



Administrative Questions

MPOX: WDRS Case Entry

Accountable county

ID numbers

REDCap:
WDRS:
LHJ:
Patient:

Case name (last, first)
Birth date
Street Address
City County State Zip Code
LHJ investigator

LHJ notification date
Investigation Status Complete Complete - not reportable to DOH Unable to Complete In progress
Reason unable to complete:

Investigation start date Investigation complete date Case complete date
Outbreak related Yes No
LHJ Cluster ID LHJ Cluster name
DOH Outbreak Number Cluster Name
DOH review status Not reviewed In progress Review completed
Date DOH review status was changed to 'Complete' or 'In-progress'
Senior Epi staff review

Initial report source
LHJ
State
Other specify
Reporter organization
Name of person reporting case
Reporter telephone

All reporting sources
LHJ
State
Other specify
Reporter organization
Name of person reporting case
Reporter telephone

Classification

Case classification Classification pending Probable Confirmed Ruled Out Investigation in progress Suspect Not reportable
Epi-linked to a confirmed or probable case Yes No
Specify name(s) or CaseID Number(s)
Was this case investigated by the DOD? For active-duty military. Yes No

Interview Introduction

Hello, my name is [your name] and I am calling from [your agency name here]. I am trying to reach [case name] about a personal health matter. This will take about 45 minutes to complete. Is now a good time to talk privately?

Date of interview attempt
Outcome Complete interview Partial interview Unable to reach case/contact

Is it OK to ask you questions in English? If not, I can call you back with an interpreter.
Continue in English
Call back with an interpreter. Use interpreter guidance to secure an interpreter.
Refused survey

What is your (your child's) preferred language? Check one:
Amharic Arabic Balochi/Baluchi Burmese Cantonese Chinese (unspecified) Chamorro
Chuukese Dari English Fijian Filipino/Pilipino French German Hindi Hmong
Japanese Karen Khmer/Cambodian Kinyarwanda Korean Kosreanean Lao Mandarin
Marshallese Mixteco Nepali Oromo Panjabi/Punjabi Pashto Portuguese
Romanian/Rumanian Russian Samoan Sign languages Somali Spanish/Castilian
Swahili/Kiswahili Tagalog Tamil Telugu Thai Tigrinya Ukrainian Urdu
Vietnamese Other language: Patient declined to respond Unknown

Are you speaking with a proxy (as opposed to the case themselves)? No, I am speaking to the case Yes

Can you serve as a proxy respondent? No Yes

Please describe your relationship to [case name] (e.g. parent, child, caregiver) _____

What is your name? _____

What is your phone number? _____

I am calling because we were notified that [case name] was diagnosed with a MPOX virus infection. Their identity and the information that you provide on their behalf during this survey will be kept private and will only be used by public health agencies. If you are helping someone take this survey, answer these questions only about the person who tested positive for MPOX, not about yourself. Is now a good time to talk privately?

Are you completing this survey someone who has died? No Yes

What was the date of death? ____/____/____

Demographics

I am calling because we were notified that you were diagnosed with a MPOX virus infection. Your identity and the information that you provide during this survey will be kept private and will only be used by public health agencies. I understand this diagnosis may be difficult or scary to receive and I would like to take some time right now to address any concerns or feelings you may be experiencing. Then, I am going to ask you a few questions about yourself.

Can you tell me your first name?

(Confirm case first name. Leave blank if correct. If different, correct name.) _____

Can you tell me your last name?

(Confirm case last name. Leave blank if correct. If different, correct name.) _____

Do you have a middle initial?

(Confirm case middle initial. Leave blank if correct. If different, correct name.) _____

What is your date of birth?

(Confirm case date of birth. Leave blank if correct. If different, correct date.) _____

What is your age in years?

(Confirm case age. Leave blank if correct. If different, correct age.) _____

What is your street address?

(Confirm case street address. If different, correct street address.) _____

What is your city?

(Confirm case city. If different, correct city.) _____

What is your state/territory?

(Confirm case state/territory. If different, correct state.) _____

What is your zip code?

