\_\_\_\_

Soup Kitchen Specify address. \_\_\_\_\_ City. \_\_\_\_\_ State. \_\_\_\_\_ ZIP Code. \_\_\_\_\_

Other: Specify. \_\_\_\_\_

5) In the past 3 months, have you regularly shared beverages or drinks (for example cups, glasses, or soda cans) among your friends or relatives?

Yes  No

If Yes, In what setting do you commonly share? \_\_\_\_\_

What type of beverage?  Beer  Other alcohol  Soft drinks  Bottled water  Other: Specify. \_\_\_\_\_

### DRUG AND STIMULANT USE

6) In the past 3 months, have you smoked marijuana (pot) or spice?  Yes  No

If Yes, Do you share the same marijuana paraphernalia with others (for example a blunt, joint, or bong)?  Yes  No

If Yes, With whom? \_\_\_\_\_

7) In the past 3 months, have you smoked cigarettes?  Yes  No

If Yes, Do you share the same lit cigarettes?  Yes  No If Yes, With whom? \_\_\_\_\_

- 8) In the past 3 months, have you shared a hookah as a social activity?  Yes  No  
If Yes, With whom? \_\_\_\_\_
- 9) In the past 3 months, have you used any recreational or IV drugs?  Yes  No  
If Yes, Specify which ones. \_\_\_\_\_  
Do you ever share your recreational drugs or IV drugs?  Yes  No If Yes, With whom? \_\_\_\_\_
- 10) In the past 3 months, have you taken methadone?  Yes  No
- 11) In the past 3 months, have you attended any of the following:  
 Drug Rehabilitation Program  Alcoholics Anonymous or other similar types of programs  
If Checked, Specify where and when? \_\_\_\_\_

**TRANSPORTATION**

- 12) Do you own a car?  Yes  No
- 13) In the past 3 months, have you used public transportation?  Yes  No  
If Yes, Specify type.  Bus  Metrorail  Train  Other: Specify. \_\_\_\_\_  
If Yes, Specify route. \_\_\_\_\_  
Frequency of this type of transportation:  Daily  Weekly  Occasionally  Rarely
- 14) In the past 3 months, have you carpooled to work or school?  Yes  No  
If Yes, Name of person(s) in your carpool? \_\_\_\_\_  
Frequency of this type of transportation:  Daily  Weekly  Occasionally  Rarely

**PAST MEDICAL HISTORY**

- 15) Do you have any of the following chronic diseases:  
 Chronic renal disease  HIV  
 Cirrhosis  Other immunocompromising conditions (e.g. cancer, lupus)  
 Diabetes If Yes, Specify \_\_\_\_\_  
 Hepatitis  
 B  C

**OTHER**

- 16) Have you been in a jail or arrested within the past 3 months?  Yes  No  
If Yes, Specify name of facility. \_\_\_\_\_  
Specify period of incarceration. \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
- 17) In the past 3 months, have you worked with the homeless?  Yes  No  
If Yes, Specify where and when? \_\_\_\_\_
- 18) In the past 3 months, do you have any friends or family that have:  
 Recently been arrested or released from prison  
If Yes, Specify name of facility. \_\_\_\_\_  
Specify period of incarceration. \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Worked with the homeless  
If Yes, Specify where and when? \_\_\_\_\_
- 19) In the past 3 months, have you associated with any school-aged children?  
If Yes, Setting.  Household  School  Employment  Other: Specify. \_\_\_\_\_  
If Yes, Specify age groups. \_\_\_\_\_

**REMARKS** Please use this space to expand on the questions above.

Investigator's Name (print)	Date of Interview	Telephone Number ( )
Agency Name		