Form Approved

OMB No. 0920-1011

Exp Date 3/31/17

**Potential Rabies Exposure Assessment Form for Household, Co-worker and Patient Contacts**

Name of Interviewer (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of interview:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HD initiating this questionnaire

□ Dept of Health

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Respondent Information**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Municipality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F

Age: \_\_\_\_\_\_\_yrs

If a minor, name of parent or guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If different than above:

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to patient: (check all that apply)

□ Friend □ Housemate

□ Coworker □ Relative

□ Other, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you had any type of contact with the patient since 11/9/15?

⁪ Yes ⁪ No

If no, thank you for participating in the survey. No additional follow up is needed.

2. What dates since 11/9/15 did you have contact with the patient?

3. Did you ever share food or drinks with the patient in such a way that fresh saliva from this patient may have come into contact with your mouth since 11/9/15? (e.g., sharing a drink where both of you were drinking out of the same bottle/glass/can at the same time, sharing the same utensil while eating at the same time or sharing a sandwich that the patient was also eating such that your mouth may have been exposed to fresh saliva from the patient)

⁪ Yes ⁪ No ⁪ Unsure

4. Did you share a cigarette with the patient since 11/9/15?

⁪ Yes ⁪ No ⁪ Unsure

5. Since 11/9/15, did you share a toothbrush, floss, or other oral hygiene product with the patient?

⁪ Yes ⁪ No ⁪ Unsure

6. Did you kiss the patient on the mouth since 11/9/15?

⁪ Yes ⁪ No ⁪ Unsure

7. Did you have direct, barehanded contact with this patient’s saliva since 11/9/15?

⁪ Yes ⁪ No ⁪ Unsure

If no, go to question #9

8. When you had direct, barehanded contact with the patient’s saliva, did the saliva have contact with any skin that was not intact? (e.g., a fresh, open wound or cut that was not scabbed over)

⁪ Yes ⁪ No ⁪ Unsure

9. Did you ever have direct, barehanded contact with the patient’s tears?

⁪ Yes ⁪ No ⁪ Unsure

If no, go to question #11

10. When you had direct, barehanded contact with the patient’s tears, did this fluid have contact with any skin that was not intact? (e.g., a fresh, open wound or cut that was not scabbed over)

⁪ Yes ⁪ No ⁪ Unsure

11. Were you bitten by this patient at any time since 11/9/15?

⁪ Yes ⁪ No ⁪ Unsure

If no, go to question #13

12. Did the bite break the skin?

⁪ Yes ⁪N o

13. Have you ever been immunized against rabies (before or after a potential exposure)?

□ No □ Yes (specify date/circumstance)

Which vaccine?

Recent titer drawn? Date\_\_\_\_\_\_\_\_\_ Results?

A Puerto Rico public health representative will be in touch with you within a few days to discuss whether or not you need rabies postexposure prophylaxis. In the meantime, if you have any questions, please call .

*Interviewer:*

After completion of assessment, please email to [] or FAX to [].