



## WELLNESS WORKSHEET 99

### Personal Infectious Disease Record

Place a check next to any of the following infectious diseases you have had. Where appropriate, list your age at the time of the infection and any special circumstances surrounding the time of the infection (e.g., your entire first grade class got the chicken pox; you got mononucleosis at a time of high stress) in the box provided. Circle any disease for which you have been vaccinated.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Athlete's foot       | <input type="checkbox"/> Lyme disease               | <input type="checkbox"/> Scarlet fever              |
| <input type="checkbox"/> Chicken pox          | <input type="checkbox"/> Malaria                    | <input type="checkbox"/> Shingles                   |
| <input type="checkbox"/> Chlamydia            | <input type="checkbox"/> Measles                    | <input type="checkbox"/> Strep throat               |
| <input type="checkbox"/> Cold sores (HSV)     | <input type="checkbox"/> Meningitis                 | <input type="checkbox"/> Syphilis                   |
| <input type="checkbox"/> Diphtheria           | <input type="checkbox"/> Mononucleosis              | <input type="checkbox"/> Tetanus                    |
| <input type="checkbox"/> Encephalitis         | <input type="checkbox"/> Mumps                      | <input type="checkbox"/> Toxic shock syndrome       |
| <input type="checkbox"/> Genital herpes (HSV) | <input type="checkbox"/> Whooping cough (pertussis) | <input type="checkbox"/> Trichomoniasis             |
| <input type="checkbox"/> Genital warts (HPV)  | <input type="checkbox"/> Pinworm                    | <input type="checkbox"/> Tuberculosis               |
| <input type="checkbox"/> Giardiasis           | <input type="checkbox"/> Pneumonia                  | <input type="checkbox"/> Ulcer ( <i>H. pylori</i> ) |
| <input type="checkbox"/> Gonorrhea            | <input type="checkbox"/> Poliomyelitis              | <input type="checkbox"/> Urinary tract infection    |
| <input type="checkbox"/> Hepatitis A          | <input type="checkbox"/> Pubic lice                 | <input type="checkbox"/> Warts (site: _____)        |
| <input type="checkbox"/> Hepatitis B          | <input type="checkbox"/> Rabies                     | <input type="checkbox"/> Yeast infection            |
| <input type="checkbox"/> Hepatitis C          | <input type="checkbox"/> Rheumatic fever            | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> HIV infection        | <input type="checkbox"/> Ringworm                   | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Influenza            | <input type="checkbox"/> Rubella (German measles)   | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Jock itch            | <input type="checkbox"/> Scabies                    | <input type="checkbox"/> Other: _____               |

Disease	Age	Circumstances

(over)

**INTERNET ACTIVITY**

Choose one of the emerging infectious diseases described in the chapter or one you've heard about recently in the news. Use the sites below or perform a search to learn more about the disease. What causes the disease, and what are its effects? How is it transmitted? Where is it most common? What are some of the reasons for its emergence and/or spread? What can public health officials and individuals do to reduce the spread of the disease?

CDC National Center for Infectious Diseases: <http://www.cdc.gov/ncidod>

National Institute of Allergy and Infectious Diseases: <http://www.niaid.nih.gov>

World Health Organization: [http://www.who.int/health\\_topics/en](http://www.who.int/health_topics/en)

Disease: \_\_\_\_\_

Site(s) visited (URL): \_\_\_\_\_

Information obtained: