



Monkeypox: WDRS Case entry

Accountable county

ID numbers

REDCap: _____

WDRS: _____

LHJ: _____

Patient: _____

Administrative Questions

Case name (last, first) _____

Birth date ____/____/____

Street Address _____

City _____ County _____ State _____ Zip Code _____

LHJ investigator _____

LHJ notification date ____/____/____

Investigation Status Complete Complete - not reportable to DOH Unable to Complete In progress

Reason unable to complete: _____

Investigation start date ____/____/____

DOH review status Not reviewed

Investigation complete date ____/____/____

In progress

Case complete date ____/____/____

Review completed

Outbreak related Yes No

Date DOH review status was changed to 'Complete' or 'In-progress' ____/____/____

LHJ Cluster ID _____

LHJ Cluster name _____

DOH Outbreak Number _____

Cluster Name _____

Senior Epi staff review

Initial report source _____

LHJ _____

State _____

Other specify _____

Reporter organization _____

Name of person reporting case _____

Reporter telephone _____

All reporting sources _____

LHJ _____

State _____

Other specify _____

Reporter organization _____

Name of person reporting case _____

Reporter telephone _____

Classification

Case classification Classification pending Confirmed Investigation in progress Not reportable

Probable Ruled Out Suspect

Epi-linked to a confirmed or probable case Yes No

Specify name(s) or CaseID Number(s) _____

Was this case investigated by the DOD? For active-duty military. Yes No

Interview Introduction

Hello, my name is [your name] and I am calling from [your agency name here]. I am trying to reach [case name] about a personal health matter. This will take about 45 minutes to complete. Is now a good time to talk privately?

Date of interview attempt ____/____/____

Outcome Complete interview Partial interview Unable to reach case/contact _____

Is it OK to ask you questions in English? If not, I can call you back with an interpreter.

Continue in English

Call back with an interpreter. Use interpreter guidance to secure an interpreter.

Refused survey

What is your (your child's) preferred language? Check one:

| | | | | | | | | |
|-------------------|-----------------------|-----------------------------|----------------|-------------------|-----------------------|------------|----------|-------|
| Amharic | Arabic | Balochi/Baluchi | Burmese | Cantonese | Chinese (unspecified) | Chamorro | | |
| Chuukese | Dari | English | Fijian | Filipino/Pilipino | French | German | Hindi | Hmong |
| Japanese | Karen | Khmer/Cambodian | Kinyarwanda | Korean | Kosraean | Lao | Mandarin | |
| Marshallese | Mixteco | Nepali | Oromo | Panjabi/Punjabi | Pashto | Portuguese | | |
| Romanian/Rumanian | Russian | Samoan | Sign languages | Somali | Spanish/Castilian | | | |
| Swahili/Kiswahili | Tagalog | Tamil | Telugu | Thai | Tigrinya | Ukrainian | Urdu | |
| Vietnamese | Other language: _____ | Patient declined to respond | Unknown | | | | | |

Are you speaking with a proxy (as opposed to the case themselves)? No, I am speaking to the case Yes

Can you serve as a proxy respondent? No Yes

Please describe your relationship to [case name] (e.g. parent, child, caregiver) _____

What is your name? _____

What is your phone number? _____

I am calling because we were notified that [case name] was diagnosed with a Monkeypox virus infection. Their identity and the information that you provide on their behalf during this survey will be kept private and will only be used by public health agencies. If you are helping someone take this survey, answer these questions only about the person who tested positive for Monkeypox, not about yourself. Is now a good time to talk privately?

Are you completing this survey someone who has died? No Yes

What was the date of death? ____/____/____

Demographics

I am calling because we were notified that you were diagnosed with a Monkeypox virus infection. Your identity and the information that you provide during this survey will be kept private and will only be used by public health agencies. I understand this diagnosis may be difficult or scary to receive and I would like to take some time right now to address any concerns or feelings you may be experiencing. Then, I am going to ask you a few questions about yourself.

Can you tell me your first name?

(Confirm case first name. Leave blank if correct. If different, correct name.) _____

Can you tell me your last name?

