**Hepatitis A Case Report Form**

<table>
<thead>
<tr>
<th>Demographic Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Interview</td>
<td>Interviewer Name</td>
</tr>
<tr>
<td>Patient Name</td>
<td>Date of Birth</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Race and Ethnicity**
- ☐ White, Non-Hispanic
- ☐ White, Hispanic
- ☐ Black, non-Hispanic
- ☐ Black, Hispanic
- ☐ Asian/Pacific Islander
- ☐ American Indian/Alaskan native
- ☐ Unknown
- ☐ Other race

**Phone Number**

**Address**

### Symptoms and Onset Dates

- ☐ Abdominal Pain
- ☐ Anorexia/Loss of appetite
- ☐ Clay-colored stool
- ☐ Dark urine (brown/orange)
- ☐ Diarrhea
- ☐ Fever/chills
- ☐ Jaundice
- ☐ Malaise
- ☐ Nausea
- ☐ Vomiting

The exposure period is 15-50 days prior to jaundice/symptom onset.

Exposure period ____________________________________________

### Vaccination History

**Has the patient ever received the hepatitis A vaccine?**
- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, how many doses?  ☐ 1  ☐ 2+  

In what year was the last dose received? _________________

**Did the patient ever receive the hepatitis B vaccine?**
- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, how many shots?  ☐ 1  ☐ 2  ☐ 3+  

In what year was the last dose received? _________________

<table>
<thead>
<tr>
<th>Dose #</th>
<th>Date Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

### Contacts

During the 2-6 weeks prior to the onset of symptoms:

Was the patient a contact of a person with confirmed or suspected hepatitis A infection?
- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, the contact was a:
- ☐ Babysitter of this patient
- ☐ Playmate
- ☐ Child cared for by this patient
- ☐ Sexual partner
- ☐ Household member (non-sexual)
- ☐ Other- specify ___________________________
- ☐ Needle sharing contact

List all persons the patient knows that had similar symptoms in the 2-6 weeks prior to symptom onset. Collect as much information as possible including name, age/date of birth, relationship, symptoms, and phone number/contact information.

___________________________________________________________________________

___________________________________________________________________________
<table>
<thead>
<tr>
<th>Prophylaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close contacts include household members, sexual partners, drug using contacts, childcare contacts, persons who have eaten food prepared or handled by the patient, and others with opportunity for fecal-oral exposure during the communicable period.</td>
</tr>
<tr>
<td>The communicable period is 2 weeks prior to the onset of jaundice/symptoms to one week after.</td>
</tr>
<tr>
<td>Date of jaundice/symptom onset: ____________________________</td>
</tr>
<tr>
<td>Communicable period ____________________________</td>
</tr>
<tr>
<td>Was prophylaxis recommended for close contacts? ☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>List all contacts for whom prophylaxis was recommend. Include as much information as possible including name, age/date of birth, and relationship.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food History</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the 2-6 weeks prior to symptom onset, did the patient consume any raw or undercooked shellfish? ☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>If yes, collect as much information about the shellfish as possible including type of shellfish, restaurant or grocery store where purchased, the location of the restaurant or grocery store, and the date consumed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food History</th>
</tr>
</thead>
<tbody>
<tr>
<td>List all restaurants where the patient eats regularly. Include dates visited, if available.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the patient a child or employee in a daycare center, preschool, or nursery? ☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>If yes, please collect as much information about the facility as possible including the name, address, phone number, and last date of attendance.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the patient a household contact of a child or employee in a nursery, daycare center, or preschool? ☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>If yes, please collect as much information about the facility as possible including the name, address, and phone number.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes for either of the above questions, have there been any other hepatitis A cases linked to this child care facility in the 3 months prior to symptom onset? ☐ Yes ☐ No ☐ Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Travel History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the patient ever lived outside of the United States? ☐ Yes ☐ No ☐ Unknown</td>
</tr>
</tbody>
</table>
If yes, when and where? _____________________________________________

