GeoSentinel Questionnaire

Form Version: November 2019

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

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1. General Information	Gender: □ Male □ Female	Age:	*Clinic Visit Date *(Month/Day/Year)*:
*Country of Birth:	Country of Current Citizenship:	*Country of Current Residence:	

Is the patient a: *(if applicable)* □ Migrant □ Expatriate/Long-term visitor
If not born in country of current residence, indicate as closely as possible the date of first arrival *(Month/Day/Year)*:

If Expatriate/Long-term visitor, indicate reason for living in country:
□ Business/Occupational □ Seasonal or Temporary Work □ Student
□ Retirement/Leisure □ Missionary/Humanitarian/Volunteer/Community Service
□ Other/Unknown

2. History of Recent Travel (for non-migration 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. Enter Migration Route in section 6 if applicable.

*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 Relevant Previous Travel (for non-migration 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.					
*Years (20XX)	19	18	17	16	15	14+	19	18	17	16	15	14+	19	18	17	16	15	14+

4. Clinical Presentation *Traveler seen *(Check One)*: □ During Travel □ After Travel

*Highest level of care at any time required for this illness?
(Check One): □ Outpatient □ Inpatient ward □ Inpatient ICU

If hospitalized, indicate if During Travel and/or After Return:
□ During Travel □ After Return □ Required Medical Evacuation

*Did the patient receive pre-travel information? *(Check One)*: □ Yes □ No □ Don't Know/Not Applicable
If YES, select the MAIN SOURCE of information: □ Internet □ Travel medicine specialist □ General Practitioner □ Relative/friend □ Travel Agency □ Unknown □ Other _____

Primary Reason for Travel Related to this visit: *(Check One - Optional)*

□ Tourism (Vacation)
□ Business/Occupational
□ *Conference* □ *Corporate/Professional* □ *Research* □ *Other*
□ Seasonal or Temporary Work (Migrant worker)
□ Student
□ Migration
□ Providing Medical Care
□ Visiting ANY Family and Friends (Non-traditional VFR)
□ Visiting Friends or Relatives (traditional VFR definition)
□ Missionary/Humanitarian/Volunteer/Community Service
□ Retirement
□ Military
□ Planned Medical Care
□ Not Ascertainable

*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 □ Anal pruritus □ Anorexia □ Bloating □ Bloody diarrhea (dysentery) □ Chronic diarrhea □ Constipation □ Jaundice □ Nausea □ Passed worm □ Vomiting □ Weight loss □ Other
Genitourinary	□ Discharge □ Dysuria □ Frequency □ Flank pain □ Genital lesion □ Hematuria □ Other
Lymphatic	□ Lymphadenopathy □ Lymphangitis □ Lymphedema □ 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) □ 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 test □ Other

□ Cardiac Symptoms	□ Fatigue	□ Fever/Sweats/Chills	□ Bite/Scratch/Sting
□ Psychological Symptoms	□ 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/NA

Activities linked to Special Projects *(Check all that apply)*: □ None/Not Applicable □ Unplanned medical or dental care □ Antibiotic taken during travel

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

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

□ None Known to Exist | □ Pregnancy *(any trimester)* | □ Diabetes Mellitus

□ HIV Infection *If checked, select:* □ CD4 < 200 □ CD4 200-500 □ CD4 > 500 □ CD4 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 *(within 3 months)*

□ Other Immunocompromising Condition *Specify:*

--------SECTIONS 6 and 7 are for MIGRANTS ONLY--------

6. Migration Route
(within the last 5 years or relevant to recorded diagnosis)

□ Migration route details UNKNOWN (if unknown, skip to section 7)
List in order, starting with the country of birth, all countries along the migration route. Use one line for each country.

*Country	*Arrival Year	*Departure Year
1.**Country of Birth:	N/A	
2.		
3.		
4:		
5.** Country of Current Residence:		N/A

7. Migrant Details

*Is the person's preferred language the same as that spoken in the country of the GeoSentinel site?
□ Yes □ No □ Unknown

*Status of migration (Check one): □ In transit □ Reached final destination country □ Unknown

Check if applicable: □ Unaccompanied minor □ Spent time in refugee camp □ Received organized pre-departure treatment or screening

*Status of the individual *(Check One)*:
□ Asylum seeker □ Refugee/asylee (accepted post arrival) □ Resettled refugee (accepted pre-arrival)
□ Documented immigrant (permission to stay) □ Undocumented immigrant (no permission to stay)
□ Unknown □ Not Asked

