

# Ebola Virus Disease

Date:	/ /
Interviewer:	
Person Interviewed (if not contact):	
NCIMS Number	
Uploaded onto NCIMS	/ /

**PRIVACY MESSAGE :**

The information you provide in this questionnaire is for the purpose of trying to prevent further cases of illness. We do this by trying to find out what is likely to have caused your illness and also by providing you with information to reduce the spread of illness to others. The data collected is kept confidential and identifying information will not be disclosed for any other purpose without your consent. You can access your information by contacting the NSW Health.

**SECTION 1: DEMOGRAPHIC DATA**

Family name		First name(s)	
Residential address		Suburb	Postcode
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date		Indigenous Status <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Not Indigenous <input type="checkbox"/> Unknown
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Carer name (if applicable)			
Home Phone	Mobile Phone	Language <input type="checkbox"/> English <input type="checkbox"/> Other	Interpreter required <input type="checkbox"/> No <input type="checkbox"/> Yes, language:
Email			
Country of birth			
Occupation	Workplace / School / Childcare name (if applicable)		
	Address		
Backup contact person			Telephone

**SECTION 2: CLINICAL**

Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Diarrhoea	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Severe headache	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Unexplained bruising or bleeding	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Abdominal pain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Joint or muscle pain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

If fever is present, treat as person under investigation (see Ebola Patient Risk Assessment Algorithm)

**Other relevant clinical history (e.g. malaria prophylaxis, travel vaccines)**

**SECTION 3: RISK HISTORY**

Travel to EVD affected areas within the preceding 21 days				
Travel to EVD affected area		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown,		
Country	Region	Date of arrival	Date of departure	Accommodation

Did the patient attend the following high risk settings in an EVD affected area in in the past 21 days?	
Attended healthcare facility for work	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Specify type of work, PPE and daily routine:
Attended other work	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Specify type of work and daily routine:
Attended school or pre-school	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Date(s) attended:
	Details:
Attended health service or facility as a patient	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Date(s) attended:
	Details:
Visited people who were unwell	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Date(s) visited:
	Details

Attended funerals/burials	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Date(s) attended:
	Details

Date of arrival to Australia	/ /
Residency status	<input type="checkbox"/> Australian resident <input type="checkbox"/> Migrant <input type="checkbox"/> Short term visitor <input type="checkbox"/> Long term visitor
Travel route to Australia	

Exposure history within the preceding 21 days	
Exposure to EVD cases?	<input type="checkbox"/> Yes (Australia) <input type="checkbox"/> Yes (overseas) <input type="checkbox"/> No <input type="checkbox"/> Unknown

Higher risk exposures within the preceding 21 days	
Needle stick from confirmed case	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Inadequate PPE and blood or fluid splash to skin/mucous membrane from confirmed case	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Inadequate PPE and processed blood or body fluids in laboratory from confirmed case	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Inadequate PPE and direct contact with dead body or fluid from a dead body with confirmed EVD or cause of death unknown in an EVD affected area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Lower risk exposures within the preceding 21 days	
Household member of confirmed EVD case	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Adequate PPE and direct contact with an EVD case in an area of widespread EVD transmission	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Inadequate PPE and touched skin or body of alive confirmed EVD case with no visible body fluid e.g. shaking hands	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Inadequate PPE and being within approximately 1 metre of an EVD patient for a prolonged period of time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Consumption of 'bushmeat', or contact with sick/dead animals in an EVD affected country	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Casual risk exposures within the preceding 21 days	
In the vicinity of an EVD case with no direct contact	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Having been to a country with widespread EVD transmission in the past 21 days with no known exposures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
No risk: the absence of high, low or casual risk exposures	

If yes, to any of the above exposures, please describe	
Date(s) of last exposure:	
Setting of exposure (household, health-care facility)	
Details about contact (PPE, exposure to body fluids, how sick was the patient)	

<b>Assessed risk categorisation</b>
Risk category: <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Casual <input type="checkbox"/> No risk

**SECTION 4: DETAILS IN AUSTRALIA**

Date of last exposure (use date of departure from EVD affected area)	Monitoring period (21 days following date of last exposure)
/ /	/ /

1. Confirm address where the person will be staying at in Australia:

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2. Who else will be living in the same household?

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3. Will you be sharing a bathroom or bedroom with anyone else?

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4. What are your plans for work?

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5. Are there any children in the household that attend child care or school, if so, where and when?

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