

Interviewer: _____

Date of Interview: _____

ID number: _____

Ebola Virus Disease Case Contact Questionnaire

Interviewee Name: _____ Age: _____ Gender: _____

Ebola Virus Disease (EVD) patient: _____

Relationship to patient: _____

Address: _____ City: _____ State: _____

Phone number (home): _____ (work): _____

Email: _____@_____

1. Did you have contact with the patient with ebola virus disease (EVD) while they had symptoms?

No (Skip to Question 2)

Yes **IF YES:** Date of **LAST** direct contact with the patient: _____

1a. IF YES: What was the nature of your contact with the patient?

- No contact due to appropriate PPE
 Contact with your intact skin
 Contact with your broken skin (fresh cut, burn, or abrasion that had not dried)
 Mucous membrane contact (eyes, nose, mouth, etc.)
 Other (Specify): _____

1b. IF PPE Used: Check all that were used.

- Gloves Double gloves Gown Glasses/goggles
 Face Shield Mask Leg Cover Tyvek suit

2. Did you come into contact with body fluid(s) from the patient with EVD while they had symptoms?

No (Skip to Question 3)

Yes **IF YES:** Date of **LAST** contact with the body fluids: _____

2a. IF YES: What was the nature of your contact with the patient?

- No contact due to appropriate PPE
 Contact with your intact skin
 Contact with your broken skin (fresh cut, burn, or abrasion that had not dried)
 Mucous membrane contact (eyes, nose, mouth, etc.)
 Other (Specify): _____

2b. What body fluids did you contact (check all that apply)?

- Tears Saliva Respiratory/Nasal secretions
 CSF Vomitus Urine
 Blood Stool Sweat
 Semen/Vaginal fluid Other (Specify): _____

2c. IF PPE Used: Check all that were used.

- Gloves Double gloves Gown Glasses/goggles
 Face Shield Mask Leg Cover Tyvek suit

3. If the patient with EVD has expired (died), did you have contact with the body?

- No, the patient is alive. (Skip to Question 4)
- No, did not contact the body and did not attend the funeral. (Skip to Question 4)
- No, but attended the funeral services. Date of the funeral: _____
- Yes, direct contact with the body. Date of **LAST** contact with the body: _____

3a. What was the nature of your contact with the body?

- No contact due to appropriate PPE
- Contact with your intact skin
- Contact with your broken skin (fresh cut, burn, or abrasion that had not dried)
- Mucous membrane contact (eyes, nose, mouth, etc.)
- Other (Specify): _____

2c. IF PPE Used: Check all that were used.

- Gloves
- Double gloves
- Gown
- Glasses/goggles
- Face Shield
- Mask
- Leg Cover
- Tyvek suit

4. Are/were you a healthcare worker providing health services for the patient?

- No (Skip to Question 5)
- Yes

5a. IF YES, in what manner did you provide health services to the patient?

- Direct clinical care services (physician, nurse, clinical aide, etc.)
- Laboratory services (phlebotomy, other sample collection, laboratory processing)
- Custodial services (launder sheets, cleaning equipment, cleaning patient's room)
- Other (Specify): _____

5. Did you have any other contact with the patient (Specify):

Classification:

- High Risk
 - Direct exposure to body fluids of the EVD patient
 - Direct care of a confirmed or suspected EVD patient without PPE
 - Laboratory worker processing body fluids without appropriate laboratory biosafety precautions
 - Participation in funeral rites or body preparation of the EVD patient without appropriate PPE
- Low Risk
 - No high risk exposures identified
 - Providing patient care while using PPE of an EVD patient
 - Household member or casual contact of an EVD patient

- No Known Risk
 - No other high or low risk exposures identified
 - Had no contact with EVD patient

Follow-up Actions:

No further follow-up required. Does not meet high or low risk criteria or last exposure was >21 days.

Fever Monitoring Recommended (for High and Low Risk only)

Who will conduct the follow up for fever monitoring?

Name _____

Phone Number _____

Fever monitoring recommended but respondent is refusing follow up

Respondent has had a fever since having contact with the patient

Where will the patient be evaluated for fever? _____

Who at the Department of Health was notified? _____

Phone Number _____

Interviewer's Name: _____ **Date:** _____