(Confirm case last name. Leave blank if correct. If different, correct name.) _____

Do you have a middle initial?

(Confirm case middle initial. Leave blank if correct. If different, correct name.) _____

What is your date of birth?

(Confirm case date of birth. Leave blank if correct. If different, correct date.) _____

What is your age in years?

(Confirm case age. Leave blank if correct. If different, correct age.) _____

What is your street address?

(Confirm case street address. If different, correct street address.) _____

What is your city?

(Confirm case city. If different, correct city.) _____

What is your state/territory?

(Confirm case state/territory. If different, correct state.) _____

What is your zip code?

(Confirm case zip code. If different, correct zip code.) _____

What is your primary county of residence?

(Confirm case county. If different, correct county.) _____

Washington state resident No Yes

Phone (home) _____

Phone (work) _____

Are you active-duty military? No Yes

Alternate contact available No Yes

Alternate contact type Friend Other (Specify) _____ Parent/Guardian
Spouse/Partner

Alternate contact name _____

Alternate contact phone number _____

Residence type for the past 3 weeks

Single family

Multi-family (Apartment complexes, duplex, condo)

Motel

Congregate housing (e.g., hostels, homeless shelter, university (dormitory) housing, prison/jail

Experiencing homelessness or unstable housing _____

Other _____

What sex were you assigned at birth
(Do not read aloud, select response given.)

Male

Female

Intersex

X

Prefer not to answer

Not listed _____

The next questions are about your sexual orientation and gender identity. These questions are asked to help public health agencies tailor public health messaging and outreach to communities in need. These questions are optional and you do not have to answer them.

What is your sexual orientation?

Straight or heterosexual

Gay, Lesbian or Same-Gender Loving

Bisexual

Pansexual

Queer

Asexual

Gray asexual or Graysexual

Demisexual

Two-spirit

Questioning or not sure

I don't know what this question is asking

Prefer not to answer

Not listed _____

What is your gender identity?

Female

Male

Woman

Man

Feminine or Femme

Masculine or Masc

Trans or transgender

Cis or cisgender

Genderqueer

Agender

Nonbinary

Two-spirit

Gender fluid

Bigender

Demigirl

Demiboy

Prefer not to answer

Unknown

Not listed

What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like (check all responses):

Amer Ind/AK Native (**specify:** Amer Ind **and/or** AK Native) Asian Black or African AmericanNative HI/Pacific Islander (**specify:** Native HI **and/or** Pacific Islander) White Patient declined to respond

Unk

Additional race information:

Afghan

Afro-Caribbean

Arab

Asian Indian

Bamar/Burman/Burmese

Bangladeshi

Bhutanese

Central American

Cham

Chicano/a or Chicanx

Chinese

Congolese

Cuban

Dominican

Egyptian

Eritrean

Ethiopian

Fijian

Filipino

First Nations

Guamanian or Chamorro

Hmong/Mong

Indigenous-Latino/a or Indigenous-Latinx

Indonesian

Iranian

Iraqi

Japanese

Jordanian

Karen

Kenyan

Khmer/Cambodian

Korean

Kuwaiti

Lao

Lebanese

Malaysian

Marshallese

Mestizo

Mexican/Mexican American

Middle Eastern

Mien

Moroccan

Nepalese

North African

Oromo

Pakistani

Puerto Rican

Romanian/Rumanian

Russian

Samoan

Saudi Arabian

Somali

South African

South American

Syrian

Taiwanese

Thai

Tongan

Ugandan

Ukrainian

Vietnamese

Yemeni

Other: _____

Do you consider yourself (your child) Hispanic, Latino/a, or Latinx?

Hispanic, Latino/a, Latinx

Non-Hispanic, Latino/a, Latinx

Patient declined to respond

Unknown

Any additional notes

Employer / School

Are you employed? Yes No Unknown Refused

What kind of business or industry do you work in? For example, hospital, elementary school, laundry service, nail salons, restaurant. If struggling to determine industry, ask what is or what was the main focus or product of the employer where the person works. "Work from home" and "self-employed" are not acceptable answers for this question, so please push for the business or industry. Do not enter "work from home" or "self-employed."

