

SARS Case Questionnaire (Version 12)

Annex
(translation)

調查「非典型肺炎」 - 資料搜集中心 - 問卷

Please complete each item below

Gum Label if available

Form No. _____ Region (No.) _____ S 03 _____

PART I

Patient Particulars

Name: _____ (_____)

Sex: M / F Age: _____ in chinese

DOB: _____

ID card no. _____

Tel. No. _____ (home)

_____ (mobile)

Ethnicity: _____

Consent for release of information to foreign
consulate for foreigners Y / N

Work history

Occupation: _____

Workplace / School Name : _____

Work address : _____

Health care worker Y / N

Ward movement _____

Work nature / procedures _____

Last day of work / school _____

Any symptoms before "sick leave" Y / N

Name of responsible person at workplace _____

Telephone of that person _____

Home Address

Room / Flat _____ Floor _____

Building name / Block No. _____

Estate: _____

Street No. _____ Street Name: _____

District _____

History

Fever: Y / L / N _____ °C

Chills: Y / L / N SOB Y / L / N

Rigor: Y / L / N Myalgia: Y / L / N

Sputum: Y / L / N Sore throat: Y / L / N

Malaise: Y / L / N Headache: Y / L / N

Cough: Y / L / N Dizziness: Y / L / N

Nausea: Y / L / N Abdo Pain: Y / L / N

Vomiting: Y / L / N Diarrhoea: Y / L / N

First Symptom Onset date: _____

Hospital / Ward admitted: _____

Date of admission _____

Condition : Good / Satisfactory / Fair / Critical

CXR : Atypical Pneumonia Y / N

White blood cell Count: _____

Virus results: _____

Ribavirin given: Y / N Ever admitted to ICU Y / N

Discharged on: _____ Died on : _____

History of blood transfusion (within 2 months): Y / N

Blood Transfusion date: _____

History of flu vaccination in th past 6 months Y / N

Smoking History: Current smoker/Ex-smoker/Non-smoker

*Y - First onset symptom *L - Later with symptom

*N - No such symptom

Patient / Patient's relative agreed our staff to contact those with close / social contact to patient & remind them the issues related to the atypical pneumonia Y / N

SARS Case Questionnaire**非典型肺炎問卷調查****Please complete each item below****Part II Close contacts 緊密接觸者**

- 指病發前 10 天至入院，曾護理閣下、曾與你共住（如家人）或曾直接接觸你的分泌物和體液的人士，公司同事 (persons or colleagues who have cared for or lived with you e.g. family members, or who had direct contact with your secretions or body fluids during the period 10 days prior to onset of symptoms until your admission to hospital)

	Name / Sex / Age 姓名/性別/年齡	HKID 身份證編號	Contact 電話	Relationship 關係	Home/School/Workplace Address 厠住址、學校及工作地址	Symptoms Y/N	Date of Last Contact
e.g.	M/CHAN Fai, aged 49	A1234567	12345678	Son	Rm 123, Blk E, Amoy Gdn ABC School XYZ Co. at 2/F, 12 Nathan Rd.		
1.							
2.							
3.							
4.							
5.							

PART III Travel history 旅遊紀錄

你過去一個月內有否到過其他地方旅遊?

Y / N / Unknown

Had you traveled to any other places in the past one month?

	Country 國家/地區	Period 日期	Name of travel agencies / airline companies / flight number 旅行社名稱/航空公司名稱/航機編號
e.g.	中國/雲南	2003-03-15 to 2003-03-20	康泰旅行社/國泰航空公司/CX104
1.			
2.			
3.			

PART IV 病發後曾求診之醫 Doctors consulted after onset of symptoms

Name of doctor 醫生姓名	Telephone 電話	Date of consultation 求診日期	Address of clinic 診所地址

PART V

(i) 你知否是從那裏（親戚朋友同事）感染到非典型肺炎或接觸任何人懷疑感染到非典型肺炎

Can you identify any confirmed or suspected SARS cases (e.g. relatives, friends or colleagues) whom you have contacted or caused your infection?

	Name/Sex/Age 姓名／性別／年齡	HKID 身份證編號	Contact 電話	Relationship 關係	Address 地址	Symptoms 病徵	Date of last contact 最後接觸 日期	Other information 其他資料
e.g.	M/CHAN Fai, aged 49	A1234567	12345678	Son	Rm 123, Blk E, Amoy Gdn			Place of contact 接觸地點
1.								
2.								
3.								

(ii) 在入院期間，有否任何人探你 **Did anyone visit you during your hospitalization?**

	Name/Sex/Age 姓名／性別／年齡	HKID 身份證編號	Contact 電話	Relationship 關係	Address 地址	病徵	最後接觸 日期	Other Information 其他資料
e.g.	M/CHAN Fai, aged 49	A1234567	12345678	Son	Rm 123, Blk E, Amoy Gdn			
1.								
2.								
3.								

(iii) 你通常用甚麼交通工具上班及搭車路線？

What are your normal means of transport to work and the route?

