

Form 3: *Monkeypox Contact Surveillance Form* (Questions marked with (*) to be filled out by interviewer)

OMB NO. 0920-0008

*1. State: _____ *2. State or Local ID# (Contact): _____ *3. CDC MPox Unique ID # (Contact): _____

I. CONTACT INFORMATION		*4. DATE FORM INITIATED: _____ MM / DD / YYYY
*5. NAME OF CONTACT: _____ Last First Middle		*8. DOB: _____ MM / DD / YYYY
*6. ADDRESS OF CONTACT: _____ Street Address Apt. # / City / State / Zip Code		*9. SEX (Circle): Male Female
*7. PHONE NUMBERS OF CONTACT (Home): _____ (Work): _____ (Cell): _____		*10. ETHNICITY (Circle): HISPANIC NONHISPANIC *10a. RACE (Circle): AI/AN ASIAN B/AA H/PI O/U WHITE

<p>*11. DATES OF EXPOSURE TO <u>HUMAN CASE</u>: (FIRST) _____ / _____ / _____ MM DD YYYY (LAST) _____ / _____ / _____ MM DD YYYY</p> <p>*11a. RELATIONSHIP TO HUMAN CASE†: <input type="checkbox"/> Household (HH)/Intimate (Specify): _____ (CHECK ONE) <input type="checkbox"/> Non-HH Close Contact (Specify): _____ <input type="checkbox"/> Non-HH Other Contact (Specify): _____</p> <p>*11b STATE/LOCAL ID # (HUMAN CASE): _____ *11c. CDC MPOX UNIQUE ID # (CASE): _____</p> <p>*12. DATES OF EXPOSURE TO <u>ANIMAL CASE</u>: (FIRST) _____ / _____ / _____ MM DD YYYY (LAST) _____ / _____ / _____ MM DD YYYY</p> <p>*12a. TYPE OF CONTACT: <input type="checkbox"/> Bite <input type="checkbox"/> Petting/Handling <input type="checkbox"/> Other, specify: _____</p> <p>*12b. RELATIONSHIP TO ANIMAL CASE, SPECIFY _____</p> <p>*12c. TYPE OF ANIMAL‡ (SPECIFY): _____</p> <p>*12d. STATE/LOCAL ID # (ANIMAL/SITE CASE): _____ *12e. CDC MPOX UNIQUE ID # (CASE): _____</p>	<p>VACCINATION HISTORY</p> <p>*13. SMALLPOX VACCINATION EVER: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>*14. IF YES, NUMBER OF DOSES: <input type="checkbox"/> One <input type="checkbox"/> > One <input type="checkbox"/> Unknown</p> <p>*15. IF YES, DATE OF LAST VACCINATION: _____ / _____ / _____ MM DD YYYY</p> <p>*16. IF DATE UNKNOWN, YEAR OF LAST DOSE: _____ or AGE (YEARS) _____</p> <p>*17. SMALLPOX VACCINATION SCAR PRESENT: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>*18. VACCINATED AS MONKEYPOX CONTACT: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>*18a. IF YES, DATE OF VACCINATION: _____ / _____ / _____ MM DD YYYY</p> <p>*18b. IF NO, REASON NOT VACCINATED: <input type="checkbox"/> Low priority / Not offered <input type="checkbox"/> Refusal <input type="checkbox"/> Medical contraindications <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____</p>	<p>*19. VACCINE "TAKE" RECORDED AT 6-8 DAYS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>*19a. IF YES, RESULT: <input type="checkbox"/> Major <input type="checkbox"/> Equivocal <input type="checkbox"/> Unknown</p> <p>*20. DATE "TAKE" WAS RECORDED: _____ / _____ / _____ MM DD YYYY</p> <p>*21. Comments/Notes: _____</p>
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II. CONTACT CLINICAL SIGNS TRACKING (Filled out by Contact)

22. Record your temperature daily, and presence (+) or absence (-) of rash daily. Telephone the health department (see # 23) immediately if: fever is 99.3° F or greater for two or more days, and/or rash develops (call at start of rash). Also, telephone the health department if you develop any of the severe vaccine adverse reactions shown on the Vaccination Information Statement. A public health worker will check your vaccination site about 7 days from now to make sure that you have reacted to the vaccine.

23. Contact and Telephone Number: _____

Daily:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	
Temperature	AM																					
	PM																					
Rash																						

† Relationship to Case: Household contact: all family members housemates, intimate contacts, others spending ≥ 3 hours in the household; Non-HH Close contact: direct exposure to the human case for ≥ 3 hours and within 6 feet; Non-HH other contact: contact with human case for < 3 hours and < 6 feet; or any length of time exposure and ≥ 6 feet (e.g., health care worker, work contact, school); See instructions for detailed categories.

‡ Type of Animal: e.g., Prairie Dog, Gambian Rat, Other (specify).

*24. COMPLETED BY: _____

Fax completed form to CDC at: 770-488-7107

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0008).