What kind of work do you do? Or what is your job title? (e.g., Registered Nurse, janitor, cashier, auto mechanic, etc.) "Work from home" and "self-employed" are not acceptable answers for this question, so please push for the occupation. Do not enter "work from home" or "self-employed."

In the last 7 days, how difficult has it been for your household to pay for usual household expenses, including but not limited to food, rent or mortgage, car payments, medical expenses, student loans, and so on?

Not at all difficult A little difficult Somewhat difficult Very difficult

Is the patient a student (including day care)? Yes No Unknown

Type of school Preschool/day care K-12 College Graduate School Vocational
Online Other _____

Grade level _____

School or day care name _____

Street address _____

Suite number _____

City _____

State _____

Zip code _____

Phone number _____

Teacher's name _____

Any additional notes

Isolation

It is important to isolate yourself from others. If you are not able to isolate from others in your home, we can help you find another place to isolate. If you need to seek medical care urgently, notify the provider that you have monkeypox. Now I'm going to ask you some questions about your health and living situation to determine if you can safely isolate.

Do you have difficulty with any of the following?
Read aloud options to case. (Select all)

Seeing, even when wearing glasses?
Hearing, even when using a hearing aid?
Remembering or concentrating?
Walking or climbing stairs?
Self-care, such as washing all over or dressing?

Using your usual language, do you have difficulty communicating, for example understanding or being understood?

Yes No Unknown Refused

Ask the following questions to understand the case's ability to self-isolate.

Where are you staying right now?

How many people use the same bathroom as you?

Do you have a bathroom in your place that can be just for you until you are out of your isolation period?

You should isolate until your rash is fully resolved, scabs have fallen off, and a fresh layer of intact skin has formed.

This may take about 2-4 weeks from the time you first developed symptoms.

During this time, you should:

*Stay home except for emergencies or follow-up medical care. This includes travel, especially via airplane or other commercial conveyance.

*Restrict any family, friends, or other visitors in your home to those with an essential need to be in the home.

*Avoid close contact with other people and pets in your home.

*Do not share potentially contaminated items, such as bed linens, clothing, towels, drinking glasses, or eating utensils.

*Routinely clean and disinfect commonly touched surfaces and items.

*Wear well-fitting personal protective equipment, such as a medical mask, and ensure your clothing covers all rashes or lesions when in close contact with others at home.

*Avoid use of contact lenses to prevent inadvertent infection of the eye.

*Avoid shaving rash-covered areas of the body as this can lead to spread of the virus.

Any additional notes

Symptoms

Next, we will go through a list of symptoms that are commonly associated with Monkeypox that you may have experienced recently or currently be experiencing. Interviewer may consult provider notes as well.

Have you experienced any of these symptoms?

Any fever? This can be subjective or measured. Can include experiencing chills, feeling feverish.

Yes No Unknown

Rash or lesions?

Yes No Unknown

Can you list the body area(s) with rash or lesions?

Face Head Neck Mouth Lips or oral mucosa Trunk Arms Legs
Palms of hands Soles of feet Genitals Perianal Other location _____

Are you experiencing any severe pain in body areas with rash or lesions?

Yes No Unknown

Swollen lymph nodes?

Yes No Unknown

Are you experiencing any issues with your eyes? (e.g., conjunctivitis or pink eye, lesions in eye, keratitis, eyelid lesion)

Yes No Unknown

Date of first symptom ____/____/____

Any additional notes

Healthcare Provider

Name of primary health care provider _____

Telephone number _____

Comorbidities

Do you have any known immunocompromising conditions (e.g., diabetes, lupus, organ or stem cell transplant, or cancer) or receive immunocompromising treatments (e.g., chemotherapy, biologic therapies, steroids)?