(Confirm case zip code. If different, correct zip code.) _____

What is your primary county of residence?

(Confirm case county. If different, correct county.) _____

Washington state resident No Yes

Phone (home) _____

Phone (work) _____

Are you active-duty military? No Yes

Alternate contact available No Yes

Alternate contact type Friend Other (Specify) _____ Parent/Guardian
Spouse/Partner

Alternate contact name _____

Alternate contact phone number _____

Residence type for the past 3 weeks

- Single family
- Multi-family (Apartment complexes, duplex, condo)
- Motel
- Congregate housing (e.g., hostels, homeless shelter, university (dormitory) housing, prison/jail)
- Experiencing homelessness or unstable housing _____
- Other _____

What sex were you assigned at birth
(Do not read aloud, select response given.)

- Male
- Female
- Intersex
- X
- Prefer not to answer
- Not listed _____

The next questions are about your sexual orientation and gender identity. These questions are asked to help public health agencies tailor public health messaging and outreach to communities in need. These questions are optional and you do not have to answer them.

What is your sexual orientation?

- Straight or heterosexual
- Gay, Lesbian or Same-Gender Loving
- Bisexual
- Pansexual
- Queer
- Asexual
- Gray asexual or Graysexual
- Demisexual
- Two-spirit
- Questioning or not sure
- I don't know what this question is asking
- Prefer not to answer
- Not listed _____

What is your gender identity?

- Female
- Male
- Woman
- Man
- Feminine or Femme
- Masculine or Masc
- Trans or transgender
- Cis or cisgender
- Genderqueer
- Agender
- Nonbinary
- Two-spirit
- Gender fluid
- Bigender
- Demigirl
- Demiboy
- Prefer not to answer
- Unknown
- Not listed _____

What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like (check all responses):

- Amer Ind/AK Native (**specify:** Amer Ind **and/or** AK Native)
- Asian
- Black or African American
- Native HI/Pacific Islander (**specify:** Native HI **and/or** Pacific Islander)
- White
- Patient declined to respond
- Unk

Additional race information:

- Afghan
- Afro-Caribbean
- Arab
- Asian Indian
- Bamar/Burman/Burmese
- Bangladeshi
- Bhutanese
- Central American
- Cham
- Chicano/a or Chicanx
- Chinese
- Congolese
- Cuban
- Dominican
- Egyptian
- Eritrean
- Ethiopian
- Fijian
- Filipino
- First Nations
- Guamanian or Chamorro
- Hmong/Mong
- Indigenous-Latino/a or Indigenous-Latinx
- Indonesian
- Iranian
- Iraqi
- Japanese
- Jordanian
- Karen
- Kenyan
- Khmer/Cambodian
- Korean
- Kuwaiti
- Lao
- Lebanese
- Malaysian
- Marshallese
- Mestizo
- Mexican/Mexican American
- Middle Eastern
- Mien
- Moroccan
- Nepalese
- North African
- Oromo
- Pakistani
- Puerto Rican
- Romanian/Rumanian
- Russian
- Samoan
- Saudi Arabian
- Somali
- South African
- South American
- Syrian
- Taiwanese
- Thai
- Tongan
- Ugandan
- Ukrainian
- Vietnamese
- Yemeni
- Other: _____

Do you consider yourself (your child) Hispanic, Latino/a, or Latinx?

- Hispanic, Latino/a, Latinx
- Non-Hispanic, Latino/a, Latinx
- Patient declined to respond
- Unknown

Any additional notes

Employer / School

Are you employed? Yes No Unknown Refused

What kind of business or industry do you work in? For example, hospital, elementary school, laundry service, nail salons, restaurant. If struggling to determine industry, ask what is or what was the main focus or product of the employer where the person works. "Work from home" and "self-employed" are not acceptable answers for this question, so please push for the business or industry. Do not enter "work from home" or "self-employed."

What kind of work do you do? Or what is your job title? (e.g., Registered Nurse, janitor, cashier, auto mechanic, etc.) "Work from home" and "self-employed" are not acceptable answers for this question, so please push for the occupation. Do not enter "work from home" or "self-employed."

