Expanded Ebola Screening Questionnaire

to Assess Exposure Risk in Travelers Arriving from a Region with an Ebola Outbreak

Screen traveler for travel to an affected country within the past 21 days. If travel is confirmed, screen for Ebola signs/symptoms and exposures risks using the "Additional Risk Assessment" questions.

TRAVEL SCREENING

In the last 21 days, while in _____ (enter Uganda, DRC, and/or South Sudan):

In which areas of the [affected country] were you present during the past 21 days?	
Location:	Dates:
Location:	Dates:
Location:	Dates:
Location:	Dates:

If there has not been travel to Uganda, DRC, or South Sudan in the last 21 days, STOP and no further assessment is needed. Call HEIP before de-escalating isolation.

Otherwise, proceed to the signs/symptoms and exposure history assessment and call HEIP after the full assessment is completed.

ADDITIONAL RISK ASSESSMENT:

Signs/Symptoms Consistent with Ebola:

Sign/Symptom	Y/N	Start date	End date	Description
Fever (≥100.4°F/38.0°C)?	__YES __NO			
Aches and pains such as severe headache, muscle pain, and/or joint pain?	__YES __NO			
Weakness and/or fatigue?	__YES __NO			
Sore throat?	__YES __NO			
Loss of appetite?	__YES __NO			
Diarrhea?	__YES __NO			
Nausea and/or vomiting?	__YES __NO			
Unexplained bruising or bleeding?	__YES __NO			
Unexplained red eyes?	__YES __NO			
Unexplained skin rash?	__YES __NO			

Exposure Questions

Exposure questions IN the affected country in the past 21 days:	**Yes / No / Unsure**	**If yes, also ask the questions in these following sections:**
Did you go into any healthcare facility such as a hospital, clinic, or visit a traditional healer?	__YES __NO __Unsure	A
Did you provide healthcare to patients?	__YES __NO __Unsure	B
Did you perform lab work in a healthcare setting?	__YES __NO __Unsure	C
Did you perform cleaning or handle waste in a healthcare setting?	__YES __NO __Unsure	D
Did you have contact with or were you near a sick person with fever or other acute illness?	__YES __NO __Unsure	E
Did you come into contact with anyone's blood or other body fluids, such as vomiting, saliva, feces, or urine?	__YES __NO __Unsure	E
Did you touch a dead body, prepare a body, attend a funeral, or perform burial work?	__YES __NO __Unsure	F
Did you have contact with a bat, monkey, or ape (alive or dead)?	__YES __NO __Unsure	None additional
Did you go into a mine or a cave?	__YES __NO __Unsure	None additional

Section	**Additional Questions**
A. If the individual reported being present in any healthcare facility such as a hospital, clinic, or visiting a traditional healer	1. What was the reason you were in the healthcare facility (check all that apply)? __ Providing patient care __ Patient __ Clinical lab __ Patient companion/visitor in patient care areas __ Cleaning/laundry/handling waste __ Present only in non-patient care areas __ Other nonclinical role (e.g., clerical, clergy, social work, meal service, administrative) __Other (describe): 2. What kind of healthcare facility was it? __ Hospital __ Traditional healer __ Clinic

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<td>__ Other (describe):

3. Name and location of facility and dates traveler visited:
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<tr><th>Facility name</th><th>Location (City, Country)</th><th>Dates</th></tr>
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4. If visited as a patient, ask about type of care sought and whether admitted overnight to a hospital.

5. If there as a visitor/companion, ask about the reasons for the patient being at the healthcare facility.

6. While at the healthcare facility, did you have contact with any sick person or body fluids?
__ YES __ NO __ Unsure</td>
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<td>B. If the person provided health care to patients</td>
<td>1. Did you wear personal protective equipment while performing your duties?
__YES __NO PPE used

1a. If PPE was used, which kinds? (check all that apply)?:
__ Surgical/medical mask
__ Surgical hood
__ Goggles
__ Apron
__ Single pair latex/nitril gloves
__ Waterproof boots
__ Other:
__ Respirator (N95, K95)
__ PAPR
__ Fluid-resistant or impermeable gown/coverall
__ Disposable full face shield
__ Two pairs of gloves (outer layer with cuffs)
__ Boot covers

