

Symptom Monitoring Form

Form Approved
OMB No. 0920-XXXX
Exp. Date XX/XX/20XX

Instructions: These forms can be used as a template to facilitate daily monitoring.

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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

*Unexplained bleeding means bleeding from your mouth or nose, bloody diarrhea, or coughing up blood, or bruising under the skin

21-day fever and symptom follow-up form for contacts of Ebola patients, days 11-21

Name: _____ Age (yrs): _____ Sex: M F
 Street address: _____ City, State: _____ Telephone number: _____
 Case ID number (from contact listing form): _____ Contact number (from contact listing form): _____
 Where did contact with the case occur: _____ Date of last contact with the case (mm/dd/yyyy): _____

Instructions: Take your temperature twice each day, in the morning and in the evening, preferably around the same time. Indicate whether you have any of the symptoms listed on this form. Circle 'Y' if you have the symptom and 'N' if you do not. **Don't leave any spaces blank.** If you have any of the symptoms, immediately call the public health department at **XXX-XXX-XXXX**.

| Day number (after last contact) | 11 | | 12 | | 13 | | 14 | | 15 | | 16 | | 17 | | 18 | | 19 | | 20 | | 21 | |
|---------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Date | | | | | | | | | | | | | | | | | | | | | | |
| AM or PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Temperature | | | | | | | | | | | | | | | | | | | | | | |
| Fatigue or weakness | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Muscle pain | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Headache | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Sore throat | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Vomiting | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Diarrhea | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Rash | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| Unexplained bleeding** | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |

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