

DOH 420-419 May 2024

MPOX 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

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"

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

☐ Fever☐ Muscle aches☐ Swollen lymph nodes (swollen glands)☐ Chills☐ Backache☐ Rash☐ None☐ Headache☐ 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 mpox. We will help to arrange testing for mpox. 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?

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].