*Visit today is for *(Check One)*: □ Protocol based health assessment for newly arrived migrant □ Primary care visit □ Specialty care referral arising from screening □ Acute Illness/Other situation or problem unrelated to screening (specify) _____

8. *Diagnoses

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

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

*Relation of diagnosis to travel:
□ Travel Related □ Not Travel Related □ Imported Infection acquired in country of residence prior to travel □ Not Ascertainable

*Country of Exposure/Other *(Enter the country of exposure or check the applicable box)*
Country of Exposure: □ Exposure Country Not Ascertainable □ Ship □ Plane □ Not Applicable (Migrants only)
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

*Primary Reason for Travel Related to this Diagnosis: *(Check One)*
□ Tourism (Vacation)
□ Business/Occupational
□ *Conference* □ *Corporate/Professional* □ *Research* □ *Other*
□ Seasonal or Temporary Work (Migrant worker)
□ Student
□ Migration
□ Providing Medical Care
□ Visiting ANY Family and Friends (Non-traditional VFR)
□ Visiting Friends or Relatives (traditional VFR definition)
□ Missionary/Humanitarian/Volunteer/Community Service
□ Retirement
□ Military
□ Planned Medical Care
□ Not Ascertainable

Relationship to specified Reason for Travel:
□ Patient is traveling for the reason indicated □ Patient is the child/grandchild/parent □ Patient is the spouse/partner

*Diagnosis Method *(Check all that apply)*
□ Microscopy
□ Culture
□ Antigen test
□ Paired serology: seroconversion/≥4-fold rise in titre
Positive serology from single blood draw:
□ IgM □ IgG □ Both IgM and IgG
□ Nucleic acid amplification test (e.g. PCR, LAMP, RT-PCR)
□ Radiology
□ Histopathology
□ Typical exposure history
□ Laboratory macroscopic identification
□ Clinical
□ Urinalysis
□ IGRA
□ PPD/TST/Mantoux
□ Other *Specify:*_____

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2)	*Final Diagnosis:	Other info (species, organism, etc.):
*Status: □ Confirmed □ Probable	*Activity: □ Active □ Resolved	□ Ascertained by Screening

*Relation of diagnosis to travel:
□ Travel Related □ Not Travel Related □ Imported Infection acquired in country of residence prior to travel □ Not Ascertainable

*Country of Exposure/Other *(Enter the country of exposure or check the applicable box)*
Country of Exposure: □ Exposure Country Not Ascertainable □ Ship □ Plane □ Not Applicable (Migrants only)
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

*Primary Reason for Travel Related to this Diagnosis: *(Check One)*
□ Tourism (Vacation)
□ Business/Occupational
□ *Conference* □ *Corporate/Professional* □ *Research* □ *Other*
□ Seasonal or Temporary Work (Migrant worker)
□ Student
□ Migration
□ Providing Medical Care
□ Visiting ANY Family and Friends (Non-traditional VFR)
□ Visiting Friends or Relatives (traditional VFR definition)
□ Missionary/Humanitarian/Volunteer/Community Service
□ Retirement
□ Military
□ Planned Medical Care
□ Not Ascertainable

Relationship to specified Reason for Travel:
□ Patient is traveling for the reason indicated □ Patient is the child/grandchild/parent □ Patient is the spouse/partner

*Diagnosis Method *(Check all that apply)*
□ Microscopy
□ Culture
□ Antigen test
□ Nucleic acid amplification test (e.g. PCR, LAMP, RT-PCR)
□ Paired serology: seroconversion/≥4-fold rise in titre
Positive serology from single blood draw:
□ IgM □ IgG □ Both IgM and IgG
□ Clinical
□ Radiology
□ Histopathology
□ Typical exposure history
□ Laboratory macroscopic identification
□ Urinalysis
□ IGRA
□ PPD/TST/Mantoux
□ Other *Specify:*_____

Additional Questions for Malaria Diagnoses:
Did the patient receive a malaria prophylaxis prescription/medication for the trip? □ Yes □ No □ Don't know
If yes, what agent? □ Atovaquone-Proguanil (Malarone) □ Doxycycline □ Mefloquine □ Primaquine □ Tafenoquine □ Other □ Don't know
How often did the patient take their malaria prophylaxis? □ Always, exactly as directed (100% of doses) □ Usually (>=75-99%)
□ Sometimes (50-74%) □ Infrequently (<50%) □ Never □ Don't know
If the patient was not fully compliant with their prophylaxis, why? □ Forgot □ Concerns about side effects □ Used other preventive measures
□ No/minimal perceived risk □ Other □ Don't know

We are interested in collecting antibiotic resistance information on a limited number of bacteria. If there is a CULTURE diagnosis of any of the nine following bacteria, then complete the antibiotic resistance information on next page: **Salmonella* species *Salmonella* Typhi *Salmonella* Paratyphi *Campylobacter* species *Shigella* species *Staphylococcus aureus* *E. coli* *Klebsiella pneumoniae* *Streptococcus pneumoniae*

*Antibiotic Resistance Enter antibiotic sensitivity information for the one organism considered most clinically important where diagnosis method is CULTURE
S=Sensitive, I/R=Intermediate/Resistant, Unk=Unknown/Not Done/Not Reported (Check 'I/R' if results include I-Intermediate or R-Resistant for ANY drug in the category)
□ Sensitivity Testing Not Done

The following diagnosis codes apply to all 9 bacteria: • 108 – BACTEREMIA • 699 – SEPSIS • 259 – ABSCESS, PYOGENIC (NOT SKIN, NOT TONSILLAR, NOT LIVER, NOT LUNG) • 739 – ABSCESS, PYOGENIC LIVER

192 – SALMONELLA SPECIES
Specimen Type: □ Stool □ Blood □ Other □ Unknown

Salmonella species

S	I/R	Unk	Drug (Category)
□	□	□	3rd Generation Cephalosporin (e.g. Cefixime, Cefotaxime, Ceftriaxone, Ceftazidime)
□	□	□	Fluoroquinolone (e.g. Ciprofloxacin, Norfloxacin, Ofloxacin, Levofloxacin)
□	□	□	Macrolide (e.g. Azithromycin, Erythromycin, Clarithromycin)
□	□	□	Carbapenem (e.g. Imipenem, Meropenem, Ertapenem)
□	□	□	Cotrimoxazole (trimethoprim-sulfamethoxazole)
□	□	□	Amoxicillin, Ampicillin

193 – SALMONELLA TYPHI or 632 – SALMONELLA PARATYPHI
Organism: □ *Salmonella* Typhi □ *Salmonella* Paratyphi
Specimen Type: □ Stool □ Blood/Bone Marrow □ Other □ Unknown

Salmonella Typhi or *Salmonella* Paratyphi

S	I/R	Unk	Drug (Category)
□	□	□	3rd Generation Cephalosporin (e.g. Cefixime, Cefotaxime, Ceftriaxone, Ceftazidime)
□	□	□	Fluoroquinolone (e.g. Ciprofloxacin, Norfloxacin, Ofloxacin, Levofloxacin)
□	□	□	Macrolide (e.g. Azithromycin, Erythromycin, Clarithromycin)
□	□	□	Carbapenem (e.g. Imipenem, Meropenem, Ertapenem)
□	□	□	Cotrimoxazole (trimethoprim-sulfamethoxazole)
□	□	□	Amoxicillin, Ampicillin
□	□	□	Chloramphenicol

115 – CAMPYLOBACTER SPECIES
Specimen Type: □ Stool □ Blood □ Other □ Unknown

Campylobacter species

S	I/R	Unk	Drug (Category)
□	□	□	Fluoroquinolone (e.g. Ciprofloxacin, Norfloxacin, Ofloxacin, Levofloxacin)
□	□	□	Macrolide (e.g. Azithromycin, Erythromycin, Clarithromycin)

200 – SHIGELLA SPECIES
Specimen Type: □ Stool □ Blood □ Other □ Unknown

Shigella species

S	I/R	Unk	Drug (Category)
□	□	□	3rd Generation Cephalosporin (e.g. Cefixime, Cefotaxime, Ceftriaxone, Ceftazidime)
□	□	□	Fluoroquinolone (e.g. Ciprofloxacin, Norfloxacin, Ofloxacin, Levofloxacin)
□	□	□	Macrolide (e.g. Azithromycin, Erythromycin, Clarithromycin)
□	□	□	Cotrimoxazole (trimethoprim-sulfamethoxazole)
□	□	□	Amoxicillin, Ampicillin

