COLORADO
Department of Public Health & Environment

Measles

Questionnaire for suspect measles case

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For use by public health only

IMMEDIATELY Report all suspected measles cases to the Colorado Department of Public Health and Environment (CDPHE) by calling 303-692-2700 (after hours 303-370-9395)

Interviewer name: Date of interview:

EpiTrax #:

Case information		
Name:	DOB:	Age:
Current address:		
Occupation:	Employer and employer address:	
Home phone number:	Cell phone number:	Email:
If patient is <18 years of age, name and contact information for parent/guardian:		

Clinical information	
Did a health care provider diagnose this person with measles?	☐ Yes ☐ No ☐ Unknown Diagnosis date:
What other diagnoses are being considered?	
Were specimens collected for testing?	☐ Yes ☐ No ☐ Unknown If YES, check all specimens that were collected: ☐ Blood ☐ Throat ☐ NP ☐Urine ☐ Other:
Was the sample collection date different from onset or diagnosis date?	☐ Yes ☐ No ☐ Unknown

When was the onset or diagnosis date?	___/___/_____ ☐ Onset ☐ Diagnosis ☐ Unknown
When was the sample collection date?	___/___/_____ ☐ Unknown
What tests were ordered to diagnose measles? (check all that apply) *PCR tests only available at CDPHE*	☐ PCR ☐ IgM ☐ IgG ☐ Culture ☐ Other:
Where the samples were sent for testing? (check all that apply)	☐ State Lab ☐ Other:

Symptom information	
Rash?	☐ Yes ☐ No ☐ Unknown If YES, when did the rash start? Describe the rash (check all that apply): ☐ Raised bumps ☐ Flat ☐ Fluid-filled/vesicular ☐ Discrete dots ☐ Coalescing dots ☐ Itchy ☐ Other Where on the body did the rash start? Where and how did the rash progress? How many days did the rash last?
Fever?	☐ Yes ☐ No ☐ Unknown If YES, when did the fever start? What was the maximum temperature of fever? How many days did the fever last?

Cough?	☐ Yes ☐ No ☐ Unknown Onset date:
Runny nose/coryza?	☐ Yes ☐ No ☐ Unknown Onset date:
Red or itchy eyes/drainage from eyes/ conjunctivitis?	☐ Yes ☐ No ☐ Unknown Onset date:
Pneumonia	☐ Yes ☐ No ☐ Unknown Onset date:
Other symptoms	☐ Yes ☐ No ☐ Unknown If YES, list other symptoms:

Immunization history	
Was this person ever vaccinated for measles (MMR, MMRV, MR)? *Ask for documentation and/or dates if available.*	☐ Yes ☐ No ☐ Unknown If YES, list vaccination dates:
Was this person vaccinated with MMR/MMRV in the last 90 days?	☐ Yes ☐ No ☐ Unknown

Case history	
Did the case take antibiotics in the last two weeks?	☐ Yes ☐ No ☐ Unknown If YES, what type of antibiotics? Date first taken?
Did the case take any other new medications in the last two weeks?	☐ Yes ☐ No ☐ Unknown List medications and dates?
Any known drug allergies?	☐ Yes ☐ No ☐ Unknown List drug allergies:

Was this person born in the United States?	☐ Yes ☐ No ☐ Unknown If NO, what is the birth country?
Does this person have a history of measles disease or ever been diagnosed with measles by a health care provider?	☐ Yes ☐ No ☐ Unknown
Was the person ever tested for measles immunity (IgG, immunity screening)?	☐ Yes ☐ No ☐ Unknown

Exposure history	
Has this person traveled outside of the United States within the past 21 days? *If yes, gather travel information (airline, flight #, dates of travel, airports)*	☐ Yes ☐ No ☐ Unknown If YES, where?
Has this person traveled outside of Colorado within the past 21 days? *If yes, gather travel information (airline, flight number, dates of travel, airports)*	☐ Yes ☐ No ☐ Unknown If YES, where?
Has this person traveled through an airport of any place where large groups of people(e.g., a large conference, group gathering, theme park visit, etc.) from various areas may be within the past 21 days?	☐ Yes ☐ No ☐ Unknown If YES, where?
Has this person had visitors from foreign countries within the past 21 days?	☐ Yes ☐ No ☐ Unknown If YES, from where?
Does this person know of anyone with similar symptoms?	☐ Yes ☐ No ☐ Unknown If YES, list person/people with similar symptoms:

Consult with CDPHE to determine the likelihood of a confirmed case before proceeding with contact tracing and investigation.

If measles is CONFIRMED or PROBABLE, identify all contacts and locations (four days before and four days after the rash onset) with

direct exposure to the case or were in these areas up to two hours after the case was present.

Close contact information	
List who is in the case's household (name, DOB/age, occupation, phone number):	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.
Do any of the household contacts work in a high-risk occupation (child care or health care)?	☐ Yes ☐ No ☐ Unknown If YES, who?
Do household contacts have proof of immunity?	☐ Yes ☐ No ☐ Unknown If NO or UNKNOWN, list who:
Does the person have any close contacts who are infants <12 months, pregnant, immunocompromised, or taking immunosuppressive medications?	☐ Yes ☐ No ☐ Unknown If YES, provide name and contact information:

Did the person visit at least one health care facility while infectious?	☐ Yes ☐ No ☐ Unknown If YES, list when and where:

Activity timeline Ask case about any activities before and after rash onset, including but not limited to: Visits to public areas (stores, restaurants, etc.), work/school attendance, events or gatherings (social, religious, family, etc.), modes of transportation (ride share, public transportation, personal vehicle, etc.), house visitors/guests (cleaners, dog walkers, food/grocery delivery, etc.), hospital visitors.
Four days prior to rash onset (gather dates and times):

Four days after rash onset (gather dates and times):

For additional guidance for measles investigation, call a CDPHE Vaccine Preventable Disease epidemiologist at 303-692-2700 or visit https://cdphe.colorado.gov/diseases-a-to-z/measles.