

Smallpox: We're Still Vulnerable

Appendix A

3/04/2002 5:30pm

WORKSHEET: EVALUATING PATIENTS FOR SMALLPOX

Identification Number	_____
Person Completing Form	_____
Date of Contact with Case	_____
Today's Date (mo./da./yr)	_____

PATIENT INFORMATION

Name: _____
LAST FIRST MIDDLE INITIAL

Date of Birth: ____/____/____ Age: ____ Sex: Male Female

Telephone: _____
Home _____ Other _____

Address: _____
CITY STATE ZIP

Race: White Black Asian Other Ethnicity: Hispanic Non-Hispanic Country of Birth: _____

Where is the patient now? Home Doctor's Office
 Emergency Room (if checked, continue below)
 Hospital (if checked, continue below)
 Other (specify) _____

Hospital Name _____
City/State _____
Admission Date ____/____/____ Discharge Date ____/____/____
Hospital Telephone Number ____ (____) _____

PROVIDER INFORMATION

Name: _____

Patient Population: Adult Peds Both

Specialty: _____

Telephone: _____
Type ____ (____) _____
Type ____ (____) _____

E-mail Address: _____

Name: _____

Patient Population: Adult Peds Both

Specialty: _____

Telephone: _____
Type ____ (____) _____
Type ____ (____) _____

E-mail Address: _____

CLINICAL INFORMATION

PRODROME / SYMPTOMS 1-4 DAYS BEFORE RASH ONSET

Did the patient have a fever and other illness 1-4 days before rash onset? Yes No Unknown

Date of prodrome onset ____/____/200__

Date of first fever $\geq 101^\circ\text{F}$: ____/____/____

What was the highest temperature? _____ $^\circ\text{F}$ or _____ $^\circ\text{C}$

On what date? ____/____/____

Check all features of the prodrome that apply:

<input type="checkbox"/> No/Mild prodrome (<1 day)	<input type="checkbox"/> Abdominal pain
<input type="checkbox"/> Headache	<input type="checkbox"/> Sore throat*
<input type="checkbox"/> Backache	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Chills	
<input type="checkbox"/> Vomiting	

*In infants, this may manifest as drooling or refusing to eat or drink.

Was the patient toxic or seriously ill? Yes No Unknown

Was the patient able to do most normal activities? Yes No Unknown

RASH

Date of rash onset ____/____/200__

Was the rash acute (sudden) in onset? Yes No Unknown

Was a black scar (eschar) present before or at the time of appearance of the rash? Yes No Unknown

Is the rash *generalized* (i.e., multiple parts of the body) or *focal* (i.e., only one part of the body)? Generalized Focal

Where on the body were the first lesions noted?

<input type="checkbox"/> Face	<input type="checkbox"/> Arms
<input type="checkbox"/> Trunk	<input type="checkbox"/> Legs
<input type="checkbox"/> Inside the mouth	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other (specify) _____	

Since rash onset, where on the body was the rash most dense?

<input type="checkbox"/> Trunk	<input type="checkbox"/> Equally distributed everywhere
<input type="checkbox"/> Face or scalp	<input type="checkbox"/> Other (describe) _____
<input type="checkbox"/> Distal extremities (arms, legs)	

Are there any lesions on the palms or soles? Yes No Unknown

What kind of lesions does the patient have now? (check all that apply)

<input type="checkbox"/> Macules (flat spots)	<input type="checkbox"/> Pustules (blisters filled with pus)
<input type="checkbox"/> Papules (solid bumps)	<input type="checkbox"/> Crusts
<input type="checkbox"/> Vesicles (fluid-filled blisters)	<input type="checkbox"/> Other _____

If more than one kind of lesion, which kind of lesion is now the most common? _____

Are the lesions now:

<input type="checkbox"/> Superficial (on top of the skin)
<input type="checkbox"/> Deep (feel embedded deeply in the skin)
<input type="checkbox"/> Neither (describe) _____

How many lesions are present? (in total) _____

If no precise count is available, please estimate:

<input type="checkbox"/> <20
<input type="checkbox"/> 20-50 (able to count in less than a minute)
<input type="checkbox"/> 51-499 (typically an average case of varicella has 200-400 lesions)
<input type="checkbox"/> >500 (lesions confluent in some places, can't see normal skin between)

On any one part of the body (e.g., face or arm), are all the lesions in the same state of development? Yes No Unknown

How big are most of the lesions? (Do not measure superinfected lesions.)

<input type="checkbox"/> Small (1-5 mm)
<input type="checkbox"/> Large (5-10 mm)
<input type="checkbox"/> Neither (describe) _____

Have any lesions crusted? Yes No Unknown

If Yes, how many days did it take for the first lesions to crust? _____

How itchy is the rash? Not at all Somewhat Very Unknown

Does the patient have lymphadenopathy? Yes No Unknown

If Yes, describe: _____

Is the patient toxic or moribund now? Yes No Unknown

If Yes, describe: _____

Continues