f014_嚴重特殊傳染性肺炎疫調單_v8.0

f014_Coronavirus disease 2019~~Severe Pneumonia with Novel Pathogens~~ (COVID-19)

Case ~~Epidemic Control~~ Investigation Form ~~Questionnaire~~ _v8.0

1. 職業及身分別(可複選)(必填)

☐ 學生 ☐ 教保/托育人員 ☐ 現役軍人 ☐ 廚師 ☐ 餐飲從業人員
☐ 飯店/旅館業之員工 ☐ 溫泉/SPA/泳池/三溫暖之員工 ☐ 農業 ☐ 漁業 ☐ 伐木業
☐ 營造業 ☐ 畜牧業(含牛、羊、豬) ☐ 屠宰業 ☐ 禽畜相關從業人員 ☐ 獸醫師
☐ 實驗室工作人員 ☐ 看護人員 ☐ 養老院/養護中心之員工 ☐ 救護人員 ☐ 醫事人員
☐ 醫護人員 ☐ 醫療廢棄物清潔人員 ☐ 性工作者 ☐ 水塔/水池清潔人員 ☐ 職業駕駛
☐ 新住民之子女，父母國籍為 ☐ 無業 ☐ 其他，說明

1. Occupation and status (multiple answers allowed) (must be filled in)

☐ Student ☐ Daycare center personnel / Caregiver / Babysitter ☐ Military serviceman ☐ Cook ☐ Food and beverage service personnel
☐ Hotel industry personnel ☐ Hot springs/SPA/swimming pool/sauna employees ☐ Agricultural industry ☐ Fishery industry ☐ Timber industry
☐ Construction industry ☐ Animal husbandry industry (including cattle, sheep, goats and pigs) ☐ Slaughter industry ☐ Livestock and poultry related personnel ☐ Veterinarian
☐ Laboratory staff ☐ Assistant caregiver ☐ Nursing home staff ☐ Ambulance worker ☐ Other healthcare personnel~~Health administrator~~
☐ Doctor or nurse ~~Healthcare worker~~ ☐ Medical waste handler ☐ Sex worker ☐ Water tower/pool cleaning staff ☐ ~~Professional D~~driver
☐ Children of immigrant residents (nationality of parents: _____) ☐ Unemployed ☐ Other, please specify

2. 症狀 (初始症狀或疾病過程中曾出現)(必填)

☐ 無症狀
☐ 肌肉酸痛 □ 呼吸困難 □ 咳嗽 □ 流鼻水 □ 喉嚨痛
☐ 發燒 □ 腹瀉 □ 噁心 □ 嘔吐 □ 頭痛
☐ 關節痛 □ 全身倦怠 □ 嗅覺異常 □ 味覺異常
☐ 胸部影像學檢查(CXR 或 CT)顯示肺炎
☐ 其他 (請註明)，

最早出現症狀之日期：

2. Symptoms (initial symptoms or symptoms that occurred during the course of the illness) (must be filled in)

☐ Asymptomatic
☐ Muscle soreness □ Difficulty breathing □ Cough □ Runny nose □ Sore throat
☐ Fever □ Diarrhea □ Nausea □ Vomiting □ Headache
☐ Joint pain □ Fatigue □ Abnormal sense of smell □ Abnormal sense of taste
☐ Chest imaging examination (CXR or CT) shows pneumonia
☐ Other (please specify)

Date on which symptoms first appeared:

3. 是否有慢性疾病及相關危險因子？(必填)
- ○ 否
- ○ 是 (若為是時，需選擇下列類別至少一項)
- ☐ 精神疾病
- ☐ 神經肌肉疾病
- ☐ 氣喘
- ☐ 慢性肺疾(如支氣管擴張、慢性阻塞性肺疾等，氣喘除外)
- ☐ 糖尿病
- ☐ 代謝性疾病(如高血脂，糖尿病除外)
- ☐ 心血管疾病(高血壓除外)
- ☐ 肝臟疾病(如肝炎、肝硬化等)
- ☐ 腎臟疾病(如慢性腎功能不全、長期接受血液或腹膜透析等)
- ☐ 仍在治療中或未治癒之癌症
- ☐ 免疫低下狀態，說明
- ☐ 懷孕，週數(週)
- ☐ 產後六週內
- ☐ 高血壓
- ☐ 肥胖(BMI>=30)
- ☐ 其他，說明

3. Do you have any chronic illnesses and related risk factors? (must be filled in)
- ○ No
- ○ Yes (if yes, select at least one of the following options)
- ☐ Mental disorders
- ☐ Neuromuscular diseases
- ☐ Asthma
- ☐ Chronic lung diseases (bronchiectasis, chronic obstructive pulmonary disease etc. ex. asthma)
- ☐ Diabetes
- ☐ Metabolic diseases (hyperlipidemia, ex. diabetes)
- ☐ Cardiovascular diseases (except hypertension)
- ☐ Liver diseases (hepatitis, cirrhosis)
- ☐ Kidney diseases (chronic renal insufficiency, receiving long-term hemodialysis or peritoneal dialysis)
- ☐ ~~Still receiving treatment for~~ Ceancer under active treatment ~~or not cured~~
- ☐ ~~Low I~~immunodeficiency statuse ~~state~~, please specify
- ☐ Pregnant, ___ weeks
- ☐ Within 6 weeks post-partum
- ○ ~~Within six weeks of giving birth~~
- ☐ Hypertension
- ☐ Obesity (BMI>=30)
- ☐ Other, please specify

4. 疫調報告上傳
如有疫調報告(含發病前 3 日起之活動史)已上傳系統，則第 5 題至第 10 題可免填列

4. Uploading the case investigation form ~~Epidemic Control Questionnaire~~
If you have filled in the case investigation form ~~an epidemic control questionnaire~~ (including an activity history starting three days before the onset of the illness) which~~that~~ has already been uploaded to the system, then you do not need to answer questions 5-10.

5. 發病期間就醫歷程(含確診後安排就醫院所) 門(急)診就醫？

5. Did you receive outpatient (emergency) medical treatment while ill (including visits to ~~at~~ hospitals and clinics after being confirmed as COVID-19 positive)?

◯ 否 ◯ 是(請填下表)

醫療院所名稱	日期(yyyy/mm/dd)

◯ No ○ Yes (please fill in the table below)

Name of hospital/clinic	Visit Date (yyyy/mm/dd)

住院治療(含急診待床)？

◯ 否 ◯ 是(請填下表)

醫療院所名稱	型態	日期(yyyy/mm/dd) (住院中不用填結束日期)	備註(非必填)
	◯ 普通病房 ◯ 加護病房 ◯ 負壓隔離房 ◯ 急診	_____ ~	
	◯ 普通病房 ◯ 加護病房 ◯ 負壓隔離房 ◯ 急診	_____ ~	
	◯ 普通病房 ◯ 加護病房 ◯ 負壓隔離房 ◯ 急診	_____ ~	
	◯ 普通病房 ◯ 加護病房 ◯ 負壓隔離房 ◯ 急診	_____ ~	
	◯ 普通病房 ◯ 加護病房 ◯ 負壓隔離房◯ 急診	_____ ~	

Did you receive inpatient treatment (including waiting for a bed in the emergency room)

◯ No ○ Yes (please fill in the table below)

Name of hospital/clinic	Type	Date (yyyy/mm/dd) (If still hospitalized an end date is not required)	Notes (optional)
	◯ General ward ◯ ICU ◯ Negative pressure isolation room ○Emergency room	_____ ~	

	◯ General ward ◯ ICU ◯ Negative pressure isolation room ○Emergency room	_____ ~	
	◯ General ward ◯ ICU ◯ Negative pressure isolation room ○Emergency room	_____ ~	
	◯ General ward ◯ ICU ◯ Negative pressure isolation room ○Emergency room	_____ ~	
	◯ General ward ◯ ICU Negative pressure isolation room ○Emergency room	_____ ~	

6. 出國史
發病前 14 天內是否曾出國？◯ 否 ◯ 是，國家：___

6. Overseas travel history
Did you travel overseas within 14 days before illness onset ~~of falling ill~~? ○No ○ Yes, Country: __

7. 發病前 14 天內接觸史調查
是否曾接觸有發燒或呼吸道症狀人士？◯ 否 ◯ 是
是否曾接觸嚴重特殊傳染性肺炎極可能或確定病例？◯ 否 ◯ 是

7. Contact history in the 14 days before ~~falling il~~symptom onset~~l~~
Did you come into contact with anyone who had a fever or~~f~~ upper respiratory tract symptoms? ○No ○ Yes
Did you come into contact with anyone who is a probable or confirmed case of ~~highly likely to have contracted or has contracted~~ COVID-19? ○No ○ Yes