Yes; please describe _____ No Unknown Refused

What is your HIV status? May be collected via interview or chart review

HIV Positive

Was your viral load undetectable when it was last checked? Yes No Unknown

Are you currently under medical management for your HIV? Yes, I take ARVs I used to be, but not now
No

HIV Negative

Are you currently receiving HIV pre-exposure prophylaxis (PREP)? Yes No Unknown

Unknown

Are you currently receiving HIV pre-exposure prophylaxis (PREP)? Yes No Unknown

I am going to ask you a question about blood products as well as tissue and fertility related donations. We are asking this question to minimize the risk of disease transmission during medical procedures. The information you share will only be used to notify facilities if needed and will not be disclosed to your contacts.

Have you donated or received platelets, blood, plasma, tissue, semen, or eggs in the last 3 weeks?

Yes; provide details including dates and facilities _____

No

Refused

Notified blood or tissue bank (if recent donation) Yes No Unknown

If age/gender appropriate:

Are you currently pregnant? Yes No Unknown

Are you currently breastfeeding? Yes No Unknown

Any additional notes

Hospitalization

RHINO ID _____

Were you hospitalized overnight for Monkeypox?

Yes No Unknown Refused

Number of days hospitalized _____

Reason(s) for the hospitalization (choose all that apply)

Breathing problems requiring mechanical ventilation

Breathing problems not requiring mechanical ventilation

Treatment for secondary infection

Pain control

Disease that has spread to several parts of the body

Exacerbation of underlying condition (e.g., autoimmune or skin condition)

Other _____

Date of admission ____/____/____

Date of discharge (leave blank if not yet discharged) ____/____/____

When did you first seek medical care for Monkeypox, either at a hospital or at a medical clinic or doctor's office ____/____/____

Any additional notes

Vaccination and Treatment

PLEASE NOTE that when 'Rare disease of PH Importance' is listed below it is referring specifically to Monkeypox.

Have you received a vaccine against smallpox? A smallpox vaccine leaves a scar on the arm where it was given.

Yes No Unknown

Ever received Rare disease of PH importance containing vaccine

Yes Number of Rare disease of PH importance doses prior to illness 1 2 3

No

Unknown

Vaccine information available

Yes Date of vaccine administration ____/____/____

No

Unknown

Have you started antiviral treatment such as TPOXX?

Yes Date Started ____/____/____

No

Unknown

Any additional notes

Risk and Response

Have you had exposure to a confirmed or suspected Monkeypox case?

Yes No Unknown Refused

If yes, what type of contact was it? Select all

Sexual contact

Intimate or skin-to-skin contact (does not include sex)

Face-to-face contact (e.g. within 6 feet for more than 3 hours unmasked)

Sharing items (e.g., bedding, drinks, towels, clothing, etc.)

Household

Healthcare

Indirect contact (e.g., shared sexual partners)

Identified airlight contact

Don't know

Other _____

Date of last contact with a confirmed or suspected monkeypox case? ____/____/____

Any additional notes

Sexual Activity

Sex is defined as vaginal, oral, digital, or anal sex. Close intimate contact includes cuddling, kissing, touching a partner's genitals or anus, or sharing sex toys.

Have you engaged in sex or close intimate contact with another person in the 3 weeks before your symptoms started?

Yes No Unknown Refused

How many sexual partners have you had in the last 3 weeks?

1 2-4 5-9 10+ Declined to answer Unknown

Have you engaged in group sex in the last 3 weeks?

Yes No Unknown Refused

In the past 3 weeks, did you have sex in exchange for things like food, shelter, transportation, money, or drugs?

Yes No Unknown Refused

Where did you meet your sexual contacts in the last 3 weeks? Select all.

Online or Apps Bathhouse or sex club Bars or clubs
Private social gathering Other public venues Other

Additional details, if applicable. Collect place, names, and locations here if case is willing to disclose.

What gender were your sexual partners in the past 3 weeks?(Select all that apply). Do not read the selection below. Allow the case to provide the answer. If not found below, select "Gender not listed" and enter what they say in the next question.

Female Male Woman Man Feminine or Femme Masculine or Masc
Trans or Transgender Cis or Cisgender Genderqueer Agender Nonbinary Two-Spirit
Gender fluid Bigender Demigirl Demiboy Prefer not to answer Unknown
Not listed _____

Any additional notes

Travel

Have you traveled outside Washington State within the last 3 weeks?