In the last 7 days, how difficult has it been for your household to pay for usual household expenses, including but not limited to food, rent or mortgage, car payments, medical expenses, student loans, and so on?

Not at all difficult A little difficult Somewhat difficult Very difficult

Is the patient a student (including day care)? Yes No Unknown

Type of school Preschool/day care K-12 College Graduate School Vocational
 Online Other _____

Grade level _____

School or day care name _____

Street address _____

Suite number _____

City _____

Any additional notes

State _____

Zip code _____

Phone number _____

Teacher's name _____

Isolation

It is important to isolate yourself from others. If you need to seek medical care urgently, notify the provider that you have MPOX. Now I'm going to ask you some questions about your health and living situation to determine if you can safely isolate.

Ask the following questions to understand the case's ability to self-isolate.

Where are you staying right now?

How many people use the same bathroom as you?

Do you have a bathroom in your place that can be just for you until you are out of your isolation period?

Do you need to come into close contact with others because of your disability, healthcare/support needs, or accessibility needs? (ex: does the case use a service a service to help them navigate, does the case have a home health aide, does the case rely on family members for support around the home?)

You should isolate until your rash is fully resolved, scabs have fallen off, and a fresh layer of intact skin has formed. This may take about 2-4 weeks from the time you first developed symptoms.

During this time, you should:

*Keep lesions covered and remain separate until the rash is gone, all scabs have fallen off, and the skin below has healed.

*Stay home except for emergencies or follow-up medical care. If you have a medical appointment, call the office before you go to see if they have any procedures for you to follow.

*Restrict any family, friends, or other visitors in your home to those with an essential need to be in the home.

*Avoid close contact with other people and pets (mammals) in your home.

*Do not share potentially contaminated items, such as bed linens, clothing, towels, drinking glasses, or eating utensils.

*Routinely clean and disinfect commonly touched surfaces and items.

*Wear a well-fitting mask when in close contact with others at home or if you need to leave the home.

*Do not let others touch your skin, especially any areas with a rash. Consider wearing disposable gloves if you have lesions on your hands and live with others or if you need to leave the home. Ensure your clothing covers all rashes or lesions when in close contact with others.

*Do not use commercial travel such as airplanes, buses, trains/light rails, taxis, or rideshare services.

*Wash your hands often with soap and water or use an alcohol-based hand sanitizer, especially before eating or touching your face, and after you use the bathroom.

*Avoid use of contact lenses to prevent inadvertent infection of the eye.

*Avoid shaving rash-covered areas of the body as this can lead to spread of the virus.

**Do not kiss, hug, cuddle, or have sex with others.

* Any additional notes

Symptoms

Next, we will go through a list of symptoms that are commonly associated with MPOX that you may have experienced recently or currently be experiencing. Interviewer may consult provider notes as well.

When did you first start feeling ill? ___/___/___

During this illness have you experienced any of these symptoms?

Any fever? This can be subjective or measured. Can include experiencing chills, feeling feverish.

Yes No Unknown

Rash or lesions?

Yes No Unknown

Can you list the body area(s) with rash or lesions?

Face Head Neck Mouth Lips or oral mucosa Trunk Arms Legs

Hands Feet Genitals Perianal Other location _____

Are you experiencing any severe pain in body areas with rash or lesions?

Yes No Unknown

When the rash was at its worst, approximately how many spots were on your body? _____

What are you taking to manage your pain?

None Over the counter medications (Tylenol, Advil, generic NSAIDs) Prescription Opiates

Prescription pain medications (Ibuprofen, Naproxen) Numbing creams (Lidocaine) Opiates (not prescribed)

Other Substance Unknown Refused

Have you experienced any swollen lymph nodes?

Yes No Unknown

Have you experienced any issues with your eyes? (e.g., conjunctivitis or pink eye, lesions in eye, keratitis, eyelid lesion)

Yes No Unknown

Have you experienced any rectal bleeding?

