NSW GOVERNMENT

Case Questionnaire

Interview undertaken for condition: ☐ Barmah Forest Virus and Ross River Virus ☐ Chikungunya, Yellow fever, Malaria	**NCIMS number:** Notification date: ______________ Interview Date: ______________ Interviewer & PHU:

First Name:	**Surname:**	**DOB & Age:**	**Gender:**
Patient Medicare Number			
Parent/Guardian name and contact details (*optional*):			
Current Address:	**Suburb:**	**Postcode:**	
Alternate Address (*optional*):			
Phone:	**Email:**		
Indigenous status: ☐ Aboriginal ☐ Torres Strait Islander ☐ Neither ☐ Aboriginal and Torres Strait Islander ☐ Unknown	**Country of birth:** ☐ Australia ☐ Other - specify:	**Language:** ☐ English ☐ Other - specify:	
Occupation/s:	**Case Status:** ☐Probable ☐Confirmed		

Notifier

Name:	☐ General practice ☐ Emergency Department ☐ Other (specify):	**Clinic/Hospital name:**
Address:	**Suburb:**	**Postcode:**
Contact number:	**Email (if applicable):**	

Clinical Details

Date of exposure: **Date and time of symptom onset:** ______________ ☐am ☐pm. **Exposure Period:** ______________ to ______________	**Symptoms:** ☐ Fever ☐ Headaches ☐ Abnormal taste ☐ Dizziness ☐ Muscle aches/pain (myalgia) ☐ Joint aches/pains arthralgia) ☐ Nausea/Vomiting ☐ Diarrhea ☐ Lethargy ☐ Itchiness ☐ Abnormal bruising/bleeding ☐ Cough ☐ Retro-orbital pain ☐ Chills/Rigors ☐ Rash Rash location: ______________________ Rash description: ____________________ ☐ Other Specify: __________________________ Past history of: ☐ Barmah Forest virus ☐ Ross River Virus ☐ Chikungunya ☐ Malaria Malaria Prophylaxis: ☐Y (type)__________☐N Was Malaria Prophylaxis taken for full course prior to, during and post travel as directed? ☐Y ☐N ☐ Yellow fever Vaccinated for Yellow Fever: ☐Y ☐N	**Hospitalisation Details:** Emergency Department visit for illness? ☐ Yes ☐ No Date of visit: ______________ Hospital name: __________________________ Admitted for illness? ☐ Yes ☐ No Date admitted: ______________ Date discharged: ______________ MRN: __________________________ Case deceased: ☐ Yes ☐ No If yes, date of death: ______________

	If yes, date if known: ___________	

Laboratory information

Test type	Collection date	Results of analysis	Pathology Provider
☐ PCR		☐ detected ☐ not detected	
☐ Identification by microscopy (malaria)		☐ detected ☐ not detected	
☐ Serology		☐ detected (☐ IgM / ☐ IgG) ☐ not detected	
☐ Convalescent Serology		☐ detected (☐ IgM / ☐ IgG) ☐ not detected	
☐ Other (specify)		☐ detected ☐ not detected	

Exposures

Do you recall being bitten by mosquitos in the 2 weeks before symptoms? ☐ Yes ☐ No ☐ Don't Recall

In the past 2 weeks prior to illness did you travel? ☐ Yes ☐ No

Overseas? ☐Y ☐N ☐U

Queensland? ☐Y ☐N ☐U

Interstate (excl Qld)? ☐Y ☐N ☐U

Within NSW? ☐Y ☐N ☐U

If yes, provide travel details:

Destinations	Dates:

Date of departure: ______________ Date of return: ______________

In the past 2 weeks have you been?

☐ Exposed to standing water (e.g. lakes, creeks, dams, open drains, or other still bodies of water)

☐ Heavily forested areas ☐ Areas with known mosquito activity.

Did you do any of the following activities in the past 2 weeks?

☐ Camping
☐ Bushwalking/hiking
☐ Picnic
☐ Fishing
☐ Work outdoors.
☐ Water sports/Kayaking/Canoeing
☐ Gardening
☐ Other ______________________________

Notes