

DOH 420-420 May 2024

Mpox Exposed Contact Initial Monitoring Questionnaire Initial

Contact Information (fill in known information prior to calling contact)

Contact first name : _____

Contact last name : _____

Contact phone number : _____

Date of most recent exposure : _____

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

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

Call Attempts

Voicemail script: Hello this is {investigator} calling with the {agency} about a recent health concern. We'll try again to reach you at a later time. If you'd like us to call back at a particular time or at a different phone number, please call or text at {investigator number}."

Text script: Hello. My name is [first name] from [agency]. Please call or text me back at [interviewer phone #]. Thank you and I look forward to speaking with you.

Call Attempt 1 _____

Text Attempt 1 _____

Attempt 1 Notes _____

Call Attempt 2 _____

Text Attempt 2 _____

Attempt 2 Notes _____

Call Attempt 3 _____

Text Attempt 3 _____

Attempt 3 Notes _____

Call outcome

Person not reached after 3 calls/3 texts
must be marked as lost-to-followup (LTF).

- LTF
- Refused
- Partial interview - unable to complete follow-up
- Bad or no phone number
- Complete

Determining the Respondent

Hello this is _____ calling with the _____ about a recent health concern. Are you a resident of _____?

Yes

No → "Unfortunately, we cannot continue forward with your interview. You will be contacted by your resident local health jurisdiction/the department of health on behalf of the resident local health jurisdiction for your interview."

After saving this form, please change the "Resident LHJ/County" field to the correct resident LHJ. Doing so will ensure that the resident LHJ will be able to see this record. Your jurisdiction will no longer see this record in your database after the change.

Date of Interview _____

(If the interview was completed prior to data entry and outside of REDCap, please put the date of the interview, not the day of data entry.)

Date of Data entry in REDCap _____

(This is the day that the daily symptom monitoring starts. This field is necessary for the symptom monitoring alerts to function).

Number of days since exposure to date of data entry in REDCap _____

Language preference of contact: English

Spanish/Español

(This field determines the language of the text/email notifications and symptom monitoring survey that the end user will receive.)

Hello, my name is _____ and I am calling from _____.
I am trying to reach **[NAME]** about a personal health matter.

- Did **[NAME]** answer?

Yes

No

If No: Can you serve as a proxy resident?

Yes

No

If No: Is there another phone number that would work better for me to reach **[NAME]**?

- *If yes:* Is now a good time to talk privately?

Yes

No

- Can you confirm your full name (or full name of exposed individual if proxy interview)

First name _____

Last name _____

- **To Proxy:**

Proxy name: _____

Relationship to **[NAME]**: _____

Proxy birth date: _____ Proxy age: _____

[NAME]'s birth date: _____ **[NAME]**'s age _____ 2

Start of survey

I am calling because _____ was notified that you/[NAME] were in close contact with someone who tested positive for mpox. We would like to give you important information about which symptoms to look out for and ask you some questions about your current health status. This will only take about 5 minutes. What have you heard about mpox?

Mpox is a disease caused by the monkeypox virus.

It can spread from person to person through contact with the rash or body fluids of an infected person, or through contact with objects contaminated by body fluids or scabs (like clothes or bedding), or sometimes through respiratory droplets (breathing and coughing).

Mpox can also spread through sexual and intimate contact.

Because of this, I would like to tell you about the symptoms of mpox and see if you are having any symptoms.

Mpox typically begins with fever, headache, muscle aches, backache, swollen lymph nodes (swollen glands), a general feeling of discomfort, and exhaustion.

A few days later, a rash develops. The rash has raised bumps, which then fill with fluid. Eventually the rash scabs over, and then the scabs fall off. When the scabs fall off, a person is no longer contagious to others.

- Are you currently experiencing any of the following symptoms?

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

- **If fever reported:** did you check your temperature

Yes

No

- **If yes:** what was the highest temperature you measured? _____
- **If rash reported:** Can you describe the location and appearance of the rash?

- If other reported: Specify

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 urgently, notify the provider that you might have monkeypox. We will help to arrange testing for mpox. One of my colleagues will contact you today to make further arrangements.

