

f014_嚴重特殊傳染性肺炎疫調單_v8.0

f014_Coronavirus disease 2019 (COVID-19)

Case Investigation Form _v8.0

1. 職業及身分別(可複選)(必填)

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

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

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

2. 症狀(初始症狀或疾病過程中曾出現)(必填)

- | | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 無症狀 | <input type="checkbox"/> 肌肉酸痛 | <input type="checkbox"/> 呼吸困難 | <input type="checkbox"/> 咳嗽 | <input type="checkbox"/> 流鼻水 | <input type="checkbox"/> 喉嚨痛 |
| <input type="checkbox"/> 發燒 | <input type="checkbox"/> 腹瀉 | <input type="checkbox"/> 噁心 | <input type="checkbox"/> 嘔吐 | <input type="checkbox"/> 頭痛 | |
| <input type="checkbox"/> 關節痛 | <input type="checkbox"/> 全身倦怠 | <input type="checkbox"/> 嗅覺異常 | <input type="checkbox"/> 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)

- | | | | | | |
|--|--|--|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Asymptomatic | <input type="checkbox"/> Muscle soreness | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Cough | <input type="checkbox"/> Runny nose | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Nausea | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Headache | |
| <input type="checkbox"/> Joint pain | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Abnormal sense of smell | <input type="checkbox"/> Abnormal sense of taste | | |
| <input type="checkbox"/> Chest imaging examination (CXR or CT) shows pneumonia | | | | | |
| <input type="checkbox"/> 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 \geq 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)
- ☐ Cancer under active treatment
- ☐ Immunodeficiency status, please specify
- ☐ Pregnant, ____ weeks
- ☐ Within 6 weeks post-partum
- ☐ Hypertension
- ☐ Obesity (BMI \geq 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

If you have filled in the case investigation form (including an activity history starting three days before the onset of the illness) which 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 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)
	<input type="radio"/> 普通病房 <input type="radio"/> 加護病房 <input type="radio"/> 負壓隔離房 <input type="radio"/> 急診	_____ ~	
	<input type="radio"/> 普通病房 <input type="radio"/> 加護病房 <input type="radio"/> 負壓隔離房 <input type="radio"/> 急診	_____ ~	
	<input type="radio"/> 普通病房 <input type="radio"/> 加護病房 <input type="radio"/> 負壓隔離房 <input type="radio"/> 急診	_____ ~	
	<input type="radio"/> 普通病房 <input type="radio"/> 加護病房 <input type="radio"/> 負壓隔離房 <input type="radio"/> 急診	_____ ~	
	<input type="radio"/> 普通病房 <input type="radio"/> 加護病房 <input type="radio"/> 負壓隔離房 <input type="radio"/> 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)
	<input type="radio"/> General ward		

	<input type="radio"/> ICU <input type="radio"/> Negative pressure isolation room <input type="radio"/> Emergency room	_____ ~	
	<input type="radio"/> General ward <input type="radio"/> ICU <input type="radio"/> Negative pressure isolation room <input type="radio"/> Emergency room	_____ ~	
	<input type="radio"/> General ward <input type="radio"/> ICU <input type="radio"/> Negative pressure isolation room <input type="radio"/> Emergency room	_____ ~	
	<input type="radio"/> General ward <input type="radio"/> ICU <input type="radio"/> Negative pressure isolation room <input type="radio"/> Emergency room	_____ ~	
	<input type="radio"/> General ward <input type="radio"/> ICU <input type="radio"/> Negative pressure isolation room <input type="radio"/> 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? ☐ 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 symptom onset

Did you come into contact with anyone who had a fever or upper respiratory tract symptoms? ☐ No ☐ Yes

Did you come into contact with anyone who is a probable or confirmed case of 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? 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 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 symptom onset to the day of isolation

Time	Date (yyyy/mm/dd)	Cities/ Counties/ Countries	Place/venue	Method of transportation
3 days before symptom onset				
2days before				
1 days before symptom onset				
Day of symptom onset				
1 day after symptom onset				
2 days after symptom onset				
3 days after symptom onset				
4 days after symptom onset				
5 days after symptom onset				
6 days after symptom onset				
7 days after symptom onset				
8 days after symptom onset				

9 days after symptom onset				
10 days after 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[\[https://trace.cdc.gov.tw\]](https://trace.cdc.gov.tw)維護接觸者調查資料。

11. Survey of contacts from three days before symptom onset to the day of isolation

(1) Individuals who had face-to-face contact with the patient for more than 15 minutes without appropriate protection over a 24 hour period, or those whom he/she lives with and 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 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, ask for their permission to upload their anonymous information and confirm the dates and location of uploaded data.