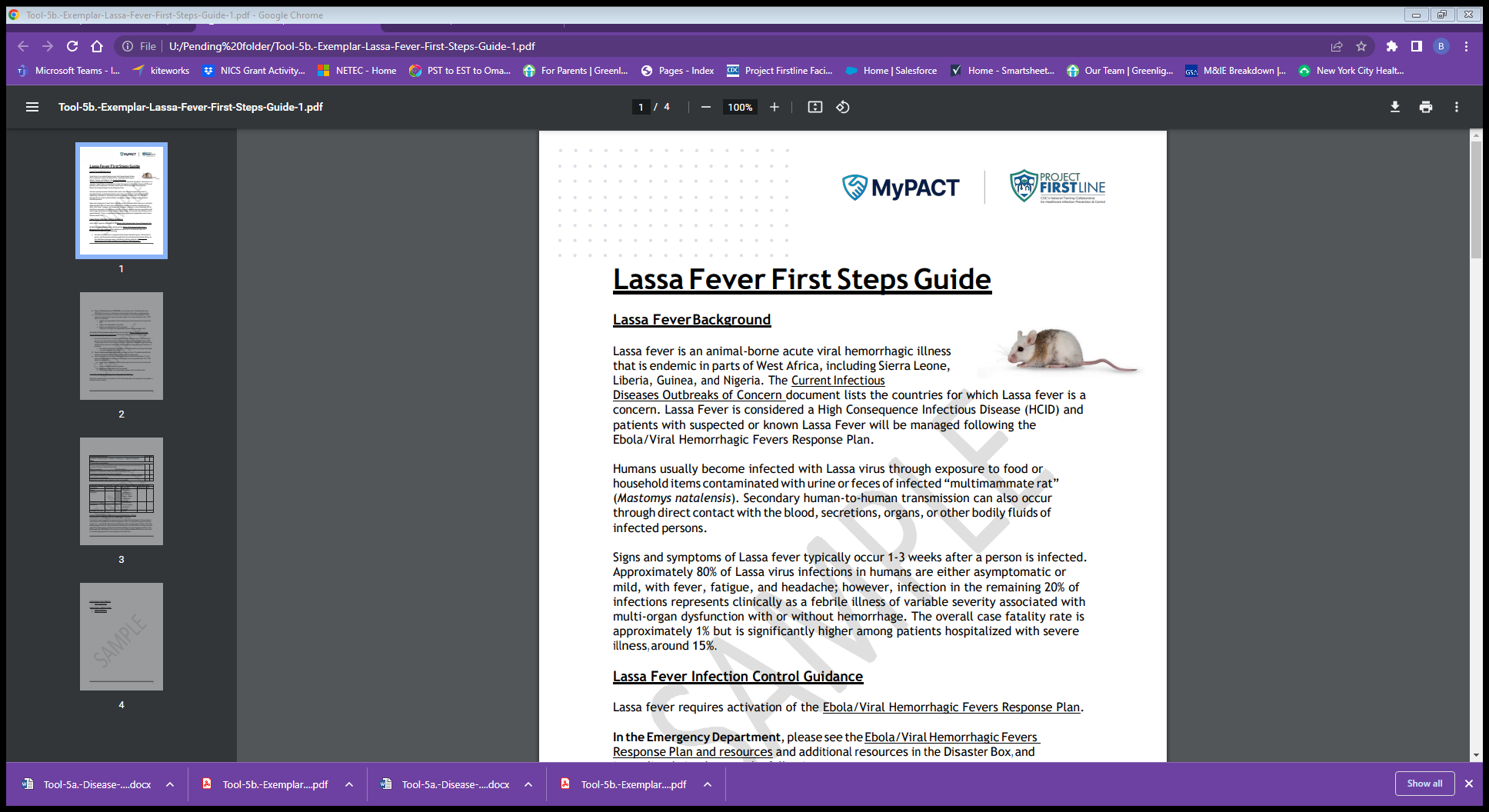
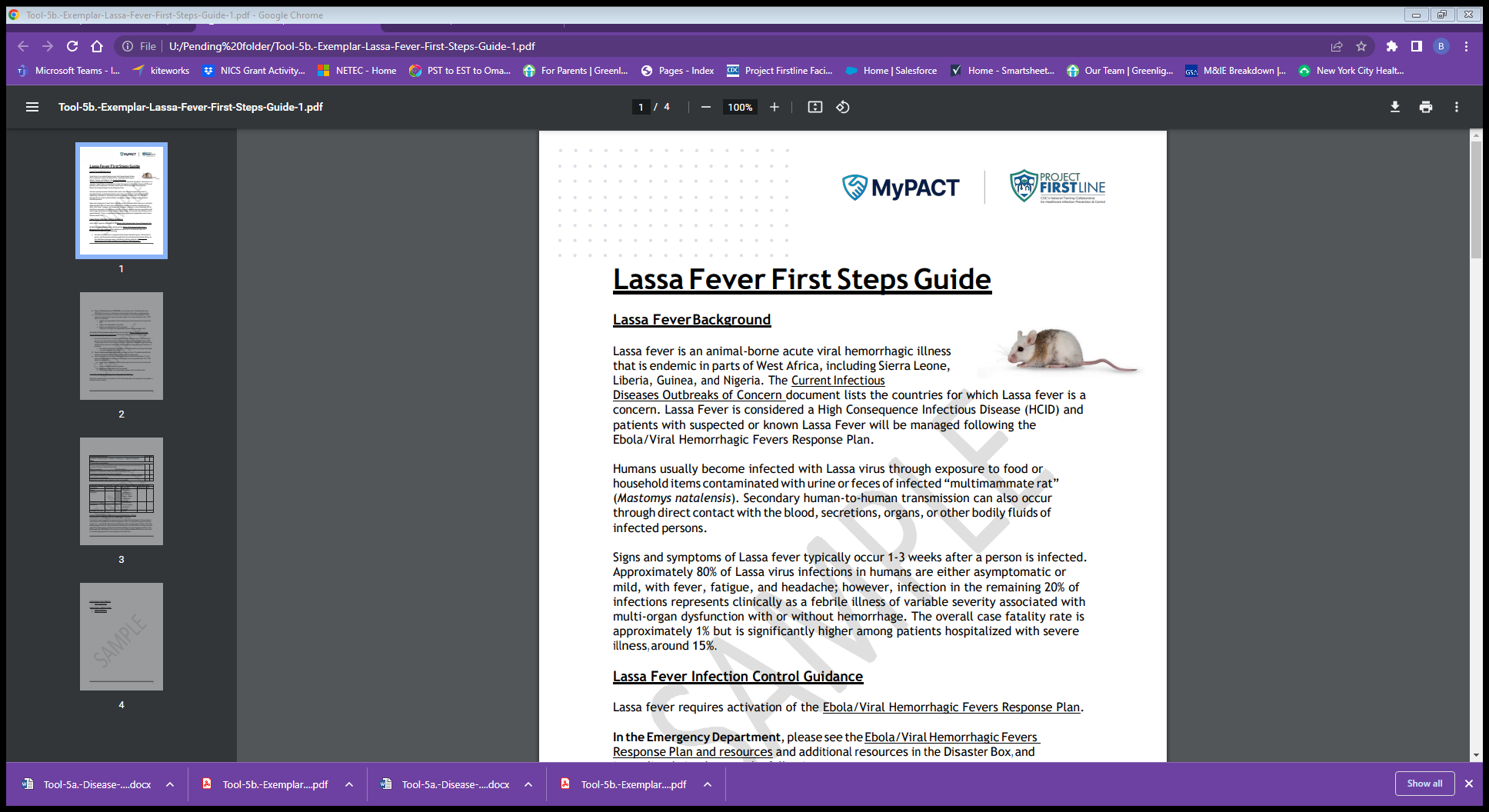
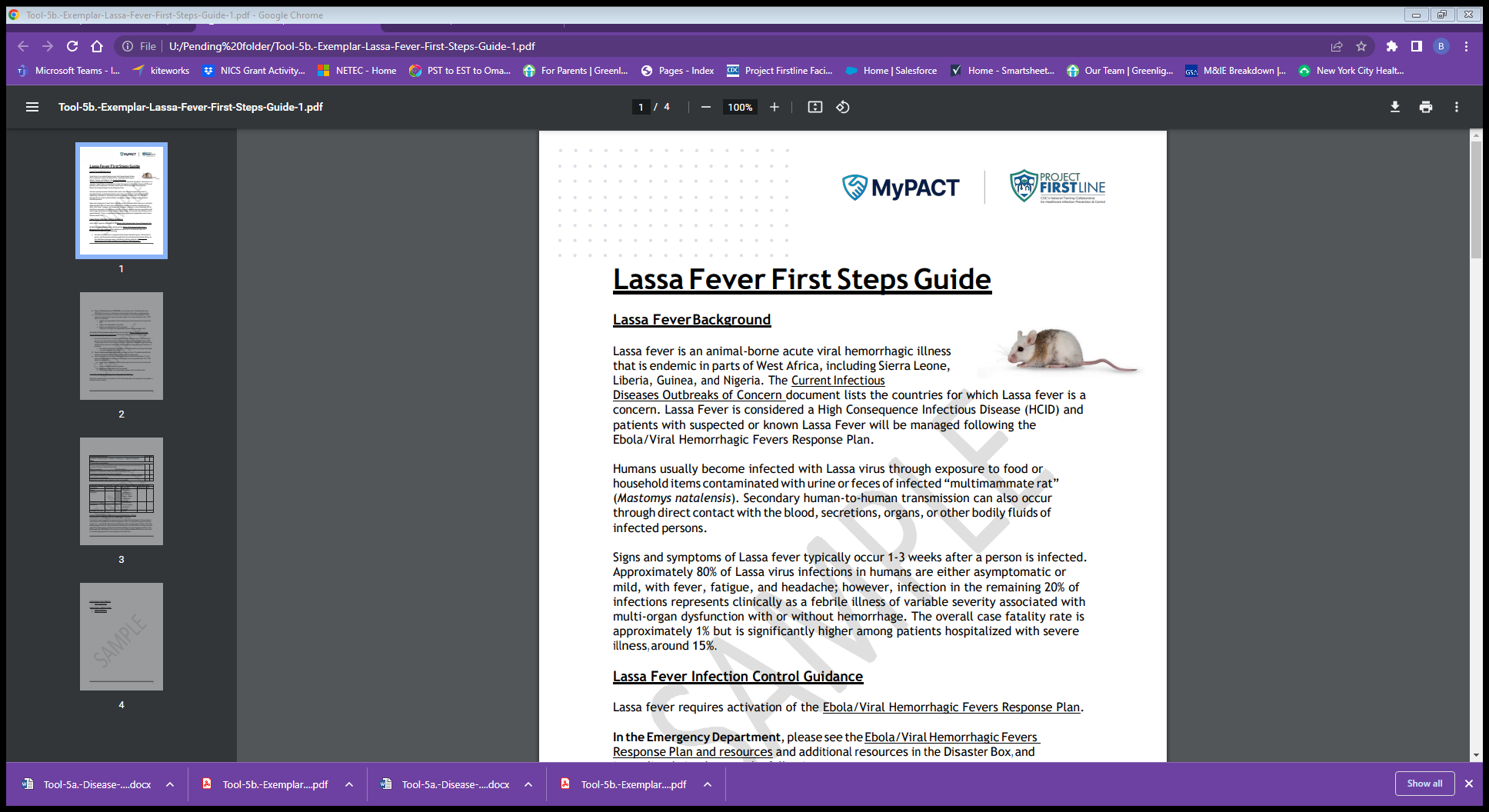
**** 



Epidemiologic Risk Screening Questionnaire

This document shall be used to further assess a patient who is symptomatic and has a positive travel screen. The questions posed below may be referred to when contacting key partners (facility leadership & infection prevention, public health). Choose either VHF OR Respiratory, as applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Demographics** | | | |
| Patient Name |  | | |
| Medical Record # |  | | |
| DOB |  | | |
| Date/Time Patient Presented |  | | |
| Date/Time Patient Isolated |  | | |
| Date/Time of Interview |  | | |
| Current Address |  | | |
| Do others live in your household1? | Yes/No | | |
| Are you able to isolate away from others in your  home (separate sleeping area, separate bathroom)? | Yes/No | | |
| Cell phone number2 |  | | |
| **Travel History within the past 30 days** | | | |
| Countries or US States Visited |  | | |
| Dates of Travel |  | | |
| Date of Return to the US or Home |  | | |