In the 2-6 weeks prior to symptom onset, did the patient travel outside of the United States? ☐ Yes ☐ No ☐ Unknown

If yes, what was the principle reason for travel?
☐ Business ☐ Adoption
☐ New immigrant ☐ Unknown
☐ Tourism ☐ Other- specify ____________________________
☐ Visiting friends/relatives

Collect as much information as possible about the travel including all the dates and locations visited during the exposure period.
________________________________________________________________________________________________
________________________________________________________________________________________________

In the 2-6 weeks prior to symptom onset, did the patient have any close contacts with travel outside the United States (this includes visitors from counties outside the U.S.)? ☐ Yes ☐ No ☐ Unknown

If yes, collect as much information as possible about the travel including all the dates and locations visited during the exposure period.
________________________________________________________________________________________________

**Occupational History**

Is the patient employed? ☐ Yes ☐ No ☐ Unknown

If yes, collect as much information as possible including the employer, address, phone number, position/duties, and dates worked while ill.
________________________________________________________________________________________________

Has the patient had any additional employment during the last 3 months? ☐ Yes ☐ No ☐ Unknown

If yes, collect as much information as possible including the employer, address, phone number, position/duties, and dates worked while ill.
________________________________________________________________________________________________

Was the patient employed as a food handler during the two weeks prior to onset of symptoms or while ill? ☐ Yes ☐ No ☐ Unknown

**Housing & Incarceration**

What is the patient’s current housing situation?
☐ Living in a house/townhouse/condo/apartment that they own ☐ Homeless (no usual residence)
☐ Living in a house/townhouse/condo/apartment that they rent ☐ Temporary treatment center
☐ Living with their parents ☐ Prison/jail currently
☐ Living with other family or friends (name not on the lease) ☐ Other- specify
☐ Unstable (cough surfing, hotel, hostel, etc.) ☐ Unknown
If not currently homeless, has the patient been homeless any time in the last 3 months?  ☐ Yes  ☐ No  ☐ Unknown

In the last 3 months, has the patient spent more than 24 hours in a jail, prison, or detention facility?  ☐ Yes  ☐ No  ☐ Unknown

If yes, collect the facility name and the dates incarcerated.

________________________________________________________________________________________________
________________________________________________________________________________________________

**Drug Use**

In the 2-6 weeks before symptom onset, did the patient use crystal meth, ecstasy (MDMA), stimulants, or any other recreational drugs?  ☐ Yes  ☐ No  ☐ Unknown

If yes, specify drugs ____________________________________________________________

If yes, did they share drugs or drug use equipment (e.g. pipes, inhalers, bongs, spoons, syringes, needles, straws)?  ☐ Yes  ☐ No  ☐ Unknown

If yes, with whom? ________________________________________________________________

Did the patient inject street drugs?  ☐ Yes  ☐ No  ☐ Unknown

Did the patient use street drugs but not inject?  ☐ Yes  ☐ No  ☐ Unknown

### Sexual History for Persons >16 Years Old

In the past 12 months, have you had sexual contact with a man?  ☐ Yes  ☐ No  ☐ Unknown

In the past 12 months, have you had sexual contact with a woman?  ☐ Yes  ☐ No  ☐ Unknown

Do you consider yourself to be heterosexual/straight, homosexual/gay/lesbian, bisexual, or other?

☐ Heterosexual/straight  ☐ Bisexual

☐ Homosexual/gay/lesbian  ☐ Other

In the past month, have you had sex with someone you didn’t know or just met?  ☐ Yes  ☐ No  ☐ Unknown

If yes, where (list cities, states) _______________________________________________________________________

In the past month, how did you meet people with whom you had sexual contact? Check all that apply.

☐ Website  ☐ Other- specify ________________________________

☐ Digital application (app)  ☐ No sexual contact

☐ Bar, club, or party

☐ Bath house, sex club, or gym

In the past 3 months, how many sex partners have you had?

☐ 0  ☐ >5

☐ 1  ☐ Unknown

☐ 2-5