Form Approved OMB No. 0920-XXXX Exp. Date xx/xx/xxxx

Interviewer:		
Date of Interview:	ID 1	number:
Ebola Virus Disease Case Conta	act Questionnaire	
Interviewee Name:	Age:	Gender:
Interviewee Name:Ebola Virus Disease (EVD) patient:		<u>.</u>
Relationship to patient:		
Address:	City:	State:
Phone number (home):	(work):	
Email:	_	
<ul><li>☐ No (Skip to Question 2)</li><li>☐ Yes IF YES: Date of LAST direct</li><li>1a. IF YES: What was the name</li></ul>	contact with the patient: ature of your contact wi e to appropriate PPE	ease (EVD) while they had symptoms?  th the patient?
☐ Contact with y ☐ Mucous memb	our broken skin (fresh cut brane contact (eyes, nose '):	
Gloves Face Shield	Double gloves  Mask	Gown Glasses/goggles Leg Cover Tyvek suit
<ol><li>Did you come into contact with bo symptoms?</li></ol>	ody fluid(s) from the pati	ent with EVD while they had
No (Skip to Question 3)		
Yes IF YES: Date of LAST contact		
2a. IF YES: What was the na		th the patient?
	e to appropriate PPE	
Contact with y		t burn or obrasion that had not dried)
	our broken skin (fresh cui orane contact (eyes, nose	t, burn, or abrasion that had not dried)
Other (Specify	<b>\</b>	, mount, etc.)
2b. What body fluids did yo	ou contact (check all tha	t apply)?
☐ Tears ☐ CSF ☐ Blood ☐ Semen/Vaginal flu	☐ Saliva ☐ Vomitus ☐ Stool id ☐ Other (Specify	Respiratory/Nasal secretions Urine Sweat
2c. <b>IF PPE</b> Used: Check all the Gloves Face Shield	nat were used.  Double gloves  Mask	Gown Glasses/goggles Leg Cover Tyvek suit
<ul> <li>3. If the patient with EVD has expired</li> <li>No, the patient is alive. (Skip to C</li> <li>No, did not contact the body and</li> <li>No, but attended the funeral servi</li> <li>Yes, direct contact with the body.</li> </ul>	duestion 4) did not attend the funeral ces. Date of the funeral:	. (Skip to Question 4)

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.

	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):
2	Cc. IF PPE Used: Check all that were used.  Gloves  Double gloves  Gown  Glasses/goggles  Face Shield  Mask  Leg Cover  Tyvek suit
<b>4.</b> [	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. C	Did you have any other contact with the patient (Specify):
•	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
Follow-I	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:		