**North Carolina Division of Public Health**

**Hepatitis A Supplemental Case Report Form**

**Interview Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Information:**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NCEDSS ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Please use this form in conjunction with the Part 2 form to complete the NC EDSS hepatitis A risk history package\*\***

Has the patient ever had sexual contact with a male? (answer for male cases only)

 □ Yes □ No □ Unknown □ Refused to answer

**Risk History:** From 50 days prior to onset of symptoms…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Question** | **Yes** | **No** | **Unk** | **If yes, name and location** | **If yes, start date** | **If yes, end date** |
| Did the patient spend the night at a *friend’s or family member’s home*? |  |  |  |  |  |  |
| Did the patient spend the night at a *shelter*? |  |  |  |  |  |  |
| Did the patient spend the night *on the street*? |  |  |  |  |  |  |
| Did the patient spend the night at a *jail/prison/detention center*? |  |  |  |  |  |  |
| Did the patient spend the night at a *rehab/detox/congregate living facility*? |  |  |  |  |  |  |
| Did the patient spend the night at *another type of location*? |  |  |  |  |  |  |
| Did the patient *work for, or volunteer at, a place that serves homeless people*?  |  |  |  |  |  |  |