Yes No Don't know Refused

| Where did you travel to? | Where did you travel to? | Where did you travel to? | Where did you travel to? |
|--|---|---|---|
| Out of state State: _____ City: _____ Out of the country Country: _____ | Out of state State: _____ City: _____ Out of the country Country: _____ | Out of state State: _____ City: _____ Out of the country Country: _____ | Out of state State: _____ City: _____ Out of the country Country: _____ |
| Mode of travel Airplane Car with others Train Other | Mode of travel Airplane Car with others Train Other | Mode of travel Airplane Car with others Train Other | Mode of travel Airplane Car with others Train Other |
| Did you have intimate sexual contact with new partners on this trip? If YES, add contact information to Contacts section below. | | | |
| Yes No Unknown | Yes No Unknown | Yes No Unknown | Yes No Unknown |
| Departure Date ____/____/____ Return Date ____/____/____ | Departure Date ____/____/____ Return Date ____/____/____ | Departure Date ____/____/____ Return Date ____/____/____ | Departure Date ____/____/____ Return Date ____/____/____ |

Do you have any plans to travel in the next 30 days?

Yes No Maybe Don't know Refused

When are you planning to travel? (Include planned travel locations, dates, etc.)

| | | | |
|--|--|--|--|
| | | | |
| Mode of travel Airplane Car with others Train Other | Mode of travel Airplane Car with others Train Other | Mode of travel Airplane Car with others Train Other | Mode of travel Airplane Car with others Train Other |

If AIRPLANE selected: You should avoid air travel until rash is fully resolved, scabs have fallen off, and a fresh layer of intact skin has formed, which may take about 2-4 weeks from symptom onset.

Any additional notes

Contacts

The next set of questions are about people you have been close to while you were likely contagious. These could be family, friends, coworkers, or other people you had skin to skin contact with, shared household items or were within 6 feet for 3 hours or more. We would like to share important guidance information with these people.

Please provide us with their names and contact information. Your identity and information will be kept private and will not be shared with anyone you name.

The amount of time people with monkeypox are contagious varies from person to person. You are contagious from the day you first began to experience symptoms until your rash is fully recovered and the last scabs have fallen off, revealing healthy skin underneath.

| Contact Name | | | | |
|--|--|--|--|--|
| Contact relationship to case | Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airlflight contact Don't Know Other _____ | Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airlflight contact Don't Know Other _____ | Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airlflight contact Don't Know Other _____ | Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airlflight contact Don't Know Other _____ |
| Date of last contact with this person? | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |
| Contact phone number | | | | |
| Contact email | | | | |
| Contact street address | | | | |
| Contact city | | | | |
| Contact state | | | | |
| Contact zip code | | | | |
| Contact date of birth | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |
| Contact age | | | | |
| Contact risk | High Intermediate Low/Uncertain No risk | High Intermediate Low/Uncertain No risk | High Intermediate Low/Uncertain No risk | High Intermediate Low/Uncertain No risk |

Exposures

Now I am going to ask you about places you have been during your contagious period. The amount of time people are contagious varies from person to person. You are contagious from the day you first began to experience symptoms until your rash is fully recovered and the last scabs have fallen off, revealing healthy skin underneath.

Have you attended any social events or large gatherings recently?

Yes No Unknown Refused

Can you describe the events? (Include dates, locations)

Visited, attended, employed, or volunteered at any public settings (Childcare, health care setting, etc.) while contagious?

