

Ways to access the animal bite report form:

- 1. URL: <https://redcap.link/animalbites>
- 2. QR Code:



How to complete the electronic animal bite form:

- 1. Your name and date go below:

 **Name of Person Completing Intake:** **Date of Intake:**  Today M-D-Y

Note: Person completing intake is the person completing this survey.

- 2. DIS case specification - **LEAVE THIS BLANK**

DIS Case Specification

4 day callout Expedited Submitted for testing, low risk Pending victims

reset

- 3. Fill in all patient information:

Last Name: <input type="text"/>		First Name: <input type="text"/>	
Date of Birth: <input type="text"/>  M-D-Y	Age: <input type="text"/>	Current Sex: <input type="text"/>	
Street Address: <input type="text"/>			
City: <input type="text"/>	State:* <input type="text"/>	Zip Code: <input type="text"/>	
Phone Number: <input type="text"/>		Phone Type: <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work	
Secondary Phone: <input type="text"/>		Secondary Phone Type: <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work	

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- 4. Race and Ethnicity fields are required fields, but there is an option for “unknown” to be able to move forward if the information is not known.

Race (choose all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown	Ethnicity: <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Unknown reset
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- 5. There is also space for any additional contact information if it is provided to you.

Additional Contact Name: <input type="text"/>	Additional Contact Phone: <input type="text"/>
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- 6. Incident information is filled in below. I want to draw your attention to the fact that the incident date is in **Y-M-D format**. It may be easiest to use the “today” button or calendar. In this case your name would be the “Name of the person reporting to RIDOH” and your City or town would go in the “Organization of Person” reporting to RIDOH.

Incident Information		
Incident Date: <input type="text"/> Today <small>Y-M-D</small>	Incident City: <input type="text"/>	Incident State:* Rhode Island
Name of Person Reporting to RIDOH: <input type="text"/>		Report Date: <input type="text"/> Today <small>M-D-Y</small>
Phone Number of Person Reporting to RIDOH: <input type="text"/>		
Secondary Phone Number: <input type="text"/>		
Organization of Person Reporting to RIDOH: <input type="text"/>		

***If incident occurred in country outside the U.S., choose "Other" for State, then choose country of incident below.**

- 7. If Dog, Cat, Horse or Ferret is clicked, an additional question pops up asking about the "Ownership status" of the animal.

Exposing Animal:
* must provide value

- Dog
- Cat
- Bat
- Raccoon
- Skunk
- Ferret
- Horse
- Other
- Unknown

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Animal Ownership Status
* must provide value

- Owned
- Stray
- Unknown

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- 8. Status of Animal at time of report is a required field.

Status of animal at time of report:

Status:
* must provide value

- Not captured but known to victim
- Not captured
- Submitted for rabies testing
- Quarantined
- Unknown

reset

- 9. In providing wound information you can click more than 1 category.

Wound Information

<p>Wound Type (choose all that apply):</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Bite - Penetration of the skin by teeth<input checked="" type="checkbox"/> Saliva of animal on wound/lesions/mucosa<input checked="" type="checkbox"/> Scratch or Abrasion<input type="checkbox"/> Proximity (Bats)<input type="checkbox"/> Unknown<input type="checkbox"/> No Exposure (Only for No Risk Cases)	<p>Wound Location (choose all that apply):</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Arm or Hand<input type="checkbox"/> Head/Neck<input type="checkbox"/> Leg or Foot<input type="checkbox"/> Trunk<input type="checkbox"/> Proximity<input type="checkbox"/> Unknown<input type="checkbox"/> No Exposure (Only for No Risk Cases)
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10. Last, please provide a short description (up to 280 characters) of the incident and hit submit when complete.

Description of Incident

This should be a brief, 2 sentence description of the incident.
** must provide value*

280 characters remaining Expand

Submit



11. NOTE** You will get an error screen if you try to submit the form with incomplete information on it. It will tell you **exactly** which fields are missing you so can go back and fill them in.

NOTE: Some fields are required! ✕

Your data was successfully saved, but you did not provide a value for some fields that require a value. Please enter a value for the fields on this page that are listed below.

Provide a value for...

- Patient Date of Birth
- Patient Race
- Patient Ethnicity
- Report Date
- Name of Person Reporting to RIDOH
- This should be a brief, 2 sentence description of the incident.

Okay