Resistance for E.COLI or KLEBSIELLA PNEUMONIAE – below are listed diagnosis codes for which culture of one of these organisms is most likely
144 – PNEUMONIA (BACTERIAL OR VIRAL), OTHER SPECIFIC ETIOLOGY; 215 – URINARY TRACT INF, ACUTE; 255 – PYELONEPHRITIS; 585 – ANTIBIOTIC RESISTANT ORGANISM; 791 – E. COLI, SHIGA TOXIN PRODUCING (aka Enterohemorrhagic E. COLI, EHEC/Verocytotoxin-producing E. coli, VTEC) includes E. coli 0157:H7; 807 – E. COLI: ENTEROTOXIGENIC (ETEC); 838 – E. COLI: ENTEROAGGREGATIVE (EAEC); ENTEROPATHOGENIC (EPEC) or ENTEROINVASIVE (EIEC)

Organism: □ *E. coli* □ *Klebsiella pneumoniae*
Specimen Type: □ Urine □ Blood □ Sputum □ Stool □ Other □ Unknown

E. coli

S	I/R	Unk	Drug (Category)
□	□	□	3rd Generation Cephalosporin (e.g. Cefixime, Cefotaxime, Ceftriaxone, Ceftazidime)
□	□	□	Fluoroquinolone (e.g. Ciprofloxacin, Norfloxacin, Ofloxacin, Levofloxacin)
□	□	□	Carbapenem (e.g. Imipenem, Meropenem, Ertapenem)
□	□	□	Cotrimoxazole (trimethoprim-sulfamethoxazole)
□	□	□	Polymyxins (e.g. Colistin)
□	□	□	Amoxicillin, Ampicillin
□	□	□	4th Generation Cephalosporin (e.g. Cefipime)

Klebsiella pneumoniae

S	I/R	Unk	Drug (Category)
□	□	□	3rd Generation Cephalosporin (e.g. Cefixime, Cefotaxime, Ceftriaxone, Ceftazidime)
□	□	□	Fluoroquinolone (e.g. Ciprofloxacin, Norfloxacin, Ofloxacin, Levofloxacin)
□	□	□	Carbapenem (e.g. Imipenem, Meropenem, Ertapenem)
□	□	□	Cotrimoxazole (trimethoprim-sulfamethoxazole)
□	□	□	Polymyxins (e.g. Colistin)
□	□	□	4th Generation Cephalosporin (e.g. Cefipime)

Resistance for STAPHYLOCOCCUS AUREUS – below are listed diagnosis codes for which culture of one of these organisms is most likely (Note: Do NOT enter information for other Staph species e.g. Staph epidermidis/coagulase negative staphylococcus)
142 – SKIN AND SOFT TISSUE INFECTION: ERYSIPELAS, CELLULITIS, GANGRENE; 144 – PNEUMONIA (BACTERIAL OR VIRAL), OTHER SPECIFIC ETIOLOGY; 413 – SKIN AND SOFT TISSUE INFECTION (SKIN ABSCESS or SECONDARY BACTERIAL INFECTION OF EXISTING LESION); 537 – ENDOCARDITIS; 585 – ANTIBIOTIC RESISTANT ORGANISM; 785 – SKIN AND SOFT TISSUE INFECTION, SUPERFICIAL: IMPETIGO, FOLLICULITIS, FURUNCLE, CARBUNCLE, PARONYCHIA, ECTHYMA
Specimen Type: □ Swab □ Blood □ Sputum □ Other □ Unknown

Staphylococcus aureus

S	I/R	Unk	Drug (Category)
□	□	□	Flucloxacillin, Oxacillin, Nafcillin, or other (MRSA-Methicillin-resistant Staphylococcus aureus)
□	□	□	Cotrimoxazole (trimethoprim-sulfamethoxazole)
□	□	□	Lincosamide (e.g. Clindamycin, Lincomycin)
□	□	□	Glycopeptide (e.g. Vancomycin, Teicoplanin)
□	□	□	Tetracyclines (e.g. Doxycycline)

Resistance for STREPTOCOCCUS PNEUMONIAE – below are listed diagnosis codes for which culture of one of these organisms is most likely
144 – PNEUMONIA (BACTERIAL OR VIRAL), OTHER SPECIFIC ETIOLOGY; 537 – ENDOCARDITIS; 585 – ANTIBIOTIC RESISTANT ORGANISM; 650 – MENINGITIS, PNEUMOCOCCAL
Specimen Type: □ Sputum □ Blood □ CSF □ Other □ Unknown

Streptococcus pneumoniae

S	I/R	Unk	Drug (Category)
□	□	□	Penicillin
□	□	□	3rd Generation Cephalosporin (e.g. Cefixime, Cefotaxime, Ceftriaxone, Ceftazidime)
□	□	□	Cotrimoxazole (trimethoprim-sulfamethoxazole)