

During the period from 50 days before illness and 7 days after.....

WORK OR VOLUNTEER

Did the case work for, or volunteer at a place that serves homeless persons? Yes No Unk

Did they work in food service (preparing, serving, cleaning)? Yes No Unk

If Yes to either question above, Specify Location Name & Address: _____

Describe role and duties? _____

Dates worked? _____

DRUG USE

PREFACE THIS SECTION BY SAYING: "I'm going to ask you some questions about drug use; the information you provide will not be shared with anyone outside of Public Health"

Did the case use any recreational or illicit drugs? Yes No Unk Refused to answer (RTA)

If NO/REFUSED, SKIP to Housing Questions.

If Yes, List the drugs used.

Drug Name	Method of Administration (e.g. smoked, snorted, injected, taken by mouth)

Specify all the equipment (paraphernalia) used: *(Check all that apply.)*

- Glass hashish pipes
 Crack cocaine pipes
 Smoking masks
 Hashish bongs
 Cocaine freebase kits
 Syringes
 Roach clips
 Drug injection equipment ("Works")
 Other: Specify. _____

Has anything changed about the case's drug use? Yes No Unk

If Yes, Did they start using a new drug? Yes No Unk Specify: _____

When did they start using the new drug? ___/___/___

Using different/new drug equipment? Yes No Unk Specify: _____

Did the case share drugs or equipment with others? Yes No Unk RTA

If Yes, May we follow up with the other users? *(We won't mention your name if you prefer.)* Yes No

Please provide contact information.

Contact Name	Contact Phone	Date(s) Shared	What was shared?

Follow up each contact per B-73 if date(s) shared were during the infectious period (14 days before & 7 days after onset).

During the period from 50 days before illness and 7 days after ... (unless specified otherwise)

HOUSING

Has the case been homeless in the past year? Yes No Unk

Did the case spend the night at a **family member or friend's home** (50 days before & 7 days after)? Yes No Unk
 Refused to answer (RTA)

If Yes, Specify home(s) where stayed?

Home address	Relation? Family/friend	Contact person & phone	Length of Stay (days)	Specify Dates of Stay	
				From	To
				__/__/__	__/__/__
				__/__/__	__/__/__

Complete the Hepatitis A Contact Line List (S2) for each home where the case resided during infectious period (14 days before to 7 days after onset).

Did the case spend the night **on the street** (50 days before & 7 days after)? Yes No Unk RTA

If Yes, Specify details.

Location/Cross streets	Describe situation(s).	Length of Stay (days)	Specify Dates of Stay	
			From	To
	<input type="checkbox"/> Living outside (tent, shanty) <input type="checkbox"/> Temp. indoor situation (shed, abandoned building) <input type="checkbox"/> Sleeping in car/van <input type="checkbox"/> Other. _____		__/__/__	__/__/__
	<input type="checkbox"/> Living outside (tent, shanty) <input type="checkbox"/> Temp. indoor situation (shed, abandoned building) <input type="checkbox"/> Sleeping in car/van <input type="checkbox"/> Other. _____		__/__/__	__/__/__
	<input type="checkbox"/> Living outside (tent, shanty) <input type="checkbox"/> Temp. indoor situation (shed, abandoned building) <input type="checkbox"/> Sleeping in car/van <input type="checkbox"/> Other. _____		__/__/__	__/__/__

Complete the Hepatitis A Contact Line List (S2) for each unique street location where case resided during infectious period (14 days before to 7 days after onset).

Where did they use the bathroom during this time period? (Check all that apply.)

- Public bathroom
 Portable restroom
 Outside (alley, street, etc)
 Shelter
 Institution
 Other: Specify. _____

Did the case spend time at any of the following **facilities** (50 days before & 7 days after)? Yes No Unk RTA

If Yes, Specify type of place: (Check all that apply.)

- Shelter
 Correctional facility (jail, prison, juvenile detention)
 Drug treatment facility
 Psychiatric care facility
 Group home/Board and Care
 Other: Specify. _____

If any of the above are checked, Specify facilities and details in table below.

Facility Name	Facility Address, City, State, ZIP	Length of Stay (days)	Specify Dates of Stay	
			From	To
			__/__/__	__/__/__
			__/__/__	__/__/__

Complete the Hepatitis A Contact Line List (S2) for each facility where case resided during infectious period (14 days before to 7 days after onset) and contact ACDC for consultation.

SEXUAL RISK (for Males or Transgender only)

PREFACE THIS SECTION BY SAYING: "I am going to ask you some questions about your sexual practices; the information you provide will not be shared with anyone outside of Public Health"

What is the case's sexual preference? Bisexual Homosexual Heterosexual Refused to answer (RTA)

If Heterosexual/Refused, SKIP to REMARKS.

Did the case have sex with men (MSM) during the exposure period (14 to 50 days before onset)?

Yes No Unk RTA

If Yes, How many different male sex partners did the case have? _____

If had any partners, Does the case use any drugs before, during or after sex? Yes No Unk RTA

If Yes, How were the drugs administered? Ingest Inject Smoke Insert Other: _____

How did the case meet their partner(s)? (If more space needed, use Remarks)

Partner	Where met partner(s)? (Check all that apply.)	Specify details (Places, apps, events, etc)
1	<input type="checkbox"/> Bars/Clubs <input type="checkbox"/> Bathhouses/Sex clubs <input type="checkbox"/> Gym/Health club <input type="checkbox"/> Internet <input type="checkbox"/> "hook up" apps <input type="checkbox"/> Friends/Private party <input type="checkbox"/> Fair/Festival (Pride, etc.) <input type="checkbox"/> Other: specify. _____	
2	<input type="checkbox"/> Bars/Clubs <input type="checkbox"/> Bathhouses/Sex clubs <input type="checkbox"/> Gym/Health club <input type="checkbox"/> Internet <input type="checkbox"/> "hook up" apps <input type="checkbox"/> Friends/Private party <input type="checkbox"/> Fair/Festival (Pride, etc.) <input type="checkbox"/> Other: specify. _____	
3	<input type="checkbox"/> Bars/Clubs <input type="checkbox"/> Bathhouses/Sex clubs <input type="checkbox"/> Gym/Health club <input type="checkbox"/> Internet <input type="checkbox"/> "hook up" apps <input type="checkbox"/> Friends/Private party <input type="checkbox"/> Fair/Festival (Pride, etc.) <input type="checkbox"/> Other: specify. _____	
4	<input type="checkbox"/> Bars/Clubs <input type="checkbox"/> Bathhouses/Sex clubs <input type="checkbox"/> Gym/Health club <input type="checkbox"/> Internet <input type="checkbox"/> "hook up" apps <input type="checkbox"/> Friends/Private party <input type="checkbox"/> Fair/Festival (Pride, etc.) <input type="checkbox"/> Other: specify. _____	
5	<input type="checkbox"/> Bars/Clubs <input type="checkbox"/> Bathhouses/Sex clubs <input type="checkbox"/> Gym/Health club <input type="checkbox"/> Internet <input type="checkbox"/> "hook up" apps <input type="checkbox"/> Friends/Private party <input type="checkbox"/> Fair/Festival (Pride, etc.) <input type="checkbox"/> Other sSpecify. _____	

REMARKS

Potential Source(s) (Check all that apply): Homeless Drug-user MSM Travel Other: _____

Investigator's name (print)	Investigator's signature	Date	Telephone number ()
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Health District