(iv) 你病發前 10 天，你有否前往/陪同他人到過以下地點：

Did you go to the following places alone or in company with others in the 10-day period prior to onset of symptoms :

京華酒店 Metropole Hotel	Y / N	瑪嘉烈醫院 Princess Margaret Hospital	Y / N
老人院 Elderly homes	Y / N	威爾斯醫院 Prince of Wales Hospital	Y / N
牛頭角下村 Ngau Tau Kok Lower Estate	Y / N	屯門醫院 Tuen Mun Hospital	Y / N
淘大花園住宅 Amoy Gardens domestic premises	Y / N	伊利沙伯醫院 Queen Elizabeth Hospital	Y / N
淘大花園商場 Amoy Gardens Shopping Centre	Y / N	東區尤德夫人那打素醫院 Pamela Youde Nethersole Eastern Hospital	Y / N
高威閣住宅 Koway Court domestic premises	Y / N	基督教聯合醫院 United Christian Hospital	Y / N
高威閣商場 Koway Court Shopping Centre	Y / N	將軍澳醫院 Tseung Kwan O Hospital	Y / N
私家醫院 Private hospitals	Y / N	雅麗氏何妙齡那打素醫院 Alice Ho Miu Ling Nethersole Hospital	Y / N
私家醫生診所 Private practitioner's clinics	Y / N	瑪麗醫院 Queen Mary Hospital	Y / N
牙醫 Dental practitioners	Y / N	廣華醫院 Kwong Wah Hospital	Y / N
耳鼻喉科診所 Ear, nose and throat clinics	Y / N	北區醫院 North District Hospital	Y / N
中醫 Chinese medicine practitioners	Y / N	其他公立醫院 Other public hospitals	Y / N

若有請詳細列明日期，那間醫院院舍病房及病人姓名

If yes, please specify the date, hospital ward and name of the patients.

PART VI Places of Exposure

指病發前 10 天至入院曾經出現地點 (places where you had been to during the period 10 days prior to onset of symptoms until your admission to hospital)

醫院 Hospitals	Y / N	嘉年華會 Carnivals	Y / N
診所 Clinics	Y / N	教堂 Churches	Y / N
酒店 Hotels	Y / N	喪禮 Funerals	Y / N
學校 Schools	Y / N	飲宴 Feasts	Y / N
食店 Food premises	Y / N	會議 Meetings	Y / N
卡拉 OK Karaoke	Y / N	家庭聚會 Family gatherings	Y / N
大食會 Buffet	Y / N	鵲局 mahjong	Y / N

若有，請詳細列於以下之表格 If yes, please set out the details in the following table:

Social Contacts 社交接觸者 – 指病發前 10 天至入院，曾與你接觸，但不符合緊密接觸定義的人士 (persons who had contacted you during the 10-day period prior to onset of symptoms up to your admission to hospital, but who do not meet the definition of close contact)

	Place 地點 & Event 性質	Date 日期	Social Contacts Name/Sex/Age 姓名/性別/年齡	Phone 電話	Area/Address 地區/地址	Health Surveillance	
						Day 1	Day 10
e.g.	Amoy Restaurant for Dinner	Bet. 1930-2030 hrs. on 2003-03-31	M/CHAN Fat, age 49	12345678	Ngau Tau Kok	No symptoms	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

PART VII 個人習慣 Personal practice

(i) 你有否依照政府指示做以下之預防措施:

(Have you adopted the following measures as advised by the Government?)

- | | |
|---|-------|
| (a) 用稀釋之漂白水沖廁 Flush the toilet with diluted bleach | Y / N |
| (b) 洗手習慣 Wash your hands | Y / N |
| (c) 注意清潔 Observe cleanliness | Y / N |
| (d) 常帶口罩 Wear masks | Y / N |
| (e) 用稀釋之漂白水清潔家居 Clean your household with diluted bleach | Y / N |
| (f) 你認為你個人所做之預防措施，還有否漏洞 Do you think the precautions you have taken are still inadequate? | Y / N |
- 若有，請詳述意見 If yes, please give your views:
-

(ii) 若以上問卷內之資料未能顯示病源，請詳述病者之個人習慣 (例如: 外出食飯之習慣):

(Should information in this questionnaire fail to show the source of infection, please give an account of your habitual way of life e.g. dining out.

(iii) 你認為今次有甚麼因素引致你患上非典型肺炎，請詳述:

(What do you think are the reasons that caused your infection? Please give details.)

Please inform patients / family that health staff may contact them against for further information / advice / instruction.

RN / NO _____

Investigator _____

Date _____

Daily record of local movements in the 10-day period prior to onset of symptoms

病發前 10 天, 每天詳細記錄

Date 日期	Time 時間	Means of transport 交通工具	Area / address 地區 / 地址	Contacts / Telephone 接觸任何人 / 電話
病發前 10 天 10 days prior to onset				
病發前 9 天 9 days prior to onset				
病發前 8 天 8 days prior to onset				
病發前 7 天 7 days prior to onset				
病發前 6 天 6 days prior to onset				
病發前 5 天 5 days prior to onset				
病發前 4 天 4 days prior to onset				
病發前 3 天 3 days prior to onset				
病發前 2 天 2 days prior to onset				
病發前 1 天 1 day prior to onset				
病發日 onset day				