

Q Fever Data Collection Worksheet

Please complete all sections.

Panorama QA complete: Yes No

Panorama Client ID: _____

Initials: _____

Panorama Investigation ID: _____

A) CLIENT INFORMATION

SUBJECT -> CLIENT DETAILS -> PERSONAL INFORMATION

Last Name:	First Name: and Middle Name:	Alternate Name:
DOB: YYYY / MMM / DD Age: _____	Alt. Contact _____ Alt. Contact phone: _____	ETHNICITY: <input type="checkbox"/> Indigenous
Health Card Province: _____ Health Card Number (PHN): _____	Relationship: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown <input type="checkbox"/> Other
Place of Employment/School:	Email Address: _____	Gender Identity: <input type="checkbox"/> Transgender Male-to-female <input type="checkbox"/> Transgender Female-to-male <input type="checkbox"/> Undifferentiated <input type="checkbox"/> Other (specify)
Phone #: <input type="checkbox"/> Primary Home: <input type="checkbox"/> Mobile contact: <input type="checkbox"/> Workplace: Preferred Communication Method _____	Address Type: <input type="checkbox"/> No fixed <input type="checkbox"/> Postal Address <input type="checkbox"/> Primary Home <input type="checkbox"/> Temporary <input type="checkbox"/> Legal Land Description Mailing (Postal address): Street Address or FN Community (Primary Home):	
Panorama Client ID: _____ Panorama Investigation ID: _____		

B) IMMIGRATION INFORMATION

SUBJECT -> CLIENT DETAILS -> PERSONAL INFORMATION -> IMMIGRATION INFORMATION

Country Born in: _____	Country Emigrated from: _____	Arrival Date: YYYY / MMM / DD	OR	Arrival Year: _____
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C) INVESTIGATION INFORMATION

SUBJECT SUMMARY -> CDC ENCOUNTER GROUP -> CREATE INVESTIGATION

Disease Summary Classification: CASE:	Date	Classification: CONTACT:	Date	LAB TEST INFORMATION:																
<input type="checkbox"/> Confirmed	YYYY / MMM / DD	<input type="checkbox"/> Contact	YYYY / MMM / DD	Date specimen collected: YYYY / MMM / DD																
<input type="checkbox"/> Does Not Meet Case	YYYY / MMM / DD	<input type="checkbox"/> Not a Contact	YYYY / MMM / DD																	
<input type="checkbox"/> Person Under Investigation	YYYY / MMM / DD	<input type="checkbox"/> Person Under Investigation	YYYY / MMM / DD																	
<input type="checkbox"/> Probable	YYYY / MMM / DD																			
<input type="checkbox"/> Suspect	YYYY / MMM / DD																			
Disposition: FOLLOW UP: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> In progress</td> <td>YYYY / MMM / DD</td> <td><input type="checkbox"/> Complete</td> <td>YYYY / MMM / DD</td> </tr> <tr> <td><input type="checkbox"/> Incomplete - Declined</td> <td>YYYY / MMM / DD</td> <td><input type="checkbox"/> Not required</td> <td>YYYY / MMM / DD</td> </tr> <tr> <td><input type="checkbox"/> Incomplete - Lost contact</td> <td>YYYY / MMM / DD</td> <td><input type="checkbox"/> Referred - Out of province</td> <td>YYYY / MMM / DD</td> </tr> <tr> <td><input type="checkbox"/> Incomplete - Unable to locate</td> <td>YYYY / MMM / DD</td> <td>(Specify where)</td> <td>YYYY / MMM / DD</td> </tr> </table>					<input type="checkbox"/> In progress	YYYY / MMM / DD	<input type="checkbox"/> Complete	YYYY / MMM / DD	<input type="checkbox"/> Incomplete - Declined	YYYY / MMM / DD	<input type="checkbox"/> Not required	YYYY / MMM / DD	<input type="checkbox"/> Incomplete - Lost contact	YYYY / MMM / DD	<input type="checkbox"/> Referred - Out of province	YYYY / MMM / DD	<input type="checkbox"/> Incomplete - Unable to locate	YYYY / MMM / DD	(Specify where)	YYYY / MMM / DD
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<input type="checkbox"/> Incomplete - Unable to locate	YYYY / MMM / DD	(Specify where)	YYYY / MMM / DD																	
REPORTING NOTIFICATION		Location:																		
Name of Attending Physician or Nurse:		Date Received (Public Health): YYYY / MMM / DD																		
Provider's Phone number:																				
Type of Reporting Source: <input type="checkbox"/> Health Care Facility <input type="checkbox"/> Lab Report <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician <input type="checkbox"/> Other _____																				

D) DISEASE EVENT HISTORY

INVESTIGATION -> DISEASE SUMMARY (UPDATE) -> DISEASE EVENT HISTORY

Staging: <input type="checkbox"/> Acute <input type="checkbox"/> Chronic

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Please complete all sections.