2. Did you perform hand hygiene after removing PPE?
__YES (every time) __NO (not every time)

3. Did you experience any splashes of body fluids while in PPE?</td>
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	__ YES __ NO __ Unsure 4. Did you experience any breaches in PPE? __ YES __ NO __ Unsure Describe any potential exposures: 5. Did you participate in invasive procedures or aerosol-generating procedures: __ YES __ NO __ Unsure Provide details (e.g., which procedures, dates):
C. If the individual reported working in a clinical laboratory	1. Did you handle clinical specimens? __YES __NO 2. Did you perform phlebotomy or collect other specimens from patients? __YES __NO *If NO to 1 and 2, go to question C4.* 3. Did you wear personal protective equipment while performing your duties? __YES __NO PPE used 3a. If PPE was used, which kinds? (check all that apply) __ Surgical/medical mask __ Respirator (N95, K95) __ Surgical hood __ PAPR __ Goggles __ Fluid-resistant or impermeable gown/coverall __ Apron __ Disposable full face shield __ Single pair latex/nitril gloves __ Two pairs of gloves (outer layer with cuffs)

	__ Waterproof boots __ Boot covers __ Other: 3b. Did you perform hand hygiene after removing PPE? __ YES __ NO __ Unsure 3c. Did you experience any splashes of body fluids? __ YES __ NO __ Unsure 3d. Did you experience any breaches in PPE? __ YES __ NO __ Unsure Describe any potential exposures: 4. Did you have a needlestick, sharps injury, splash to eye(s)/nose/mouth, or skin contact with blood/body fluids? __ YES __ NO __ Unsure Provide details:
D. If the individual reported conducting cleaning services, laundry, or handling waste while at a healthcare facility	1. Did you clean patient care areas? ___YES ___NO 2. Did you handle wet or soiled laundry? ___YES ___NO *If NO to 1 and 2, go to question D4.* 3. Did you wear personal protective equipment while performing your duties? __YES __NO PPE used

	3a. If PPE was used, which kinds? (check all that apply) __ Surgical/medical mask __ Surgical hood __ Goggles __ Apron __ Single pair latex/nitril gloves __ Waterproof boots __ Other: __ Respirator (N95, K95) __ PAPR __ Fluid-resistant or impermeable gown/coverall __ Disposable full face shield __ Two pairs of gloves (outer layer with cuffs) __ Boot covers 3b. Did you perform hand hygiene after removing PPE? __ YES __ NO __ Unsure 3c. Did you experience any splashes of body fluids? __ YES __ NO __ Unsure 3d. Did you experience any breaches in PPE? __ YES __ NO __ Unsure Describe any potential exposures: 4. Did you have a needlestick, sharps injury, splash to eye(s)/nose/mouth, or skin contact with blood/body fluids? __ YES __ NO __ Unsure Provide details:
E. If the individual reported exposure to a sick person or contact with body fluids	1. Did the sick person have fever? __ YES __ NO __ Unsure 2. Did the sick person have vomiting, diarrhea, or bleeding? __ YES __ NO __ Unsure 3. Was the person suspected or known to have Ebola?

__ YES - Suspected __YES - Confirmed __ No __ Unsure

3a. If not Ebola, what was the diagnosis (if known)?:

4. Were you present with the sick person in a healthcare facility?
__ YES __ NO
If YES, which facilities (locations) and on what dates?

5. Did you have any contact with blood/body fluids? __YES __NO
5a. If yes, did this contact involve any of the following?
__ Needlestick __ Other sharps injury (piercing of your skin)
__ Skin contact __ Splash to eye, nose, or mouth
__ Other (describe):

6. Did you stay in the same household with the person while they were sick?
__ YES __ NO __ Unsure

6a. Did you provide care to this person while they were sick?
__ YES __ NO __ Unsure

6b. Did you touch the person with your bare hands/skin?
__ YES __ NO __ Unsure

6c. Did the person die of their illness?
__ YES __ NO __ Unsure
Description/comments:

F. If the individual reported attending a funeral/burial or worked as a mortician or burial attendant in the past 21 days in an area of concern	1. Did you attend a funeral or burial? __YES __NO 1a. Was the cause of death known? __YES __NO If YES, what was the cause of death?: 2. Did you touch a dead body? __YES __NO 2a. If YES, describe specific activities (touched deceased person's garments, belonging, or water used to wash body, etc.): 3. Did you work as a mortician or burial attendant? __YES __NO