Yes No Unknown

Have you experienced any difficulty going to the bathroom because of pain?

Yes No Unknown

Have you experienced a frequent urge to poop?

Yes No Unknown

Have you experienced any difficulty swallowing?

Yes No Unknown

Any additional notes

Healthcare Provider

Name of primary health care provider _____

Telephone number _____

Comorbidities

If age and gender appropriate:

Are you currently pregnant? Yes No Unknown

Are you currently breastfeeding? Yes No Unknown

Do you have any known immunocompromising conditions (e.g., diabetes, lupus, organ or stem cell transplant, or cancer) or receive immunocompromising treatments (e.g., chemotherapy, biologic therapies, steroids)?

Yes; please describe _____ No Unknown Refused

Do you currently have a condition that causes a rash? (e.g., eczema, psoriasis, cold sore, blisters from a burn, impetigo, chicken pox, severe acne, severe diaper rash etc.)

Yes; please describe _____ No Unknown Refused

What is your HIV status? May be collected via interview or chart review

HIV Positive

Was your viral load undetectable when it was last checked? Yes No Unknown

Are you currently under medical management for your HIV?

Yes; Who is your provider/where are you getting care? _____

I used to be, but not now

No

Would you like any assistance with getting connected to care? Yes No Unknown

HIV Negative

Are you currently receiving HIV pre-exposure prophylaxis (PREP)?

Yes; Who is your provider/where are you getting care? _____

No

Unknown

Would you like any assistance with getting connected to care? Yes No Unknown

Unknown

Are you currently receiving HIV pre-exposure prophylaxis (PREP)?

Yes; Who is your provider/where are you getting care? _____

No

Unknown

Would you like any assistance with getting connected to care? Yes No Unknown

Prior to this illness, have you previously tested positive for MPOX or have been diagnosed with mpox by a clinician?

Yes No Unknown

When did you test positive or get diagnosed with MPOX? (mm/dd/yyyy) ___/___/___

Where did you test positive or get diagnosed with MPOX? (Be sure to note county/state and physician's office)

State: _____

Physician office (Try to record name of provider or medical office, address, city, etc.)

Any additional notes

Hospitalization

RHINO ID _____

Were you hospitalized overnight for MPOX?

Yes No Unknown Refused

Number of days hospitalized _____

Reason(s) for the hospitalization (choose all that apply)

Breathing problems requiring mechanical ventilation

Breathing problems not requiring mechanical ventilation

Treatment for secondary infection

Pain control Disease that has spread to several parts of the body

Exacerbation of underlying condition (e.g., autoimmune or skin condition) Other _____

Date of admission ___/___/___

Date of discharge (leave blank if not yet discharged) ___/___/___

When did you first seek medical care for MPOX, either at a hospital or at a medical clinic or doctor's office ___/___/___

Any additional notes

Vaccination and Treatment

Have you ever received a vaccine against smallpox? A smallpox vaccine leaves a scar on the arm where it was given.

Yes No Unknown

Have you ever received the JYNNEOS vaccine?

Yes No Unknown

Did you get vaccinated with JYNNEOS because you were exposed to someone who told you that they had MPOX?

Yes No Unknown

Number of JYNNEOS doses prior to illness:

One Two Unknown

Date of vaccine administration for dose 1 of JYNNEOS: ___/___/___

Date of vaccine administration for dose 2 of JYNNEOS: ___/___/___

Have you started antiviral treatment such as TPOXX?

Yes; Date Started ___/___/___ No Unknown

What was the route of delivery?

Oral Intravenous (IV) Unknown

Have you completed your antiviral treatment such as tecovirimat, also called TPOXX?

Yes; Date Completed ___/___/___ No Unknown

Any Additional Notes

Risk and Response

Have you been exposed to someone else who was diagnosed with MPOX in the 21 days before you started to feel sick?

