

## Mumps Rapid Assessment Form for the Local Investigator

(Please refer to the Disease investigation Guideline for additional guidance.)

	Initial Interview Information					Final Interview Information		
	Date: _____					Date of final: _____		
SYMPTOMS(S)	Unk.	No	Yes	Onset Date	Duration (days)	Still Swollen (yes / no)	Duration (days)	
<b>Any Type of Salivary Gland Swelling (including parotitis)</b>								
<b>Submandibular (below jaw)</b>				List any other symptoms (e.g., headache, anorexia, fatigue, body aches, stiff neck, difficulty swallowing, nasal congestion, cough, earache, sore throat, nausea, abdominal pain):				
<b>Sublingual (beneath tongue)</b>								
<b>Parotitis (behind jaw angle)</b>								
<b>Bilateral Swelling</b>								
<b>Unilateral Swelling</b>								
<b>Jaw Pain</b>								
<b>Fever</b>				If yes, highest temperature measured: _____				
<b>CASE TRAVEL / VISITOR HISTORY</b> (12-25 days prior to onset)				<b>Date Arrive</b>	<b>Date Depart</b>	<b>Location (To / From)</b>		
<b>Out of USA</b>								
<b>Out of State</b>								
<b>Out of County</b>								
<b>LABORATORY TESTING</b>				<b>Collection Date</b>	<b>Results</b>			
<b>Culture</b>					<b>Positive / Negative / Indeterminate</b>			
<b>PCR</b>					<b>Positive / Negative / Indeterminate</b>			
<b>Serology IgM</b>					<b>Positive / Negative / Indeterminate</b>			
<b>Serology IgG -Acute</b>					<b>Positive / Negative / Indeterminate</b>			
<b>Serology IgG - Convalescent</b>					<b>Positive / Negative / Indeterminate</b>			
<b>COMPLICATIONS</b>				<b>Date(s)</b>	<b>Location(s)</b>			
<b>Hospitalized</b>								
<b>Died</b>								
<b>Deafness</b>								
<b>Encephalitis</b>								
<b>Meningitis</b>								
<b>Orchitis</b>								
<b>Other</b>				If yes, specify: _____				
<b>Mumps Vaccination History (i.e. MMR)</b>				<b>Date(s)</b>	<b>Type</b>	<b>Manufacturer</b>	<b>Lot</b>	
Dose 1								
Dose 2								
If not vaccinated, reason:								
<b>INITIAL EPI INFORMATION</b>	<b>Unk.</b>	<b>No</b>	<b>Yes</b>	<b>Date(s)</b>	<b>Location(s) or Case Information</b>			
<b>School/Daycare/Camp association</b>								
<b>Contact w/ Mumps case</b>								
<b>Household contact of any of above</b>								
<i>Additional Notes (transmission setting / spread setting/occupation):</i>								

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<u>Activity History For 25 Days Before Symptom Onset and 2 days before and 5 Days After Onset (Onset=Day 0)</u>		
Day	Date	Activities
-25		
-24		
-23		
-22		
-21		
-20		
-19		
-18		
-17		
-16		
-15		
-14		
-13		
-12		
-11		
-10		
-9		
-8		
-7		
-6		
-5		
-4		
-3		
-2		
-1		
0		
1		
2		
3		
4		
5		

*Placemaker for dates.  
Too soon to be exposed and not yet infectious.*