

# EBOLA VIRUS DISEASE Screening Questionnaire

8/12/14

## STAFF SECTION

1. In the **past 3 weeks** have you experienced any of the following?,

	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Abdominal Pain	_____	_____	_____
Breathing Difficulty	_____	_____	_____
Chills	_____	_____	_____
Cough	_____	_____	_____
Diarrhea	_____	_____	_____
Fatigue/Malaise/Weakness (new)	_____	_____	_____
Fever	_____	_____	_____
Nausea	_____	_____	_____
Nasal Discharge	_____	_____	_____
Rash	_____	_____	_____
Sore Throat	_____	_____	_____
Shortness of Breath	_____	_____	_____
Other: _____	_____	_____	_____

2. In the **past 3 weeks** have you traveled through or had close contact with anyone who has traveled through any of the following West African areas?,

	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Guinea	_____	_____	_____
Liberia	_____	_____	_____
Nigeria	_____	_____	_____
Sierra Leone	_____	_____	_____
OTHER: _____	_____	_____	_____

3. If **contact with others** (as above), **what type?**,

- Direct physical contact
- Co-worker
- Co-traveler
- Roomed together
- Other: \_\_\_\_\_

4. Was the above **contact person ill?**

- Symptoms: \_\_\_\_\_
- Diagnosis: \_\_\_\_\_

5. **Notify** the physician and nurses **immediately (verbally)** of the above to receive further instructions.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Printed Name                      Date

## PHYSICIAN SECTION

### PHYSICIAN ACTIONS

\_\_\_ Advise patient to go to the hospital emergency department and to **call ER staff to warn them Ebola virus disease** is a consideration and to get instructions on how to enter their facility (**do not enter the ER facility**/waiting area without specific instructions).

\_\_\_ If they are able to do so physically, tell them to **drive themselves to the ER** and to avoid contact with anyone else.

\_\_\_ Schedule appointment with physician: \_\_\_\_\_/\_\_\_\_\_

\_\_\_ OTHER: \_\_\_\_\_ Date/Time

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician Signature                      Date  
Edward R. Rensimer, MD, FACP