Yes No Unknown Refused

If yes, what type of contact was it? Select all

- Sexual contact
- Intimate or skin-to-skin contact (does not include sex)
- Face-to-face contact (e.g. within 6 feet for more than 3 hours unmasked)
- Sharing items (e.g., bedding, drinks, towels, clothing, etc.)
- Household
- Healthcare
- Indirect contact (e.g., shared sexual partners)
- Identified airlflight contact
- Don't know
- Other _____

Date of last contact with a confirmed or suspected MPOX case? ___/___/___

Note: Try to elicit name, DOB/age, phone number, or any locating information in order to link cases together.

After interview use information you obtained to find previous WDRS case number. If linked, please enter them as an exposure contact.

Any additional notes

Exposure Period: Contacts

In this section, please fill in any contacts you elicited that the case had during their exposure period (the 21 days before contagious period). This can be completed after the interview and more focus should be placed on eliciting contacts during the contagious period or cluster contacts.

Contact Name				
Contact relationship to case	Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airlflight contact Don't Know Other _____	Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airlflight contact Don't Know Other _____	Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airlflight contact Don't Know Other _____	Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airlflight contact Don't Know Other _____
Date of last contact with this person?	___/___/___	___/___/___	___/___/___	___/___/___
Contact phone number				
Contact email/social media				
Contact street address				
Contact city				
Contact state				
Contact zip code				
Contact date of birth	___/___/___	___/___/___	___/___/___	___/___/___

Contact Age				
Contact Race				
Contact Ethnicity				
Contact Gender Identity				

Have you visited, attended, employed, or volunteered at any public setting or any social events/large gatherings in the past 3 weeks?

Yes No Unknown Refused

Can you describe the events? (Include dates, locations)

Settings	Daycare School Airport Hotel/Motel/Hostel Transit Healthcare Home Work College Military Correctional facility Place of worship International travel Out of state travel LTCF Homeless/shelter Social event Large public gathering Restaurant Other	Daycare School Airport Hotel/Motel/Hostel Transit Healthcare Home Work College Military Correctional facility Place of worship International travel Out of state travel LTCF Homeless/shelter Social event Large public gathering Restaurant Other	Daycare School Airport Hotel/Motel/Hostel Transit Healthcare Home Work College Military Correctional facility Place of worship International travel Out of state travel LTCF Homeless/shelter Social event Large public gathering Restaurant Other	Daycare School Airport Hotel/Motel/Hostel Transit Healthcare Home Work College Military Correctional facility Place of worship International travel Out of state travel LTCF Homeless/shelter Social event Large public gathering Restaurant Other	Daycare School Airport Hotel/Motel/Hostel Transit Healthcare Home Work College Military Correctional facility Place of worship International travel Out of state travel LTCF Homeless/shelter Social event Large public gathering Restaurant Other
Facility name					
Start/departure date	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
End/arrival date	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Time of arrival					
Time of departure					
Number of people potentially exposed					
Contact information available for exposure setting	Yes First name: _____ Last name: _____ Role: _____ Phone #: _____ FAX #: _____ No Unknown	Yes First name: _____ Last name: _____ Role: _____ Phone #: _____ FAX #: _____ No Unknown	Yes First name: _____ Last name: _____ Role: _____ Phone #: _____ FAX #: _____ No Unknown	Yes First name: _____ Last name: _____ Role: _____ Phone #: _____ FAX #: _____ No Unknown	Yes First name: _____ Last name: _____ Role: _____ Phone #: _____ FAX #: _____ No Unknown
Is a list of contacts known	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown
CDC case ID					
Notes Please include information regarding conveyance names, airport codes, city of arrival, room numbers, transport type, company name, vessel number, seat number, and healthcare type					

Epi-linked to a confirmed or probable case?

Yes No Unknown

Specify name(s) or CaseID Number(s): _____

Exposure Period: Sexual Activity

Sex is defined as vaginal, oral, digital, or anal sex. Close intimate contact includes cuddling, kissing, touching a partner's genitals or anus, or sharing sex toys.

Have you engaged in sex or close intimate contact with another person in the 3 weeks before your symptoms started?

Yes No Unknown Refused

How many sexual partners have you had in the 21 days before your symptoms started?