8. 發病前 14 天是否曾至醫療院所就醫？含門(急)診就醫或住院治療(含急診待床)
◯ 否 ◯ 是，醫療院所名稱：___

8. Did you seek medical treatment at a hospital or clinic within 14 days of- symptom onset~~falling ill~~? Including treatment as an outpatient (emergency patient) or inpatient (including waiting for a bed in emergency)
◯ No ○ Yes, please indicate the name of the hospital/clinic: __

9. 疫苗接種史
是否曾接種 COVID-19 疫苗？
◯ 否
◯ 是（若是，請填寫下列）
接種廠牌：◯AstraZeneca/阿斯特捷利康 ○ BNT/輝瑞 ○ Moderna/莫德納 ○ 其他，廠牌名稱：_____
最後接種日期（yyyy/mm/dd）：
疫苗劑數：◯ 第一劑 ◯ 第二劑

9. Vaccination ~~Inoculation~~ history
Have you ever received a COVID-19 vaccine?
◯ No
◯ Yes (if yes, please fill in the following)
Vaccine brand: ○AstraZeneca ○ BNT ○ Moderna ○Others, please specify brand:_____
Last date of inoculation: _____ (yyyy/mm/dd)
Vaccine doses: ○One dose ○Two doses

10. 活動史

個案發病前 3 天至隔離前活動史調查

時序	日期 (yyyy/mm/dd)	國家/縣市	地點/場所	交通工具
發病前 3 天				
發病前 2 天				
發病前 1 天				
發病當日				
發病後第 1 日				
發病後第 2 日				
發病後第 3 日				
發病後第 4 日				
發病後第 5 日				
發病後第 6 日				
發病後第 7 日				
發病後第 8 日				
發病後第 9 日				
發病後第 10 日				

10. Activity history

Places visited from three days before ~~falling~~ symptom onset~~ill~~ to the day of isolation~~being quarantined~~

Time	Date (yyyy/mm/dd)	Cities/ Counties/ Countries	Place/venue	Method of transportation
3 days before symptom onset~~falling ill~~				
2days before ~~falling ill~~				
1 days before ~~falling ill~~symptom onset				
Day of symptom onset~~fell ill~~				
1 day after ~~falling ill~~symptom onset				
2 days after ~~falling ill~~symptom onset				
3 days after ~~falling ill~~symptom onset				
4 days after				

~~falling ill~~symptom onset				
5 days after ~~falling ill~~symptom onset				
6 days after ~~falling ill~~symptom onset				
7 days after ~~falling ill~~symptom onset				
8 days after ~~falling ill~~symptom onset				
9 days after ~~falling ill~~symptom onset				
10 days after ~~falling ill~~symptom onset				

11. 自個案發病前 3 日起至隔離前接觸者調查

(1) 在無適當防護下曾於 24 小時內累計大於 15 分鐘面對面之接觸者，或提供照護、相處、接觸病患呼吸道分泌物或體液之同住者。

(2) 曾與確認病例在無適當防護下 2 公尺近距離接觸之醫療機構人員。

請至接觸者健康追蹤管理系統[https://trace.cdc.gov.tw]維護接觸者調查資料。

11. Survey of contacts from three days before ~~falling ill~~symptom onset to the day of isolation~~being quarantined~~

(1) Individuals who had ~~came into~~ face-to-face contact with the patient for more than~~t~~ 15 minutes without appropriate protection over a 24 hour period, or those ~~with~~ whom he/she lives with and ~~who~~ provided care, interacted, or came into contact with his/her respiratory excretions or bodily fluids.

(2) Medical personnel who came within 2 meters of a COVID-19 positive patient without appropriate protection

Please ~~Should~~ go to the contact tracing system (https://trace.cdc.gov.tw) to ensure the uploaded contact data is complete and accurate.

12. 備註（如：詢問是否有使用「臺灣社交距離 App」，如有使用，徵詢同意上傳去識別化資料 及確認上傳資料的日期區間）

12. Notes: Ask patients if they have used the “Taiwan Social Distancing App.” If they do, ~~have~~ ask for their permission to upload their anonymous information and confirm the dates and location of uploaded data.