Yes No Unknown

| | | | | | |
|--|---|---|---|---|---|
| Settings | Daycare School Airport Hotel/Motel/Hostel Transit Healthcare Home Work College Military Correctional facility Place of worship International travel Out of state travel LTCF Homeless/shelter Social event Large public gathering Restaurant Other | Daycare School Airport Hotel/Motel/Hostel Transit Healthcare Home Work College Military Correctional facility Place of worship International travel Out of state travel LTCF Homeless/shelter Social event Large public gathering Restaurant Other | Daycare School Airport Hotel/Motel/Hostel Transit Healthcare Home Work College Military Correctional facility Place of worship International travel Out of state travel LTCF Homeless/shelter Social event Large public gathering Restaurant Other | Daycare School Airport Hotel/Motel/Hostel Transit Healthcare Home Work College Military Correctional facility Place of worship International travel Out of state travel LTCF Homeless/shelter Social event Large public gathering Restaurant Other | Daycare School Airport Hotel/Motel/Hostel Transit Healthcare Home Work College Military Correctional facility Place of worship International travel Out of state travel LTCF Homeless/shelter Social event Large public gathering Restaurant Other |
| Facility name | | | | | |
| Start/departure date | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ |
| End/arrival date | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ |
| Time of arrival | | | | | |
| Time of departure | | | | | |
| Number of people potentially exposed | | | | | |
| Contact information available for exposure setting | Yes First name: _____ Last name: _____ Role: _____ Phone #: _____ FAX #: _____ No Unknown | Yes First name: _____ Last name: _____ Role: _____ Phone #: _____ FAX #: _____ No Unknown | Yes First name: _____ Last name: _____ Role: _____ Phone #: _____ FAX #: _____ No Unknown | Yes First name: _____ Last name: _____ Role: _____ Phone #: _____ FAX #: _____ No Unknown | Yes First name: _____ Last name: _____ Role: _____ Phone #: _____ FAX #: _____ No Unknown |
| Is a list of contacts known | Yes No Unknown | Yes No Unknown | Yes No Unknown | Yes No Unknown | Yes No Unknown |
| CDC case ID | | | | | |
| Notes Please include information regarding conveyance names, airport codes, city of arrival, room numbers, transport type, company name, vessel number, seat number, and healthcare type | | | | | |

We are finished with our questions. What additional questions or thoughts do you have that we have not covered?
If you have questions about Monkeypox or how to take care of your symptoms, visit the Washington State Department of Health website for information about Monkeypox and self-care recommendations while you isolate.

We recognize that this experience may be stressful for you, those you care about, and your community. It is natural to feel overwhelmed, sad, anxious and afraid, or to experience other symptoms of distress, such as trouble sleeping. You can reduce your stress by anticipating these normal reactions and practicing stress-reducing activities. Do your best to stay focused on what can be done today, and seek support among friends and loved ones.

Stay in touch with your medical provider and ask for their help in the event that Monkeypox symptoms cause concerns, and support or referrals if you need assistance coping with the stress this may bring you. If you are feeling overwhelmed and having mental health concerns or thoughts of suicide, call 988 to talk to a trained counselor. This service is available in any language.

Thank you very much for your time today. More importantly, thank you for trusting us to share with us the information that you have provided.

Any additional notes

Optional Fields

Patient is lost to follow up

Yes No Unknown

Disease education and prevention information provided to patient and/or family/guardian

Yes No Unknown

Facilitate laboratory testing of other symptomatic persons who have a shared exposure

Yes No Unknown

Follow-up to assess exposure of laboratorians to specimen

Yes No Unknown

| | | | | |
|--|--|--|--|--|
| Contact Name | | | | |
| Contact relationship to case | Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airlight contact Don't Know Other | Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airlight contact Don't Know Other | Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airlight contact Don't Know Other | Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airlight contact Don't Know Other |
| Date of last contact with this person? | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ |
| Contact phone number | | | | |
| Contact email | | | | |
| Contact street address | | | | |
| Contact city | | | | |
| Contact state | | | | |
| Contact zip code | | | | |
| Contact date of birth | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ |
| Contact age | | | | |
| Contact risk | | | | |

| | | | | |
|--|--|--|--|--|
| Contact Name | | | | |
| Contact relationship to case | Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airlight contact Don't Know Other | Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airlight contact Don't Know Other | Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airlight contact Don't Know Other | Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airlight contact Don't Know Other |
| Date of last contact with this person? | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ |
| Contact phone number | | | | |
| Contact email | | | | |
| Contact street address | | | | |
| Contact city | | | | |
| Contact state | | | | |
| Contact zip code | | | | |
| Contact date of birth | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ |
| Contact age | | | | |
| Contact risk | | | | |

Any additional notes