

**PUBLIC HEALTH INTERVIEW****Intended for Public health staff. Note! Do not send personal data via e-mail. Use regular mail.**

Date of interview: Health care setting:  
ID/Passport No: Nationality:  
Surname: Name(s):  
Date of birth: Age (years): Sex:  
Place/Hotel/address where patient stayed:  
Profession:

[County Medical Officer](#) and [WHO](#) update information about spread of Ebola virus disease (EVD)

**EXPOSURE RISK**

Has the patient been in contact with a **suspected or confirmed case** in the 3 weeks preceding the onset of the symptoms? ☐ Yes ☐ No ☐ Unknown

Was the patient **hospitalized** or has he/she visited a hospitalized person in the 3 weeks preceding the onset of the symptoms? ☐ Yes ☐ No ☐ Unknown

Has the patient consulted a **health worker / traditional healer** in the 3 weeks preceding the onset of the symptoms? ☐ Yes ☐ No ☐ Unknown

Has the patient attended any **funerals** in the 3 weeks preceding the onset of the symptoms? ☐ Yes ☐ No ☐ Unknown

Has the patient had contact with any wild **animals** in the 3 weeks preceding the onset of the symptoms? ☐ Yes ☐ No ☐ Unknown

Country/Countries visited 21 days before onset of symptoms:

**Patient's condition**

Current condition:

**History**

Does the patient show any of the following symptoms? (tick all applicable)

Has the patient had a fever?

☐ Yes☐ No☐ Unknown

If yes, what temperature?

Date of onset of symptoms (DD/MM/YYYY):

**SYMPTOM**

Headaches

☐ Yes☐ No☐ Unknown

Diarrhoea

☐ Yes☐ No☐ Unknown

Sore throat

☐ Yes☐ No☐ Unknown

Stomach pain

☐ Yes☐ No☐ Unknown

Vomiting

☐ Yes☐ No☐ Unknown

Lethargy

☐ Yes☐ No☐ Unknown

Anorexia

☐ Yes☐ No☐ Unknown

Muscular pain

☐ Yes☐ No☐ Unknown

Difficulty breathing

☐ Yes☐ No☐ Unknown

Intense coughing

☐ Yes☐ No☐ Unknown

Hiccups

☐ Yes☐ No☐ Unknown

Skin rash

☐ Yes☐ No☐ Unknown

Bleeding at injection points

☐ Yes☐ No☐ Unknown

Bleeding gums (gingivitis)

☐ Yes☐ No☐ Unknown

Bleeding in eye (conjunctival infection)

☐ Yes☐ No☐ Unknown

Dark or bloody stool (melena)

☐ Yes☐ No☐ Unknown

Nosebleed (epistaxis) ☐ Yes ☐ No ☐ Unknown

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Vomiting of blood (haematemesis) ☐ Yes ☐ No ☐ Unknown

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Vaginal bleeding outside of menstruation ☐ Yes ☐ No ☐ Unknown

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**Laboratory**

Have laboratory samples been taken? Any results?