



Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212
Los Angeles, CA 90012
213-240-7941 (phone), 213-482-4856 (facsimile)
publichealth.lacounty.gov/acd/

Investigator name: _____ Phone: (____) _____ District/Program: _____

Date interviewed: ____/____/____

CASE INFORMATION

CMR ID#	Case name (Last, First)	Symptom onset date	Isolation date	If case unavailable, person interviewed.	Relationship to case	Alternate person's phone
		____/____/____	____/____/____			()

Instructions: Use this interview form to elicit contacts from patients with Ebola Virus Disease (EVD). Record all contact names of contacts on the attached **EVD Contact Listing Form (CL)**. Record all information about exposure sites on this form.

POSSIBLE CONTACTS

During the period that you have been ill,		Yes	No	Instructions
HOUSEHOLD	Who have you been living with?	<input type="checkbox"/>	<input type="checkbox"/>	[Record names on CL]
	Who else spent time at your home (eating meals, hanging out, sleeping over) but doesn't live with you?	<input type="checkbox"/>	<input type="checkbox"/>	[Record names on CL]
	Who has slept in the same room with you?	<input type="checkbox"/>	<input type="checkbox"/>	[Record names on CL]
	Who has taken care of you or cleaned up after you at home?	<input type="checkbox"/>	<input type="checkbox"/>	[Record names on CL]
HEALTHCARE	Did you visit a health care facility?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Facility name _____ Address _____ Phone (____) _____ Dates visited _____ Who had direct physical contact with you*? [Record names on CL] <i>*NEED TO CONDUCT A THOROUGH INVESTIGATION OF ALL HCW CONTACTS EXPOSED TO CASE – ASK FOR LOG OF ALL CONTACTS EXPOSED TO CASE AND LIST OF ALL PRE-HOSPITAL PERSONNEL (EMS, FIRE DEPARTMENT, LAW ENFORCEMENT).</i>

POSSIBLE CONTACTS (CONTINUED)

During the period that you have been ill,		Yes	No	Instructions
TRAVEL	Did you travel via public transportation?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Mode of travel: <input type="checkbox"/> Plane <input type="checkbox"/> Taxi <input type="checkbox"/> Bus <input type="checkbox"/> Other _____ Bus line/train line/flight number _____ Where did your travel originate? _____ What was your destination? _____ Dates of travel _____ Who traveled with you or had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? <i>[Record names on CL]</i>
WORK	Did you go to work?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Business name _____ Address _____ Phone (____) _____ Supervisor _____ Dates went to work _____ Who are the people that that you had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? <i>[Record names on CL]</i>
SCHOOL	Did you go to school?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, School name _____ Address _____ Phone (____) _____ Principal/Administrator _____ Dates attended _____ Classes _____ Who are the people that that you had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? <i>[Record names on CL]</i>

POSSIBLE CONTACTS (CONTINUED)

During the period that you have been ill,		Yes	No	Instructions
SOCIAL EVENT	Did you attend any organized social event such as a party?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Event name _____ Address _____ Host name _____ Phone (____) _____ Dates of event _____ Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? <i>[Record names on CL]</i>
BARS/CLUBS	Did you attend any bars or clubs	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Bar/Club name _____ Address _____ Dates visited _____ Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? <i>[Record names on CL]</i>
FRIENDS OR RELATIVES HOME	Did you go to friends or relatives homes?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Friend or relative name _____ Address _____ Dates visited _____ Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? <i>[Record names on CL]</i>
COMMUNITY CENTERS	Did you go to any community centers?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Community center name _____ Address _____ Dates visited _____ Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? <i>[Record names on CL]</i>

POSSIBLE CONTACTS (CONTINUED)

During the period that you have been ill,		Yes	No	Instructions
RELIGIOUS SERVICES	Did you go to any religious services?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Church/temple/mosque name _____ Address _____ Dates visited _____ Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? <i>[Record names on CL]</i>
OTHER ACTIVITIES OR PLACES	Did you participate in any other activities or visit any other places?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Place name _____ Address _____ Dates visited _____ Who had direct physical contact with you or who shared a food dish, drinking cup, utensils, linens, or clothing with you? <i>[Record names on CL]</i>

IF CASE DIED BEFORE EVD DIAGNOSIS, ASK THE FOLLOWING TO ALTERNATE CONTACT:

FUNERAL/ BURIAL	Was there a viewing, a wake or a service for the case?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Address of viewing, wake, or service. _____ Funeral home name _____ Address _____ Phone (____) _____ Who had direct physical contact with the body? <i>[Record names on CL]</i>
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