| **Viral Hemorrhagic Fever (VHF) Assessment** | | | |
| **Epidemiological Linkages** | | **Yes** | **No** |
| Contact with confirmed/suspected person with VHF? Date of contact:  Type of contact: | |  |  |
| Served as health care worker who cared for confirmed/suspected VHF patients? | |  |  |
| Worked in a laboratory that processed specimens from confirmed/suspected VHF patients? | |  |  |
| Had direct contact with confirmed/suspected VHS patient or patient blood/body fluids? | |  |  |
| Participated in funeral rites or had contact with human remains in area of VHF  transmission? | |  |  |
| Had direct contact with animals? (e.g. bats, non-human primates, rodents, bushmeat) | |  |  |
| **Symptom (Symptom Review in the *past 21 days, if yes, indicate date of symptom onset)*** | | **Yes/**  **Onset** | **No** |
| Fever | |  |  |
| Headache | |  |  |
| Abdominal pain | |  |  |

|  |  |  |
| --- | --- | --- |
| Weakness |  |  |
| Vomiting |  |  |
| Diarrhea |  |  |
| Bleeding/Bruising |  |  |
| Myalgia |  |  |
| **Highly Pathogenic Respiratory Infection Assessment (non-Covid)** | | |
| **Epidemiological Linkages** | **Yes** | **No** |
| Contact or exposure with confirmed/suspected ill patient? Date of contact:  Type of contact: |  |  |
| Served as health care worker who cared for patients with respiratory illness? |  |  |
| Worked in a laboratory that processed specimens with respiratory pathogens? |  |  |
| Had direct contact with animals? (e.g. birds, camels, bats, pigs) |  |  |
| Recent visit or treatment at a healthcare facility in a country with a current outbreak? |  |  |
| **Symptom (Symptom Review in the *past 14 days, if yes, indicate date of symptom onset)*** | **Yes/**  **Onset** | **No** |
| Fever |  |  |
| Headache |  |  |
| Cough |  |  |
| Rhinorrhea |  |  |
| Vomiting |  |  |
| Diarrhea |  |  |
| Sore throat |  |  |
| Myalgia/Weakness |  |  |
|  | | |
| 1If patient is well enough to be discharged to home, public health authorities may request this information. 2Patient cell phone may be useful in communicating with them based on isolation status and public health may request this information.  3Refer to the Outbreaks of Concern to assess epidemiologic risk. | | |
| **Comments:** | | |