OMB Approved
0920-XXXX
Exp xx/xx/xxxx

Interviewer:	<u> </u>	
Date of Interview:	ID number:	
Ebola Virus Disease Case Con	tact Questionnair	<u>e</u>
Interviewee Name:	Age:	Gender:
Ebola Virus Disease (EVD) patient:		<u>.</u>
Relationship to patient:Address:		
Address:	City:	State:
Phone number (home):	(work):	
Email: @		
No (Skip to Question 2) Yes IF YES: Date of LAST direction 1a. IF YES: What was the I	ct contact with the patier	
	ue to appropriate PPE	
	your intact skin	cut, burn, or abrasion that had not dried)
	nbrane contact (eyes, no	
	fy):	
1b. IF PPE Used: Check all		
Gloves Face Shie	Double gloves	Gown Glasses/goggles Leg Cover Tyvek suit
2. Did you come into contact with b symptoms?	oody fluid(s) from the p	atient with EVD while they had
No (Skip to Question 3)		
Yes IF YES : Date of LAST conta		
2a. IF YES: What was the i		with the patient?
	ue to appropriate PPE	
	your intact skin	cut, burn, or abrasion that had not dried)
	nbrane contact (eyes, no	
Other (Specif		oo, modan, oto.)
2b. What body fluids did y		hat apply)?
Tears CSF Blood	Saliva Vomitus Stool	Respiratory/Nasal secretions Urine Sweat
Semen/Vaginal fl		спу):
2c. IF PPE Used: Check all Gloves	Double gloves	Gown Glasses/goggles
Gloves Face Shie		Gown Glasses/goggles Leg Cover Tyvek suit

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX.

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):		
Hig • • •	fication: h 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 V 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 expos Had no contact with EVD patie 	
Fever Monitoring Recomme	d. Does not meet high or low risk criteria or last exposure was >21 days. ended (for High and Low Risk only) llow up for fever monitoring?
	nded but respondent is refusing follow up
Respondent has had a feve Where will the patient b	er since having contact with the patient be evaluated for fever? of Health was notified?
•	
Interviewer's Name:	Date: