GeoSentinel Questionnaire – SITE NAME Patient ID #: XXX-_____

Form Version: November 2017

1. General Information	Gender: ☐ Male ☐ Female	Age:	*Today's Date (Clinic Visit Date) *(Month/Day/Year)*:
*Country of Birth:			Primary Country of Residence Before Age 10:
Country of Citizenship:			*Country of Current Residence:
☐ Migrant → If checked, ☐ Migration Travel ONLY? (If checked, use Migrant Form instead)			If you were not born in (COUNTRY), indicate as closely as possible the date you first arrived here *(Month/Day/Year)*:

2. History of Recent Travel

List in order, starting with the most recent trip, all international travel in the past 12 months. Enter separate records for each country visited during the trip if dates for each country are known. Indicate if the trip included travel on a Ship.

	*Trip Start Date Month/Day/Year	*Trip End Date Month/Day/Year	*Country	Ship		*Trip Start Date Month/Day/Year	*Trip End Date Month/Day/Year	*Country	Ship
1.				☐	4.				☐
2.				☐	5.				☐
3.				☐	6.				☐

3. History of Previous Travel

List all countries visited or resided in during the past 5 years or earlier if relevant (exclude those in past 12 months listed above). List each country only once. CIRCLE all years of travel to that country.

*Country:	1.						2.						3.						4.					
*Years (20–)	17	16	15	14	13	12+	17	16	15	14	13	12+	17	16	15	14	13	12+	17	16	15	14	13	12+
*Country:	5.						6.						7.						8.					
*Years (20–)	17	16	15	14	13	12+	17	16	15	14	13	12+	17	16	15	14	13	12+	17	16	15	14	13	12+

DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY CLINICIAN – DO NOT WRITE BELOW THIS LINE

4. Exposure Details

*Country of Exposure/Other *(Enter the country of exposure or check the applicable box)*

Country of Exposure: _____ ☐ Exposure Country Not Ascertainable ☐ Ship ☐ Plane

More Specific Place of Exposure: *(below country level – state, city, place, event)* _____

If Country of Exposure is 'Not Ascertainable', 'Ship', or 'Plane', enter Region of Exposure: _____ ☐ Exposure Region Not Ascertainable

Reason for Travel Related to Current Illness: (Check One)

☐ Tourism ☐ Business/Corporate/Conference ☐ Research ☐ Education/Student
☐ Migration ☐ Migrant Worker ☐ Planned Medical Care ☐ Military
☐ Visiting Friends or Relatives ☐ Missionary/Humanitarian/Volunteer/Community Service

If VFR, specify: ☐ *Individual is immigrant (residing in high-income country) from the region to which s/he is traveling (low-income country)*
☐ *Individual is the child/descendant of an immigrant (residing in high-income country) from the region to which s/he is traveling (low-income country)*
☐ *Individual is the spouse or partner of an immigrant (residing in high-income country) from the region to which s/he is traveling (low-income country)*

*Mark if Expatriate *(Check if applicable)*: ☐ Expatriate

*Clinical Setting *(Check One)*: ☐ Seen During Travel ☐ Seen After Travel

*Patient Type *(Check One)*: ☐ Inpatient ☐ Outpatient ☐ TeleConsult-Outpatient ☐ TeleConsult-Inpatient

*Highest level of care required for this illness? *(Check One)*: ☐ Outpatient ☐ Inpatient ward ☐ Inpatient ICU

If hospitalized, indicate if this was During Travel and/or After Return: ☐ During Travel ☐ After Return

*Did the patient receive pre-travel information? *(Check One)*: ☐ Yes ☐ No ☐ Don't Know

If YES, select the MAIN SOURCE of information: ☐ Internet ☐ Travel medicine specialist ☐ General Practitioner ☐ Relative/friend ☐ Travel Agency ☐ Other _____

*Main Presenting Symptoms or Reason for Referral *(Check at least one symptom or reason below, but include all that apply)*:

Gastrointestinal	☐ Abdominal pain/discomfort ☐ Acute diarrhea ☐ Bloating ☐ Bloody diarrhea (dysentery) ☐ Chronic diarrhea ☐ Constipation ☐ Jaundice ☐ Nausea ☐ Anorexia ☐ Passed worm ☐ Vomiting ☐ Weight loss ☐ Other
Genitourinary	☐ Discharge ☐ Dysuria/frequency ☐ Flank pain ☐ Genital Lesion ☐ Hematuria ☐ Other
Musculoskeletal	☐ Arthralgia ☐ Arthritis ☐ Myalgia ☐ Focal musculoskeletal pain ☐ Other
Neurologic	☐ Confusion ☐ Dizziness ☐ Focal symptoms ☐ Headache ☐ LOC/Syncope ☐ Neck stiffness/photophobia ☐ Seizure ☐ Other
Respiratory	☐ Cough ☐ Hemoptysis ☐ Pleuritic chest pain ☐ SOB ☐ URI symptoms (runny nose/sore throat) ☐ Wheeze ☐ Other
Skin	☐ Diffuse rash ☐ Focal rash ☐ Itch ☐ Skin lesion or nodule ☐ Skin infection (superficial or deep) ☐ Bite/scratch/sting ☐ Other
HEENT	☐ Ear symptoms ☐ Eye symptoms ☐ Nasal symptoms ☐ Throat symptoms ☐ Mouth or Dental symptoms ☐ Conjunctivitis ☐ Other
Abnormal Lab Test	☐ Eosinophilia ☐ Positive serology ☐ Other abnormal blood test ☐ Abnormal radiologic finding ☐ Positive stool examination ☐ Positive stool test ☐ Other

☐ Cardiac	☐ Fatigue	☐ Fever/Sweats/Chills	☐ Lymphatic
☐ Psychologic	☐ Thrombosis	☐ Trauma/Injury	☐ Screening

☐ Other *If 'Other', Specify:*

*Date of Illness Onset *(Use 1 of the 3 options)*

(1) _____ *(MM/DD/YYYY)*
(2) Number *(1-30)* _____ of *(circle one)* days / weeks / months / years before presentation
(3) ☐ Unknown/Not Applicable

*Activities During Travel *(Check all that apply)*

☐ None/Not Applicable ☐ Provided medical care ☐ Staying/eating in local homes ☐ Trekking
☐ Attended mass gathering ☐ Blood/body fluid exposure ☐ Antibiotic taken during travel
☐ Unplanned medical or dental care ☐ Animal exposure ☐ Freshwater exposure

* = These items are required fields for successful online data entry. Note: Sections 2 & 3 may be omitted if not applicable.

5. *Pre-Existing Conditions – those present prior to onset of the current travel-related illness: *(check all that apply)*

□ None Known to Exist

□ Pregnancy *(any trimester)* | □ Insulin-dependent Diabetes Mellitus

□ HIV Infection → *If checked, select stage:* □ Stage 1 □ Stage 2 □ Stage 3 □ Stage Unknown
Patient on antiretroviral therapy? □ Yes □ No □ Unknown

□ Malignancy under active chemo- or radio-therapy *(within 3 months)* or advanced incurable malignancy → □ Solid malignancy □ Hematological malignancy

□ Transplant at any time → *If checked, select type:* □ Bone marrow transplant □ Solid organ transplant

□ Immunosuppressing/Immunomodulating Agents *(currently or within 3 months)*

□ Other Immunocompromising Condition *Specify:*

6. *Diagnoses

*Is the main diagnosis causing today's visit travel related? *(Check One)*
☐ Travel Related ☐ Not Ascertainable ☐ Not Travel Related ☐ Imported Infection acquired in home country prior to travel

1) ☐ *Primary

*Final Diagnosis: | Other info (species, organism, etc.):

*Status: ☐ Confirmed ☐ Probable | *Activity: ☐ Active ☐ Resolved | ☐ Ascertained by Screening

*Diagnosis Method *(Check all that apply)*
☐ Microscopy ☐ Paired antibody (serology): seroconversion/≥4-fold rise in titre ☐ Radiology ☐ Clinical
☐ Culture ☐ Single positive Antibody (serology) result ☐ Histopathology
☐ Antigen test ☐ Laboratory macroscopic identification ☐ Typical exposure history
☐ Nucleic acid amplification test (e.g. PCR, LAMP, RT-PCR) ☐ Other *Specify:*_____

2) ☐ *Primary

*Final Diagnosis: | Other info (species, organism, etc.):

*Status: ☐ Confirmed ☐ Probable | *Activity: ☐ Active ☐ Resolved | ☐ Ascertained by Screening

*Diagnosis Method *(Check all that apply)*
☐ Microscopy ☐ Paired antibody (serology): seroconversion/≥4-fold rise in titre ☐ Radiology ☐ Clinical
☐ Culture ☐ Single positive Antibody (serology) result ☐ Histopathology
☐ Antigen test ☐ Laboratory macroscopic identification ☐ Typical exposure history
☐ Nucleic acid amplification test (e.g. PCR, LAMP, RT-PCR) ☐ Other *Specify:*_____

3) ☐ *Primary

*Final Diagnosis: | Other info (species, organism, etc.):

*Status: ☐ Confirmed ☐ Probable | *Activity: ☐ Active ☐ Resolved | ☐ Ascertained by Screening

*Diagnosis Method *(Check all that apply)*
☐ Microscopy ☐ Paired antibody (serology): seroconversion/≥4-fold rise in titre ☐ Radiology ☐ Clinical
☐ Culture ☐ Single positive Antibody (serology) result ☐ Histopathology
☐ Antigen test ☐ Laboratory macroscopic identification ☐ Typical exposure history
☐ Nucleic acid amplification test (e.g. PCR, LAMP, RT-PCR) ☐ Other *Specify:*_____

4) ☐ *Primary

*Final Diagnosis: | Other info (species, organism, etc.):

*Status: ☐ Confirmed ☐ Probable | *Activity: ☐ Active ☐ Resolved | ☐ Ascertained by Screening

*Diagnosis Method *(Check all that apply)*
☐ Microscopy ☐ Paired antibody (serology): seroconversion/≥4-fold rise in titre ☐ Radiology ☐ Clinical
☐ Culture ☐ Single positive Antibody (serology) result ☐ Histopathology
☐ Antigen test ☐ Laboratory macroscopic identification ☐ Typical exposure history
☐ Nucleic acid amplification test (e.g. PCR, LAMP, RT-PCR) ☐ Other *Specify:*_____

We are interested in collecting antibiotic resistance information on a limited number of bacteria only. If there is a CULTURE diagnosis of any of the nine following bacteria, then complete the antibiotic resistance information on next page:

Salmonella species (#192) Salmonella typhi (#193) Salmonella paratyphi (#632) Campylobacter (#115) Shigella species (#200)
Staphylococcus aureus E. coli Klebsiella pneumoniae Streptococcus pneumoniae