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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):	
2. Interviewer name:	
3. Interviewer agency:	
4. Interviewer phone contact:	
5. Interviewer email contact:	

🗆 Yes 🗆 No

6. Respondent identity (check one):

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

Section 2: Patient demographics

7. Patient ID:

- 8. U.S. citizen
- 9. Patient first name:
- 10. Patient middle name:
- 11. Patient last name:

Patient ID:_____

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

1

13. A	ge (years):	
14 54	ex assigned a birth (choose	
one):	ex assigned a birtin (choose	
	Female	
	Male	
	Other (specify):	
15. G	ender identity (choose one):	
	Woman	
	Man	
	Transgender woman	
	Transgender man	
	Genderqueer, or gender non-	
_	binary, or gender diverse	
	Other gender identity (specify):	
16 54	exual 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. Ra	ace (check all that apply):	
	American Indian/Alaska Native	
	Asian	
	Black or African American	
	Native Hawaiian or Other Pacific Islander	
	White	
	White	
18. Et	hnicity (check one):	
	Hispanic or Latino	
	Non-Hispanic or Latino	
19 P:	atient's occupation (describe):	
secti	on 3: Household demogr	aphics

S

20. State of Residence:

21. County of residence:

Patient ID:	
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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

22. Zip code:

23. Location of residence if outside USA:

- Spanish
- Other (specify)

Section 4: Patient medical history

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

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 1 st , 2022?	Yes ONO 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

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/YYY)

32. Has patient been hospitalized?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?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):

🗆 Yes 🗆 No

□ Yes □ No

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□ Fever□ Rash

□ Enlarged lymph nodes

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

- □ Cough
- □ Eye lesions
- □ Conjunctivitis
- Pruritis (itching)
- Vomiting or nausea
- \Box Chills

- Malaise (general feeling of illness/weakness)
- Myalgia (muscle aches)
- Headache
 - Tenesmus/urgency to defecate
- Rectal pain
 - □ Rectal bleeding
 - Pus or blood on stools
 - Other (describe)
- 36. If patient had fever, what was the date of
- fever onset? (MM/DD/YYYY)
- 36a. Was the fever subjective?
- 36b. Was the fever measured?
- 36c. Was the fever measured to be above $100.7^{\circ}F \square$ Yes \square 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

 - □ Legs
 - Palms of hands
 - $\ \ \Box \qquad {\sf Soles of feet}$
 - □ Genitals
 - D Perianal
 - Other location (describe)

□ Yes □ No □ Yes □ No 37b. If patient had a **rash**, where was it located? (Choose all that apply)

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

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

- $\Box \qquad 1-10$
- 10-50
- $\Box = 50 100$
- □ >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	🗆 Yes	🗆 No 🗆 Don't know
development (in other words, do all the lesions		
look similar)?		
38b. Are all the lesion on the same site of the	🗆 Yes	🗆 No 🗆 Don't know
body?		
38c. Are all the lesions the same size?	🗆 Yes	🗆 No 🗆 Don't know
38d. Are the lesions deep seated and profound	🗆 Yes	🗆 No 🗆 Don't know
(in other words, are the lesions deep in the skin)?		
38e. Are the lesions well-circumscribed (in other	🗆 Yes	🗆 No 🗆 Don't know
words, are the lesions well defined from the		
surrounding skin)?		
38f. Are the lesions umbilicated (in other words,	🗆 Yes	🗆 No 🗆 Don't know
are the centers of the lesions depressed like a		

navel)?

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

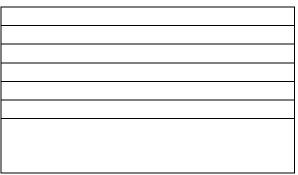
(within the three weeks before the patient's

symptom onset) (MM/DD/YYYY):

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

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

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

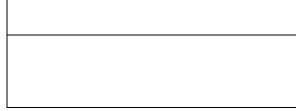


□ Yes □ No □ Don't know

 \Box Yes \Box No \Box Don't know

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-toface 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 #)

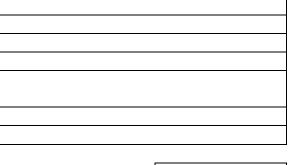
44. What types of sex and/or close intimate contact did the patient engage in? (Check all that apply.)

- □ 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
- U Vagina
- Pharynx (oral)
- □ Rectum (anal)
- □ Other (specify)

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



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□ 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? 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
- I. social event (e.g., wedding, etc.)
- m. cruise ship(s)
- n. sex party at a private home
- o. support groups
- p. other (specify)

Hornet

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

- □ Grindr
- □ Scruff
- □ Adam4Adam RADAR
- □ BarebackRT (BBRT)
- □ Tinder
- □ Facebook
- □ Recon
- Daddyhunt

□ BlackGayChat

- □ Jack'd
- □ Growlr □ Squirt OKCupid □ Asspig □ Manhunt □ Meet me □ Gay.com \Box Other:

Instagram

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				

Ask after completing the partner-specific questions:

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

52a. If yes, did the patient <u>give</u> items (drugs/money/favors/food/housing) to them or <u>receive</u> 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	🗆 Yes	□ No
preceding the onset of symptoms?		

There is room at the end of the questionnaire for

additional trips.

Trip #1

53a. If yes, domestic or international travel?

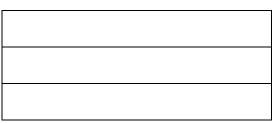
- □ Domestic
- □ International
- 53c. Specify departure city:
- 53d. Specify arrival city:
- 53c. Dates of travel (MM/DD/YYYY):
- 53d. If yes, mode of travel used (choose all that apply):
 - □ Airplane (specify airline and flight number):
 - □ Train
 - □ Subway
 - □ Bus
 - □ Ride-share
 - Private vehicle
 - □ Other (describe):

54. Did the patient touch any live animals in the three weeks before symptom onset?

 \Box Yes \Box 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):



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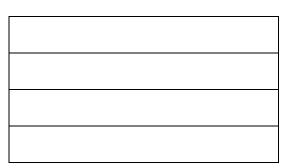
55. Did the patient touch any dead animals or animal products in the 3 weeks before symptom onset? 55a. If yes, what type of contact? (Choose all that apply)

- 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
Yes
No

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.?)
56a. If yes, describe:

□ Yes □ No

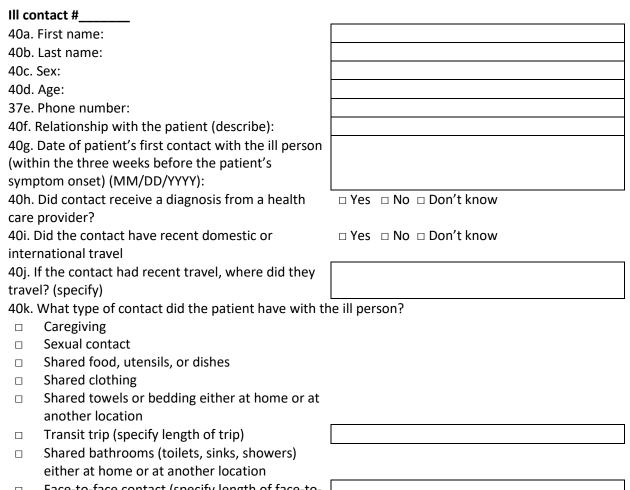


Section 7: Laboratory testing (information likely needs to be collected from medical records)

57. Were patient specimens collected \Box Yes \Box No

58. Specimen co	llection and orth	opoxvirus testing i	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
,					

Additional space for question 40



- □ Face-to-face contact (specify length of face-toface contact)
- □ Other (describe):

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				

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):