1 2-4 5-9 10+ Declined to answer Unknown

Have you engaged in group sex in the 21 days before your symptoms started?

Yes No Unknown Refused

In the 21 days before your symptoms started, did you have sex in exchange for things like food, shelter, transportation, money, or drugs?

Yes No Unknown Refused

Where did you meet your sexual contacts in the 21 days before your symptoms started? Select all.

Online or Apps Bathhouse or sex club Bars or clubs
Private social gathering Other public venues Other

Additional details, if applicable. Collect place, names, and locations if case is willing to disclose and enter them in exposure contact section.

What gender were your sexual partners in the past 3 weeks?(Select all that apply). Do not read the selection below. Allow the case to provide the answer. If not found below, select "Gender not listed" and enter what they say in the next question.

Female Male Woman Man Feminine or Femme Masculine or Masc
Trans or Transgender Cis or Cisgender Genderqueer Agender Nonbinary Two-Spirit
Gender fluid Bigender Demigirl Demiboy Prefer not to answer Unknown
Not listed _____

Any additional notes

Travel

Have you traveled outside Washington State within the 21 days before your symptoms started?

Yes No Don't know Refused

<p>Where did you travel to?</p> <p>Out of state State: _____ City: _____</p> <p>Out of the country Country: _____</p>	<p>Where did you travel to?</p> <p>Out of state State: _____ City: _____</p> <p>Out of the country Country: _____</p>	<p>Where did you travel to?</p> <p>Out of state State: _____ City: _____</p> <p>Out of the country Country: _____</p>	<p>Where did you travel to?</p> <p>Out of state State: _____ City: _____</p> <p>Out of the country Country: _____</p>
<p>Mode of travel</p> <p>Airplane Car with others Train Other</p>	<p>Mode of travel</p> <p>Airplane Car with others Train Other</p>	<p>Mode of travel</p> <p>Airplane Car with others Train Other</p>	<p>Mode of travel</p> <p>Airplane Car with others Train Other</p>
<p>Did you have intimate sexual contact with new partners on this trip? If YES, add contact information to Contacts section below.</p>			
<p>Yes No Unknown</p>	<p>Yes No Unknown</p>	<p>Yes No Unknown</p>	<p>Yes No Unknown</p>
<p>Departure Date ___/___/___ Return Date ___/___/___</p>	<p>Departure Date ___/___/___ Return Date ___/___/___</p>	<p>Departure Date ___/___/___ Return Date ___/___/___</p>	<p>Departure Date ___/___/___ Return Date ___/___/___</p>

Do you have any plans to travel in the next 30 days?

Yes No Maybe Don't know Refused

When are you planning to travel? (Include planned travel locations, dates, etc.)			
Mode of travel Airplane Car with others Train Other	Mode of travel Airplane Car with others Train Other	Mode of travel Airplane Car with others Train Other	Mode of travel Airplane Car with others Train Other

If AIRPLANE selected: You should avoid air travel until rash is fully resolved, scabs have fallen off, and a fresh layer of intact skin has formed, which may take about 2-4 weeks from symptom onset.

Any additional notes

Contagious Period: Contacts

The next set of questions are about people you have been close to while you were likely contagious. These could be family, friends, coworkers, or other people you had skin to skin contact with, shared household items or were within 6 feet for 3 hours or more. We would like to share important guidance information with these people.

Please provide us with their names and contact information. Your identity and information will be kept private and will not be shared with anyone you name.

The amount of time people with MPOX are contagious varies from person to person. Some people can spread mpox to others before their symptoms appear. You are contagious starting four days before you from the day you first began to experience symptoms until your rash is fully recovered and the last scabs have fallen off, revealing healthy skin underneath.

