

NJDOH PSITTACOSIS INVESTIGATION WORKSHEET

CDRSS #: _____

DEMOGRAPHICS

Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Pregnancy status <input type="checkbox"/> Pregnant <input type="checkbox"/> Not Pregnant <input type="checkbox"/> N/A
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CLINICAL INFORMATION AND TREATMENT

Onset Date ____ / ____ / ____	Date first seen by a medical professional: ____ / ____ / ____ Location where first seen: <input type="checkbox"/> Emergency department <input type="checkbox"/> Outpatient clinic/ office <input type="checkbox"/> Hospital <input type="checkbox"/> Urgent care center <input type="checkbox"/> Unknown <input type="checkbox"/> Other:	Diagnosis
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Select a response for each sign or symptom below and include onset/resolution dates

Sign/Symptom	Response	Onset Date	Resolution Date
Chills	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	____ / ____ / ____	____ / ____ / ____
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	____ / ____ / ____	____ / ____ / ____
Fever, Tmax _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	____ / ____ / ____	____ / ____ / ____
Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	____ / ____ / ____	____ / ____ / ____
Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	____ / ____ / ____	____ / ____ / ____
Myalgia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	____ / ____ / ____	____ / ____ / ____
Photophobia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	____ / ____ / ____	____ / ____ / ____
Pneumonia	<input type="checkbox"/> Yes, CXR confirmed, date _____ <input type="checkbox"/> Yes, clinically diagnosed <input type="checkbox"/> No <input type="checkbox"/> Unk.	____ / ____ / ____	____ / ____ / ____
Rash	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	____ / ____ / ____	____ / ____ / ____
Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	____ / ____ / ____	____ / ____ / ____
Other:		____ / ____ / ____	____ / ____ / ____

Was patient hospitalized because of this illness? <input type="checkbox"/> Yes, specify location and date(s) Hospital name: _____ Admission: ____ / ____ / ____ Discharge: ____ / ____ / ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	Chest X-ray performed? <input type="checkbox"/> Yes Date: ____ / ____ / ____ If yes, results: <input type="checkbox"/> No <input type="checkbox"/> Unknown	Did the patient die because of this illness? <input type="checkbox"/> Yes, Date ____ / ____ / ____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Treatment (list all)	Dosage	Dates
<input type="checkbox"/>		____ / ____ / ____ to ____ / ____ / ____
<input type="checkbox"/>		____ / ____ / ____ to ____ / ____ / ____
<input type="checkbox"/>		____ / ____ / ____ to ____ / ____ / ____
<input type="checkbox"/>		____ / ____ / ____ to ____ / ____ / ____
<input type="checkbox"/> Not treated		

EPIDEMIOLOGIC INFORMATION

Occupation at date of onset:	Specific duties:	<p>Indicate which of the following contacts the patient had during the 5 weeks prior to onset: check all that apply</p> <input type="checkbox"/> Birds <input type="checkbox"/> Human case of Psittacosis (CDRSS _____) <input type="checkbox"/> No known exposure <input type="checkbox"/> Other, _____
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If exposure to birds, complete the following tables:

Type of Bird	Species	Approximate number	Were birds healthy? (Yes, No, Unk.)
Psittacines*			
Pigeons			
Domestic Fowl			
Other birds			

*Psittacine birds include: cockatoos, cockatiels, macaws, parakeets, parrots

If birds were not healthy, please elaborate:

Indicate where the exposure occurred.
If the patient had multiple contacts, specify to what they were exposed at each place of exposure.

Type of Establishment 1= Private home 2= Private aviary 3= Commercial aviary 4= Pet shop 5= Bird loft 6= Poultry establishment 7= Other 8=Unknown	Owner of Establishment	Address of Establishment	Exposure to (species)	Exposure setting (indoors, outdoors)	Date of Exposure

If other, specify:

If pet birds, domestic pigeons, or fowl are implicated as the source of the human psittacosis, or if any bird is shown by laboratory methods to be infected, it is important to learn where these birds originated and where they were subsequently purchased or obtained by the present owner. These birds may have acquired a latent form of the infection at any place where they have been detained since hatching.

List the address of every known place where the birds were harbored, including approximate dates.

Additional Relevant Information