

Exposure Questionnaire

2022 Monkeypox Response

These are suggested questions to include in a patient interview tool for local use during the May 2022 monkeypox response. These questions are focused on patient exposures prior to illness onset. Highlighted sections in yellow include key questions designed for this specific monkeypox investigation. Other questions are general and can be incorporated as necessary to fit the specific context. The questionnaire contains the following components which can be used modularly:

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Section 1: Interview information

1. Date of interview (MM/DD/YYYY):	<input type="text"/>
2. Interviewer name:	<input type="text"/>
3. Interviewer agency:	<input type="text"/>
4. Interviewer phone contact:	<input type="text"/>
5. Interviewer email contact:	<input type="text"/>

6. Respondent identity (check one):

- Self
- Parent
- Spouse/partner
- Other (describe):

Section 2: Patient demographics

7. Patient ID:	<input type="text"/>
8. U.S. citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Patient first name:	<input type="text"/>
10. Patient middle name:	<input type="text"/>
11. Patient last name:	<input type="text"/>

Patient ID: _____

12. Date of birth (MM/DD/YYYY):

13. Age (years):

14. Sex assigned at birth (choose one):

- Female
- Male
- Other (specify):

15. Gender identity (choose one):

- Woman
- Man
- Transgender woman
- Transgender man
- Genderqueer, or gender non-binary, or gender diverse
- Other gender identity (specify):

16. Sexual orientation (choose one):

- Lesbian or gay
- Straight, that is, not gay or lesbian
- Bisexual
- Two-Spirit [if respondent is AIAN]
- I use a different term (specify):
- Prefer not to answer

17. Race (check all that apply):

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

18. Ethnicity (check one):

- Hispanic or Latino
- Non-Hispanic or Latino

19. Patient's occupation (describe):

Section 3: Household demographics

20. State of Residence:

21. County of residence:

Patient ID: _____

22. Zip code:

23. Location of residence if outside USA:

24. Current location if away from permanent residence:

25. How many people live in patient household (defined as >2 nights per week)?

26. Have any visitors spent the night in the 3 weeks before illness onset?

Yes No

27. Type of dwelling (check one):

- Single family home
 Multi-family home
 Apartment or condo
 Other (describe):

28. Languages spoken in the household (check all that apply):

- English
 Spanish
 Other (specify)

Section 4: Patient medical history

29. Does the patient have any known immunocompromising conditions or take immunosuppressive medications? Yes No

Immunocompromising conditions can include diseases like HIV/AIDs, diabetes, lupus, organ transplants, stem cell transplants, and cancer. Certain medicines like chemotherapy and steroids can also weaken the immune system.

29a. If yes, describe.

30. Did patient receive smallpox vaccine prior May 1st, 2022? Yes No Don't know

30a. If yes, is there documented administration? Yes No Don't know

30b. If yes, does the patient remember being vaccinated? Yes No

30c. If yes, did the patient receive smallpox vaccine as PrEP or PEP for exposure to monkeypox virus? Yes No

Patient ID: _____

30d. If yes, which smallpox vaccine was given?

- Dryvax
- ACAM2000
- JYNNEOS
- Don't know

30e. If yes, when was the patient vaccinated? Indicate all dates (MM/DD/YYYY)

30f. If yes, is a smallpox vaccination scar visible? Where is it located?

The scar is typically 1 cm in size and found on the upper arm.

- Yes, upper left arm
- Yes, upper right arm
- Yes, other location (specify):
- No
- Don't know

Section 5: Patient illness characteristics

31. Patient status

- Alive
- Deceased

31a. If deceased, indicate date of death (MM/DD/YYYY)

32. Has patient been hospitalized?

Yes No

31a. If yes, dates of hospitalization (MM/DD/YYYY):

32b. If yes, location of hospitalization:

33. If patient has not been hospitalized, did the patient visit a doctor or clinic about this illness?

Yes No

33a. If yes, date of visit (MM/DD/YYYY):

33b. If yes, location of visit:

33c. If yes, name of provider:

34. Date of illness onset (MM/DD/YYYY):

Patient ID: _____

35. Symptoms during course of illness (choose all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Malaise (general feeling of illness/weakness) |
| <input type="checkbox"/> Rash | <input type="checkbox"/> Myalgia (muscle aches) |
| <input type="checkbox"/> Enlarged lymph nodes | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Tenesmus/urgency to defecate |
| <input type="checkbox"/> Eye lesions | <input type="checkbox"/> Rectal pain |
| <input type="checkbox"/> Conjunctivitis | <input type="checkbox"/> Rectal bleeding |
| <input type="checkbox"/> Pruritis (itching) | <input type="checkbox"/> Pus or blood on stools |
| <input type="checkbox"/> Vomiting or nausea | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Chills | |

36. If patient had **fever**, what was the date of fever onset? (MM/DD/YYYY)

- 36a. Was the fever subjective? Yes No
- 36b. Was the fever measured? Yes No
- 36c. Was the fever measured to be above 100.7°F Yes No

37. If patient had a **rash**, what was the date of rash onset? (MM/DD/YYYY)

37a. If patient had a **rash**, where did the rash begin? (Choose all that apply)

- Face
- Head
- Neck
- Mouth, lips, or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet
- Genitals
- Perianal
- Other location (describe)

37b. If patient had a **rash**, where was it located?
(Choose all that apply)

- Face
- Head
- Neck
- Mouth, lips, or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet
- Genitals
- Perianal
- Other location (describe)

37c. When the rash was at its worst,
approximately how many lesions were there on
the body?

- 1 – 10
- 10 – 50
- 50 – 100
- > 100
- Don't know

38. Does that patient have an active rash at the
time of the interview? Yes No Don't know

38a. Are the lesions in the same stage of
development (in other words, do all the lesions
look similar)? Yes No Don't know

38b. Are all the lesion on the same site of the
body? Yes No Don't know

38c. Are all the lesions the same size? Yes No Don't know

38d. Are the lesions deep seated and profound
(in other words, are the lesions deep in the skin)? Yes No Don't know

38e. Are the lesions well-circumscribed (in other
words, are the lesions well defined from the
surrounding skin)? Yes No Don't know

38f. Are the lesions umbilicated (in other words,
are the centers of the lesions depressed like a
navel)? Yes No Don't know

Patient ID: _____

Section 6: Exposures in the 21 days before illness onset to present

Section 6A: Ill person contacts

39. During the three weeks preceding the onset of symptoms, did the patient have contact with one or more persons who had similar symptoms? Yes No Don't know

If yes, respond to the following questions concerning these additional ill people. Indicate all of the ill people. There is room at the end of the questionnaire for additional contacts.

Ill contact #1

40a. First name:

40b. Last name:

40c. Sex:

40d. Age:

37e. Phone number:

40f. Relationship with the patient (describe):

40g. Date of patient's first contact with the ill person (within the three weeks before the patient's symptom onset) (MM/DD/YYYY):

40h. Did contact receive a diagnosis from a health care provider? Yes No Don't know

40i. Did the contact have recent domestic or international travel Yes No Don't know

40j. If the contact had recent travel, where did they travel? (specify)

40k. What type of contact did the patient have with the ill person?

- Caregiving
- Sexual contact
- Shared food, utensils, or dishes
- Shared clothing
- Shared towels or bedding either at home or at another location
- Transit trip (specify length of trip)
- Shared bathrooms (toilets, sinks, showers) either at home or at another location
- Face-to-face contact (specify length of face-to-face contact)
- Other (describe):

Section 6B: Sexual behavioral questions

41. Did the patient engage in sex (vaginal, oral, or anal) and/or close intimate contact (cuddling, kissing, mutual masturbation, sharing sex toys)?

- Yes [Proceed to Question 42]
- No [Probe for confirmation. If still no, then stop survey here.]
- Refuse to answer [Probe for confirmation. If still no, then stop survey here.]

If YES to Question 41:

42. Did the patient have sex or close intimate contact with: (select all that apply and provide number for each)

- Women (provide #)

- Men (provide #)
- Transgender women (provide #)
- Transgender men (provide #)
- Genderqueer, gender non-binary, or gender diverse (provide #)
- Other gender identity (provide #)
- Unknown (provide #)

43. How many partners would the patient be able to contact again? (For example, if they owed you \$100 dollars, you would be able to reach them again.) (provide #)

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44. What types of sex and/or close intimate contact did the patient engage in? (Check all that apply.)

- Oral-penile sex
- Oral-vaginal sex
- Penile-anal sex
- Oral-anal sex
- Penile-vaginal sex
- Cuddling, with or without additional sexual intimacy
- Kissing, with or without additional sexual intimacy
- Mutual masturbation
- Sharing sex toys

45. What were the patient's anatomic site(s) of exposure during sexual and/or close intimate contact? (Check all that apply.)

- Penis
- Vagina
- Pharynx (oral)
- Rectum (anal)
- Other (specify)

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46. Did the patient or sex partner use sex toys or any other objects during sex? Yes No Don't know

47. Did the patient or sex partner apply any products (e.g., massage oils, creams, sprays, gels, enemas) to either person's exposed skin immediately before, during, or after sex? Yes No Don't know

47a. If yes, please describe:

48. Did the patient have sex with someone who had recently traveled outside of your city or community?

- No
- Yes, to another country
- Yes, to another state
- Yes, to another city within my state
- Unknown

48a. If yes to any of the above: please specify country(s), state(s), or cities (if known)?

49. Did you meet any of your sex partners at: (Check all that apply)

- a. online or on an app
- b. work
- c. school
- d. gathering with friends
- e. gym
- f. massage parlors
- g. gay bars or clubs
- h. restaurant/bars
- i. bathhouses and/or sex clubs
- j. adult bookstores/video stores
- k. park or other public cruising place
- l. social event (e.g., wedding, etc.)
- m. cruise ship(s)
- n. sex party at a private home
- o. support groups
- p. other (specify)

50. If you met sex partners online or on an app, which did you use? (Check all that apply)

- | | | | |
|--|---------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Grindr | <input type="checkbox"/> BlackGayChat | <input type="checkbox"/> Instagram | <input type="checkbox"/> Hornet |
| <input type="checkbox"/> Scruff | <input type="checkbox"/> Recon | <input type="checkbox"/> Squirt | <input type="checkbox"/> Growlr |
| <input type="checkbox"/> Adam4Adam RADAR | <input type="checkbox"/> Daddyhunt | <input type="checkbox"/> OKCupid | <input type="checkbox"/> Asspig |
| <input type="checkbox"/> BarebackRT (BBRT) | <input type="checkbox"/> Jack'd | <input type="checkbox"/> Manhunt | <input type="checkbox"/> Meet me |
| <input type="checkbox"/> Tinder | <input type="checkbox"/> Facebook | <input type="checkbox"/> Gay.com | <input type="checkbox"/> Other: _____ |

50a. For each app selected, list dates that you met partner(s) from the app (within 21 days leading up to symptom onset).

51. Partner-specific questions (ask for each partner): There is room at the end of the questionnaire for additional contacts.

	Partner 1	Partner 2	Partner 3	Partner 4
Date of earliest encounter within 21 days of symptom onset up to today				
Was the patient symptomatic during this encounter?				
Location of encounter:				
Last name				
First name/Nickname				
Gender identity				
Age				
Phone number(s)				
Social media/app handle/id				
Email address or e-contact/app contact information				
Tattoo or other distinguishing features				

Patient ID: _____

Ask after completing the partner-specific questions:

52. Did you exchange items (drugs/money/favors/food/housing) with any of the people we have discussed? Yes No Refuse to answer

52a. If yes, did the patient give items (drugs/money/favors/food/housing) to them or receive items (drugs/money/favors/food/housing) from them in exchange for sex?

- Give items
- Receive items
- Both

Section 6C: Travel, animal, and product exposures

53. Did the patient travel during the 3 weeks preceding the onset of symptoms? Yes No

There is room at the end of the questionnaire for additional trips.

Trip #1

53a. If yes, domestic or international travel?

- Domestic
- International

53c. Specify departure city:

53d. Specify arrival city:

53c. Dates of travel (MM/DD/YYYY):

53d. If yes, mode of travel used (choose all that apply):

- Airplane (specify airline and flight number):
- Train
- Subway
- Bus
- Ride-share
- Private vehicle
- Other (describe):

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54. Did the patient touch any live animals in the three weeks before symptom onset? Yes No

54a. If yes, what type of animal? (Choose all that apply)

- Domestic animals (examples: pets and livestock). If yes, what type?
- Wild animals (examples: wildlife and game animals). If yes, what type?
- Other (describe):

55. Did the patient touch any dead animals or animal products in the 3 weeks before symptom onset? Yes No

55a. If yes, what type of contact? (Choose all that apply)

- Eating animal products from the store.
- Butchering, handling, or cooking meat from wild animals. If yes, describe:
- Using a product derived from wild animal tissue or fluids (cream, powder, etc.). If yes, describe:
- Handling dead nuisance animals (examples: mice, rats, bats). If yes, describe:
- Other (describe):

56. If patient has a rash, in the 3 weeks before lesion onset did the patient use any new or unusual products at the site where the lesions began? (examples: creams, sprays, home remedies, homemade products, animal products, etc.?) Yes No

56a. If yes, describe:

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Section 7: Laboratory testing (information likely needs to be collected from medical records)

57. Were patient specimens collected Yes No

58. Specimen collection and orthopoxvirus testing results

Sample type (e.g., lesion swab, lesion fluid, crust, serum)	Date of collection	Test date (MM/DD/YYYY)	Testing location (e.g., CDC, LRN, local lab)	Test type	Test result

Patient ID: _____

Additional space for question 40

Ill contact # _____

40a. First name:

40b. Last name:

40c. Sex:

40d. Age:

37e. Phone number:

40f. Relationship with the patient (describe):

40g. Date of patient's first contact with the ill person (within the three weeks before the patient's symptom onset) (MM/DD/YYYY):

40h. Did contact receive a diagnosis from a health care provider?

Yes No Don't know

40i. Did the contact have recent domestic or international travel

Yes No Don't know

40j. If the contact had recent travel, where did they travel? (specify)

40k. What type of contact did the patient have with the ill person?

- Caregiving
- Sexual contact
- Shared food, utensils, or dishes
- Shared clothing
- Shared towels or bedding either at home or at another location
- Transit trip (specify length of trip)
- Shared bathrooms (toilets, sinks, showers) either at home or at another location
- Face-to-face contact (specify length of face-to-face contact)
- Other (describe):

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Patient ID: _____

Additional space for question 51

51. Partner-specific questions (ask for each partner):

	Partner #__	Partner #__	Partner #__	Partner #__
Date of earliest encounter within 21 days of symptom onset up to today				
Was the patient symptomatic during this encounter?				
Location of encounter:				
Last name				
First name/Nickname				
Gender identity				
Age				
Phone number(s)				
Social media/app handle/id				
Email address or e-contact/app contact information				
Tattoo or other distinguishing features				

Patient ID: _____

Additional space for question 53

Trip # ____

53a. If yes, domestic or international travel?

- Domestic
- International

53b. If yes, specify location of travel:

53b. If yes, dates of travel (MM/DD/YYYY):

53c. If yes, mode of travel used (choose all that apply):

- Airplane
- Train
- Subway
- Bus
- Ride-share
- Private vehicle
- Other (describe):