

**Meningococcal Disease
Questionnaire to Link Multiple Cases of Illness**

General Patient Information:

Name:

Address:

Date of Birth:

Gender: M/F

Residence: address

Race/Ethnicity: (list)

Date/time of onset:

Hospitalized: Y/N

Hospital:

Date(s) of hospitalization:

Died: Y/N

Close contacts:

List household members:

List close friends:

Where do they work:

List contacts at work:

Where do they go to school:

List contacts at school:

Other possible exposures?

Does patient participate in any sports?

Does patient drink/share bottled water?

Volunteer work?

Smoke?

Drug use?

Travel history (away overnight?)

Camping?

Church?

Sporting event?

Gym or workout facility

Park or playground?

Drink from water fountains?

Meetings?

Casino/bingo?

Party, raves, prom?

Bars or clubs?

Hospital/clinic/physician/physical therapy?

Dinner party/ barbeque/ potluck?

Birthday or other special event?

Do you know of others who are ill?

Utah Department of Health
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