Contact Name				
Contact relationship to case	Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airflight contact Don't Know Other _____	Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airflight contact Don't Know Other _____	Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airflight contact Don't Know Other _____	Sexual contact Intimate or skin-to-skin contact Face-to-face contact Sharing items Household Healthcare Indirect contact Identified airflight contact Don't Know Other _____
Date of last contact with this person?	_ / _ / _	_ / _ / _	_ / _ / _	_ / _ / _
Contact phone number				
Contact email				
Contact street address				
Contact city				
Contact state				
Contact zip code				
Contact date of birth	_ / _ / _	_ / _ / _	_ / _ / _	_ / _ / _
Contact age				
Contact Race				
Contact ethnicity				

Contact Gender Identity				
Type of sexual/intimate contact (select all that apply)	Anal insertive with a condom Anal insertive without a condom Anal receptive with a condom Anal receptive without a condom Gave oral sex Received oral sex Rimming (tongue/mouth to anus) - gave Rimming (tongue/mouth to anus) - received Vaginal sex with a condom Vaginal sex without a condom No sex during contagious period Refused all	Anal insertive with a condom Anal insertive without a condom Anal receptive with a condom Anal receptive without a condom Gave oral sex Received oral sex Rimming (tongue/mouth to anus) - gave Rimming (tongue/mouth to anus) - received Vaginal sex with a condom Vaginal sex without a condom No sex during contagious period Refused all	Anal insertive with a condom Anal insertive without a condom Anal receptive with a condom Anal receptive without a condom Gave oral sex Received oral sex Rimming (tongue/mouth to anus) - gave Rimming (tongue/mouth to anus) - received Vaginal sex with a condom Vaginal sex without a condom No sex during contagious period Refused all	Anal insertive with a condom Anal insertive without a condom Anal receptive with a condom Anal receptive without a condom Gave oral sex Received oral sex Rimming (tongue/mouth to anus) - gave Rimming (tongue/mouth to anus) - received Vaginal sex with a condom Vaginal sex without a condom No sex during contagious period Refused all
Where did you meet your partner? (select all that apply)	Bars/club Church Public park/Rest stop Bath House/Sex club Dance Party/Festival Event School/College campus Sex Party Internet/Online chat Work/Place of employment Friend's/Relative's/Private party Adult bookstore/Theater Mall/ Shopping center/Store/Public area Other Refused	Bars/club Church Public park/Rest stop Bath House/Sex club Dance Party/Festival Event School/College campus Sex Party Internet/Online chat Work/Place of employment Friend's/Relative's/Private party Adult bookstore/Theater Mall/ Shopping center/Store/Public area Other Refused	Bars/club Church Public park/Rest stop Bath House/Sex club Dance Party/Festival Event School/College campus Sex Party Internet/Online chat Work/Place of employment Friend's/Relative's/Private party Adult bookstore/Theater Mall/ Shopping center/Store/Public area Other Refused	Bars/club Church Public park/Rest stop Bath House/Sex club Dance Party/Festival Event School/College campus Sex Party Internet/Online chat Work/Place of employment Friend's/Relative's/Private party Adult bookstore/Theater Mall/ Shopping center/Store/Public area Other Refused
Which websites/mobile applications?				
Did contact tell you that they had been diagnosed with MPOX?	Yes No Don't know Refused	Yes No Don't know Refused	Yes No Don't know Refused	Yes No Don't know Refused
Has contact been informed of their exposure?	Yes No Don't know Refused	Yes No Don't know Refused	Yes No Don't know Refused	Yes No Don't know Refused
Contact risk	High Intermediate Low/uncertain No Risk	High Intermediate Low/uncertain No Risk	High Intermediate Low/uncertain No Risk	High Intermediate Low/uncertain No Risk
Contact management plan	Already Tested/Vaccinated Case will initiate contact DIS/Investigator will initiate contact Insufficient Information Refused	Already Tested/Vaccinated Case will initiate contact DIS/Investigator will initiate contact Insufficient Information Refused	Already Tested/Vaccinated Case will initiate contact DIS/Investigator will initiate contact Insufficient Information Refused	Already Tested/Vaccinated Case will initiate contact DIS/Investigator will initiate contact Insufficient Information Refused

Network/Cluster Contact Elicitation:

We want to make sure that the information you provided is used to identify gaps in prevention services to ensure that we are helping folks that need support as quickly as possible. Who else do you know in your network who attends similar events could benefit from getting vaccinated and tested?

