

Patient name (last, first) _____ Date of Birth _____

WNV DIAGNOSTIC TESTS

Type of Test	Type of Specimen	Date Collected	Results	Name of Laboratory
WNV IgM (EIA/IFA)				
PRNT				
Other (Specify)				

EPIDEMIOLOGIC RISK FACTORS

Currently pregnant? Yes No Unk If Yes, Week of gestation: _____

Did the following events occur during the 4 weeks prior to your illness: Start of Exposure Period ___/___/___

Donated blood? Yes No Unk If Yes, Date: ___/___/___

Donated organ? Yes No Unk If Yes, Date: ___/___/___

Received blood transfusion? Yes No Unk If Yes, Date: ___/___/___

Received organ transplant? Yes No Unk If Yes, Date: ___/___/___

BEHAVIOR

Activities during the 4 weeks prior to your illness:

Did you have exposure to or bites from mosquitoes? Yes No Unknown Dates/locations: _____

Did you do anything to protect yourself from mosquito bites? Yes No Unknown

If Yes, did you use insect repellent? Yes No Unknown What did you use as a repellent? _____

If No, why not? _____

Did you travel outside of California? Yes No Unknown Dates/locations: _____

Did you travel outside the U.S.? Yes No Unknown Dates/locations: _____

Have you:

Ever traveled outside the U.S.? Yes No Unk Dates/Locations: _____

Ever received yellow fever vaccine? Yes No Unk Date of vaccination: ___/___/___

RESIDENCE

Describe your main residence during the 4 weeks prior to your illness:

Did you reside in a: House Townhouse Condo/Apartment Other (specify) _____

Did your home residence have screens for windows or doors? Yes No Unknown

If Yes, did any of them have holes or defects that would allow mosquitoes to enter? Yes No Unknown

Did your home residence have air conditioning? Yes No Unknown

If Yes, how often did you use it instead of leaving windows or doors open? Always Most of the time Sometimes Rarely Never

Did you have water that does not dry up for several days in and around your home residence (unmaintained pools and fountains or potted plants with saucers)? This is called standing water. Yes No Unknown

If Yes, how often did you drain the standing water? More than 4 times 3 to 4 times 1 to 2 times 0 times

Did you have rain barrels? Yes No Unknown If Yes, check the measures you took to keep mosquitoes out of rain barrels.

Covered all openings Emptied regularly Used mosquito dunks None

Are you aware of standing water in your neighborhood (such as neighbors' pools, nearby ponds, or street gutters)? Yes No Unknown

If Yes, describe. _____

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EPIDEMIOLOGIC RISK FACTORS (continued)

Activities during the 2 weeks prior to illness: Start of Exposure Period ___/___/___

Please list 2 locations aside from your home residence that you spent the most time. (Specify address if possible)

a. _____ b. _____

KNOWLEDGE

Did you know about West Nile Virus prior to your illness? Yes No Unknown

If Yes, where did you first hear about West Nile Virus? Check all that apply.

News articles (online or print) Television Radio Social Media Word of mouth Other: Specify. _____

Where do you usually find information about health and diseases? Check all that apply.

News articles (online or print) Television Radio Social Media Word of mouth Other: Specify. _____

What is your education level? Below HS level GED/HS diploma Some college College and above

REMARKS

Investigator Name:	Interview Date:	Telephone Number: ()
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