



# BC *Cryptococcus gattii* infection Follow-Up Form

## Demographic and Contact Information

Patient Surname:		First Name:	PHN:
Birthdate: (e.g. 15/Dec/07)	Sex: F <input type="checkbox"/> M <input type="checkbox"/>	Proxy: <input type="checkbox"/> Respondent is case	
Address: (street, city, postal code)		Home phone: _____	
Did you move in the 13 months before your illness started? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		Work: _____	
Previous Address: (street, city, postal code)		Cell: _____	
		E-mail: _____	
		Physician: _____	

## Case Notification/Assignment

Report Received at HU: (e.g. 15/Dec/07)

Contact attempts (date and time) Interview?

1.	<input type="checkbox"/>
2.	<input type="checkbox"/>
3.	<input type="checkbox"/>
4.	<input type="checkbox"/>

Interviewer:  
 Not located

## Clinical Information *Common symptoms of infection include: headache, cough, chest pain, shortness of breath, fever, neck stiffness, night sweats and weight loss*

Onset of Earliest Symptom (month/year): <input type="checkbox"/> Asymptomatic	Hospitalized: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Name of Hospital:
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## Exposure Period

**Instructions to interviewer:** *Remind the client of the time period to consider. Count back 13 months from the date of symptom onset (e.g. if onset is June 2010 then exposure period is May 2009 to June 2010). If no symptoms occurred, use 13 months from the date of collection on the lab report.*

13-month exposure period: \_\_\_\_\_ (month/yyyy) to \_\_\_\_\_ (month/yyyy)

## Travel

**Question 1 and 2 should be asked only of non-residents of Vancouver Island** (Vancouver Island includes only Vancouver Island proper, not the Gulf Islands or other areas of VIHA):

1. In the 13 months before you became ill/were diagnosed, did you travel to another city/town anywhere in BC for any reason (e.g. to shop, visit friends, on business or holiday)? Y N

City	Month/Year	City	Month/Year

*If case did not mention Vancouver Island above:*

2. When was the last time you visited Vancouver Island? Where did you visit?  NA

City	Month/Year	City	Month/Year

3. In the 13 months before you became ill/were diagnosed did you travel to another country (including the US)? Y N

City/State/Country	Month/Year	City/State/Country	Month/Year

## Medical History and Underlying Conditions

Have you been diagnosed with underlying medical conditions. (e.g. respiratory, cancer, immuno-compromising, others)? Y N DK  
Specify:

Have you been diagnosed as HIV+?: Y N DK

Are you on immunosuppressive medication (e.g., oral steroids, cancer medication)? Y N DK  
Specify:

## Notes

Date	Comment	Initials

