

### Monkeypox Exposed Contact Daily Symptom Monitoring Questionnaire

#### Initial Contact Information (fill in prior to calling contact)

Contact first name : \_\_\_\_\_

Contact last name : \_\_\_\_\_

Contact phone number : \_\_\_\_\_

Date of most recent exposure : \_\_\_\_\_

Date of initial outreach : \_\_\_\_\_

Date of final symptom check-in [21 days after most recent exposure]: \_\_\_\_\_

Contact risk level determination : \_\_\_ High      \_\_\_ Intermediate      \_\_\_ Low/ uncertain      \_\_\_ No risk

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#### Daily Symptom Monitoring (call to contact)

Hello, this is the daily public health symptom check-in for **[NAME]** on **[DATE]**. Please only enter symptoms for that date. My name is \_\_\_\_\_ and I am calling from \_\_\_\_\_ . I am calling to reach **[NAME]**. Is **[NAME]** available?

Yes                                       No → "Thank you, I will call back later"

- I am calling in regards to **[NAME]**. Is their proxy, **[PROXY]** available?

Yes                                       No → "Thank you, I will call back later"

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Are you currently experiencing any of the following symptoms? Please respond for the specified contact if you are a proxy.

- |                                |                                    |  |
|--------------------------------|------------------------------------|--|
| <input type="radio"/> Fever    | <input type="radio"/> Muscle aches | <input type="radio"/> Swollen lymph nodes (swollen glands) |
| <input type="radio"/> Chills   | <input type="radio"/> Backache     | Rash                      None                             |
| <input type="radio"/> Headache | <input type="radio"/> Exhaustion   | Other  |

- **If fever reported:** did you measure your temperature?

Yes                       No

- **If yes:** what was the recorded temperature? (In Fahrenheit) \_\_\_\_\_

- **If rash reported:** Can you describe the location and appearance of the rash?

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- **If other reported:** Please specify other symptoms
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*If yes to symptoms:* 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, notify the provider that you might have monkeypox. We will help to arrange testing for monkeypox. One of my colleagues will contact you today to make further arrangements.

Do you have any other concerns that you would like to report to public health?

Yes       No

If yes, what are those concerns?

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Thank you for your time and participation in our symptom monitoring. Please remember to continue checking your temperature twice a day

**If it's the date of the final symptom check-in (see above):**

Thank you for your time and participation in our symptom monitoring. This is the final day of your monitoring period, so we will not be reaching out again. If you develop any symptoms in the coming days, please call [PHONE NUMBER].