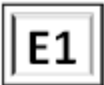


Supplemental Activity Log Since Date of Symptom Onset

EID:

CDC ID:



Use this supplemental form to record information on activities not listed in the Case Investigation Form.

Date of interview: _____

Name of informant: _____ Phone: _____ Relationship to Case: _____

Name of interviewer: _____ Phone: _____ Affiliation: _____

Activity Log from Date of Symptom Onset

Use the following guiding questions to describe the patient's whereabouts and activities for each day between date of symptom onset and hospitalization: What did you do on the day that you first felt any symptoms? Did you go to work/school? How did you get there? Who did you interact with? Did you engage in any physical activity or group sports? Did you attend any community or organizational meetings? Did you eat out at any restaurants? Did you partake in any social activities?

Date of Symptom Onset (MM / DD / YYYY) : _____

MM / DD / YYYY : _____

MM / DD / YYYY : _____