If you develop any of those symptoms, please call [PHONE NUMBER] and isolate or stay away from others. If you develop symptoms and you need to seek medical care urgently, notify the provider that you might have mpox. We would also like to check in with you daily until _____, which is 21 days after your exposure, to see if you have any symptoms. As long as you feel well and do not have symptoms, you can continue to go about your normal life. Please check your temperature twice a day and call us if your temperature is above 100.4 F. Additionally, do not donate blood, cells, tissue, breast milk, semen, or organs until you complete symptom monitoring on _____.

If exposure >21 days prior to first call: Thank you for letting me know. Based on the timing of your exposure, it is very unlikely that you would develop symptoms later than today. However, if you develop any of those symptoms, please call _____.

For the daily symptom check-ins, would you prefer to be contacted by text message, email, or phone?

This field is necessary for the functioning of the automated text or email alerts)

- Text
- Email
- Phone
- N/A (outside of 21-day window)
- Declined monitoring

If phone: Who will be completing the phone monitoring? (Decision to be made by LHJ)

- DOH
- LHJ

Confirm contact information for respondent below. These fields will be used for the daily symptom monitoring.

Can you confirm that this is the best phone number to reach you at: _____

This phone number will be used if the contact chooses to receive daily symptom monitoring via text message. This number should be the proxy's number if the proxy is answering for the contact.

Email: _____

This email will be used if the contact chooses to receive daily symptom monitoring via email. This email should be the proxy's email if a proxy is answering for the contact.

Questions for Non-Symptomatic Respondents

I'm glad to hear you are not having any symptoms. Can I ask you a few questions about yourself?

- What sex were you assigned at birth?
 - Assigned Female at Birth
 - Assigned Male at Birth
 - Assigned Intersex at Birth
 - Other _____
- How do you identify in terms of gender identity?

<input type="radio"/> Female	<input type="radio"/> Two spirit
<input type="radio"/> Male	<input type="radio"/> Gender fluid
<input type="radio"/> Woman	<input type="radio"/> Bigender
<input type="radio"/> Man	<input type="radio"/> Demigirl
<input type="radio"/> Feminine/Femme	<input type="radio"/> Demiboy
<input type="radio"/> Masculine/Masc	<input type="radio"/> Declined to respond
<input type="radio"/> Trans or transgender	<input type="radio"/> Unknown
<input type="radio"/> Cis or cisgender	<input type="radio"/> Gender not listed above, please specify
<input type="radio"/> Genderqueer	_____
<input type="radio"/> Nonbinary	

- How do you identify in terms of sexual orientation?

- Heterosexual (Straight)
- Gay or lesbian
- Bisexual
- Pansexual
- Queer
- Asexual
- Two Spirit
- Questioning/not sure
- I do not know what this question is asking
- Not listed, _____
- Prefer not to answer

- 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 American
- Native 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

Medical History

I would also like to ask you a few other questions about your/[NAME]'s medical history to help us understand if we should recommend post-exposure prophylaxis treatment for you.

If age/gender appropriate: Yes

Are you currently pregnant? No

N/a

- Do you have any medical problems that affect your immune system? Some examples include diabetes, chronic kidney disease, autoimmune conditions like lupus or rheumatoid arthritis, cancer, chronic liver disease, chronic lung diseases, cystic fibrosis, HIV, or other problems with your immune system

Yes No Declined

- **If yes:** what is the name of your condition? _____

- Do you take any medications that affect your immune system? Some examples include steroid medications, medications for autoimmune conditions, chemotherapy or cancer treatments.

Yes No

If yes: what is the name of the medication _____

- Have you ever been vaccinated for smallpox?

Yes No Unsure

If yes: Do you know the date(s) of vaccination? _____

- Have you ever been vaccinated for mpox?

Yes

If yes: Do you know the dates of vaccination? _____

No

Unsure

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

Yes No Maybe I don't know Declined

- Future travel details _____

- What mode of travel are you planning on using?

Airplane Car Train Other _____

You should avoid all travel by commercial aircraft or any other long-distance commercial conveyance until _____.