Who else in your network would you like us to reach out to and support in connecting them with getting vaccinated and tested?

Note: If you receive any additional contacts add them as a cluster contact above.

Any additional notes

Exposures

Now I am going to ask you about places you have been during your contagious period. The amount of time people are contagious varies from person to person. Some people can spread mpox to other before their symptoms appear. You are contagious starting four days before you began to experience symptoms until your rash is fully recovered and the last scabs have fallen off, revealing healthy skin underneath.

Have you visited, attended, employed, or volunteered at any public settings (Childcare, health care setting, etc.) while contagious?

Yes No Unknown

Settings	Daycare School Airport Hotel/Motel/Hostel Transit Healthcare Home Work College Military Correctional facility Place of worship International travel Out of state travel LTCF Homeless/shelter Social event Large public gathering Restaurant Other	Daycare School Airport Hotel/Motel/Hostel Transit Healthcare Home Work College Military Correctional facility Place of worship International travel Out of state travel LTCF Homeless/shelter Social event Large public gathering Restaurant Other	Daycare School Airport Hotel/Motel/Hostel Transit Healthcare Home Work College Military Correctional facility Place of worship International travel Out of state travel LTCF Homeless/shelter Social event Large public gathering Restaurant Other	Daycare School Airport Hotel/Motel/Hostel Transit Healthcare Home Work College Military Correctional facility Place of worship International travel Out of state travel LTCF Homeless/shelter Social event Large public gathering Restaurant Other	Daycare School Airport Hotel/Motel/Hostel Transit Healthcare Home Work College Military Correctional facility Place of worship International travel Out of state travel LTCF Homeless/shelter Social event Large public gathering Restaurant Other
Facility name					
Start/departure date	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
End/arrival date	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Time of arrival					
Time of departure					
Number of people potentially exposed					
Contact information available for exposure setting	Yes First name: _____ Last name: _____ Role: _____ Phone #: _____ FAX #: _____ No Unknown	Yes First name: _____ Last name: _____ Role: _____ Phone #: _____ FAX #: _____ No Unknown	Yes First name: _____ Last name: _____ Role: _____ Phone #: _____ FAX #: _____ No Unknown	Yes First name: _____ Last name: _____ Role: _____ Phone #: _____ FAX #: _____ No Unknown	Yes First name: _____ Last name: _____ Role: _____ Phone #: _____ FAX #: _____ No Unknown
Is a list of contacts known	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown	Yes No Unknown
CDC case ID					
Notes Please include information regarding conveyance names, airport codes, city of arrival, room numbers, transport type, company name, vessel number, seat number, and healthcare type					

We are finished with our questions. What additional questions or thoughts do you have that we have not covered? If you have questions about MPOX or how to take care of your symptoms, visit the Washington State Department of Health website for information about MPOX and self-care recommendations while you isolate.

We recognize that this experience may be stressful for you, those you care about, and your community. It is natural to feel overwhelmed, sad, anxious and afraid, or to experience other symptoms of distress, such as trouble sleeping. You can reduce your stress by anticipating these normal reactions and practicing stress-reducing activities. Do your best to stay focused on what can be done today, and seek support among friends and loved ones.

Stay in touch with your medical provider and ask for their help in the event that MPOX symptoms cause concerns, and support or referrals if you need assistance coping with the stress this may bring you. If you are feeling overwhelmed and having mental health concerns or thoughts of suicide, call 988 to talk to a trained counselor. This service is available in any language.

Thank you very much for your time today. More importantly, thank you for trusting us to share with us the information that you have provided.

Any additional notes

Optional Fields

Patient is lost to follow up

Yes No Unknown

Disease education and prevention information provided to patient and/or family/guardian

Yes No Unknown

Facilitate laboratory testing of other symptomatic persons who have a shared exposure

Yes No Unknown

Follow-up to assess exposure of laboratorians to specimen

Yes No Unknown