

DOH 420-419 November 2022

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 expos	sure :			
Date of initial outreach : _		_		
Date of final symptom che	ck-in [21 days after most r	recent exposure]:		
Contact risk level determi	nation: High _	Intermediate	Low/ uncertain	_ No i
Daily Symptom Monitorir	ng (call to contact)			_
Hello, this is the daily publ	lic health symptom check-	in for [NAME] on [D	ATE] . Please only enter	
symptoms for that date. N	Лу name is	and I	am calling from	
I am	n calling to reach [NAME].	Is [NAME] available?	•	
O Yes	O N	Io → "Thank you, I wi	ill call back later"	
 I am calling in reg 	gards to [NAME] . Is their p	oroxy, [PROXY] availa	ble?	
O Yes	0 1	No → "Thank you, I w	rill call back later"	
Are you currently experie specified contact if you ar	encing any of the following re a proxy.	symptoms? Please re	espond for the	_
O Fever	O Muscle aches	O Swollen lyr	nph nodes (swollen glands)	
O Chills	O Backache	Rash	None	
	e O Exhaustion	Other		
O Headache				
	did you measure your ten	nperature?		
	did you measure your ten	nperature?		
 If fever reported: Yes If yes: what was t 		? (In Fahrenheit)	 of the rash?	

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 hav	e any other conc	erns that you would like to report to public health?			
	O Yes	O No			
	If yes, what are those concerns?				
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].

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.