Panorama Client ID: _____
Panorama Investigation ID: _____

E) SIGNS & SYMPTOMS

INVESTIGATION->SIGNS & SYMPTOMS

Description	No	Yes – Date of onset	Description	No	Yes - Date of onset
Abdominal - cramping		YYYY / MMM / DD	Lethargy (fatigue, drowsiness, weakness, etc)		YYYY / MMM / DD
Abortion – spontaneous (miscarriage)		YYYY / MMM / DD	Malaise		YYYY / MMM / DD
Cardiac - endocarditis		YYYY / MMM / DD	Myalgia (muscle pain)		YYYY / MMM / DD
Chills		YYYY / MMM / DD	Neurologic - ataxia (loss of muscle coordination)		YYYY / MMM / DD
Fetal death – stillbirth		YYYY / MMM / DD	Pain - abdominal		YYYY / MMM / DD
Fever		YYYY / MMM / DD	Pain - chest		YYYY / MMM / DD
Headache		YYYY / MMM / DD	Pneumonitis		YYYY / MMM / DD
Hepatitis		YYYY / MMM / DD			
Other Signs & Symptoms if applicable					

F) RISK FACTORS

INVESTIGATION-> SUBJECT->RISK FACTORS

DESCRIPTION	YES	N – No NA – not asked U - Unknown	DESCRIPTION	YES	N – No NA – not asked U - Unknown
Animal Exposure - Farms (Add'l Info)	YYYY / MMM / DD		Travel - Outside of Canada (Add'l Info)	YYYY / MMM / DD	
Animal Exposure – infected animal (Add'l Info)	YYYY / MMM / DD		Travel - Outside of Saskatchewan, but within Canada (Add'l Info)	YYYY / MMM / DD	
Animal Exposure - Other (Add'l Info)	YYYY / MMM / DD		Travel - Within Saskatchewan (Add'l Info)	YYYY / MMM / DD	
Animal Exposure - Wild animals (other than rodents) (Add'l Info)	YYYY / MMM / DD		Special Population - Pregnancy	YYYY / MMM / DD	
Chronic Medical Condition – Cardiac Disease			Special Population - Occupation - Farmer		
Immunocompromised – Related to underlying disease or treatment			Special Population - Occupation - Veterinarian or related worker		

G) MEDICATIONS

INVESTIGATION-> MEDICATIONS->MEDICATIONS SUMMARY

Medication (*Panorama = Other Meds*): _____

Prescribed by: _____ Started on: YYYY / MMM / DD

H) TREATMENT

INVESTIGATION-> MEDICATIONS->MEDICATIONS SUMMARY

Medication (*Panorama = Other Meds*): _____

Prescribed by: _____ Started on: YYYY / MMM / DD

I) INTERVENTIONS

INVESTIGATION->TREATMENT & INTERVENTIONS->INTERVENTION SUMMARY

Intervention Type and Sub Type:	
Assessment: <input type="checkbox"/> Assessed for contacts Investigator name YYYY / MM / DD	Environmental health: <input type="checkbox"/> Inspection Investigator name YYYY / MM / DD
Communication: <input type="checkbox"/> Other communication (see Investigator Notes) Investigator name YYYY / MM / DD <input type="checkbox"/> Letter (See Document Management) Investigator name YYYY / MM / DD	Referral: <input type="checkbox"/> Saskatchewan Occupational Health and Safety Investigator name YYYY / MM / DD <input type="checkbox"/> Canadian Blood Services Investigator name YYYY / MM / DD
Contact Notification: <input type="checkbox"/> Contact Notification/education	Education/counselling: <input type="checkbox"/> Prevention/Control measures YYYY / MM / DD <input type="checkbox"/> Disease information provided YYYY / MM / DD Investigator name
General: Investigator name <input type="checkbox"/> Disease-Info/Prev-Control YYYY / MM / DD <input type="checkbox"/> Disease-Info/Prev-Cont/Assess'd for Contacts YYYY / MM / DD	Other Investigation Findings: <input type="checkbox"/> Investigator Notes YYYY / MM / DD <input type="checkbox"/> See Document Management YYYY / MM / DD

