

Variable / IForm Name	Section Header	Field Type	Field Label	Choices, C;	Field Note Text	Valid	Text Valid	Text Valid
record_id	occupational_human	text	Record ID					
first_name	occupational_human	text	First Name					
last_name	occupational_human	text	Last Name					
email	occupational_human	text	Email					
facility	occupational_human	dropdown	What hosp	1, Clinic A 2, Hospital B 3, Hospital C				
tennessen	occupational_human	text	Consent to rabies risk asses					
			You have r					
			Please con					
			• Hospital					
			• Hospital					
			Please clicl					
disagree	occupational_human	radio	0, I acknowledge					
phone	occupational_human	text	Preferred Phone Number					
city	occupational_human	text	City of residence					
county	occupational_human	dropdown	County of residence					
nonmcty	occupational_human	text	What county and state do you live in?					
zip	occupational_human	text	Zip code of	**List your counties				
dob	occupational_human	text	Date of Birth					
sex	occupational_human	dropdown	Sex	1, Male 2, Female 3, Other				
depart	occupational_human	text	Which department(s) do you work in?					
job_title	occupational_human	dropdown	What is yo	1, Provider (MD/APC) 2, Nursing staff 3, EMS/EMT 4,				
other_job	occupational_human	text	What is your job title?					
contact	occupational_human	radio	Did you w	1, Yes 0, No 9, Unknown				
			Because yc					
			• Hospital					
			• Hospital					
			Please clicl					
contactno	occupational_human	radio	0, I acknowledge and agree					
			Since you r					
			Please clicl					
unknownc	occupational_human	radio	0, I acknowledge and agree					
dates_wor	occupational_human	text	Dates of contact with patient					
duties	occupational_human	notes	Briefly, what were your job responsibilities with this patient?					
ppe_eyere	occupational_human	yesno	Due to COVID-19, were you wearing a mask and eye protection a					
gloves	occupational_human	yesno	Were you wearing gloves at all times with this patient?					
any_risk	occupational_human	yesno	Could you have had any phy					
bitten	occupational_human	yesno	Were you bitten by the patient?					
kissed	occupational_human	yesno	Were you kissed by the patient?					
saliva_con	occupational_human	yesno	Did the patient's saliv	Broken skin means a fresh wound in skin th				
csf_contac	occupational_human	yesno	Did the patient's cere	Broken skin means a fresh wound in skin th				
tears_cont	occupational_human	yesno	Did the patient's tear	Broken skin means a fresh wound in skin th				
intubate	occupational_human	yesno	Did you intubate or extubate this patient or were you present fo					
intubate_p	occupational_human	yesno	Were you wearing all appropriate personal protective equipmen					

intubate_occupational_human.yesno
trach_maioccupational_human.yesno
trach_ppe occupational_human.yesno
trach_contoccupational_human.yesno
lumbar_occupational_human.yesno
lumbar_ppoccupational_human.yesno
lumbar_cooccupational_human.yesno
needle_occupational_human.yesno
spec_cont:occupational_human.yesno
other_exp occupational_human.yesno
other_exp_occupational_human.yesno
any_conceoccupational_human.text
prev_vax occupatiorPrevious V.yesno
year_vax occupational_human.text

Did you notice saliva Broken skin means a fresh wound in skin th
Did you perform endotracheal tube or ventilator maintenance fo
Were you wearing all appropriate personal protective equipmen
Did you notice saliva Broken skin means a fresh wound in skin th
Did you perform a lumbar puncture or surgical procedures on thi
Were you wearing all appropriate personal protective equipmen
Did you notice CSF or Broken skin means a fresh wound in skin th
Did you have a needle stick injury after the needle had been in c
Did any lab specimen Broken skin means a fresh wound in skin th
Are there any other potential exposures you are concerned abou
Did the patient's cough, sneeze or saliva get into your eyes, nose
Please use this space to inform us of any other concerns you hav
Have you been previously vaccinated for rabies?
What year were you vaccinated?
Thank you for completing the survey. Based on your responses, y

- Hospital A Employee Health xxx-xxx-xxxx
- Hospital B Employee Health xxx-xxx-xxxx
- Hospital B Infection Prevention xxx-xxx-xxxx

no_risk occupatiorRecommerdescriptive

norisk_ackoccupational_human.radio

Please ack0, I acknowledge and agree
Based on this risk assessment, you had at least one response tha
Someone from Employee Health will be contacting you to provid

poss_risk occupational_human.descriptive

risk_acknooccupational_human.radio

Please ack0, I acknowledge and agree

date_asse:admin_review text

Date phone assessment compleide:admin_review date_mdy

investigatcadmin_review dropdown

Assessmer**list of public health or hospital staff reviewing surve

final_rec admin_review dropdown

Final Reco1, No PEP recommended | 2, PEP recommended | 3, F

notes admin_review notes

Notes

Identifier? Branching Required FCustom AliQuestion MMatrix GrcMatrix RarField Annotation

y

y

y

y

y

segment

LV

[tennessen]="0"

y

y

y

[county]=88

y

y

y

, Respiratory therapy y

[job_title] y

y

[contact]="0"

LV

[contact]="9"

LV

[contact]='y

[contact]='y

at all times [contact]='y

[contact]='y

/sical conta[contact]='y

LV

[contact]='y

[contact]='y

at has blec[contact]='y

at has blec[contact]='y

at has blec[contact]='y

r intubatio[contact]='y

t (i.e., gow[contact]='y

iat has blec[contact]='y
r this patie[contact]='y
t (i.e., gowi[contact]='y
iat has blec[contact]='y
is patient? [contact]='y
t (i.e., gowi[contact]='y
iat has blec[contact]='y
ontact with[contact]='y
iat has blec[contact]='y
it (e.g., pati[contact]='y
or mouth[contact]='y
e. [contact]="1"
[contact]='y
[contact]='y
/ou did not

! ([bitten] = '1' or [kissed] = '1' or [saliva_contact] = '1' or [csf_contact] = '1' or [tears_contact] = '1'

AND ([contact] <>"" and [other_exp] <>"")

! ([bitten] :

AND ([coniy LV

t requires f

e further a

([bitten] = '1' or [kissed] = '1' or [saliva_contact] = '1' or [csf_contact] = '1' or [tears_contact] = '1'

AND ([contact] <>"" and [other_exp] <>"")

([bitten] =

AND ([coniy

y**

EP booster recommended | 4, LTF

!' or [intubate_contact] = '1' or [trach_contact] = '1' or ([lumbar_contact] = '1' or ([lumbar_contact] = '0' and

or [intubate_contact] = '1' or [trach_contact] = '1' or ([lumbar_contact] = '1' or ([lumbar_contact] = '0' and [I

[lumbar_ppe] = '0')) or ([intubate_contact] = '1' or ([intubate_contact] = '0' and [intubate_ppe] = '0')) or ([tra

lumbar_ppe] = '0')) or ([intubate_contact] = '1' or ([intubate_contact] = '0' and [intubate_ppe] = '0')) or ([trac

ach_contact] = '1' or ([trach_contact] = '0' and [trach_ppe] = '0')) or [needle] = '1' or [other_exp_contact] = '1

:h_contact] = '1' or ([trach_contact] = '0' and [trach_ppe] = '0')) or [needle] = '1' or [other_exp_contact] = '1'

l' or [spec_contact]='1')

or [spec_contact]='1')