



**EBOLA RISK ASSESSMENT QUESTIONNAIRE
for Colleges and Universities**

Ebola outbreaks are occurring in Africa and may spread to other locations. The current outbreak-affected countries include Guinea, Liberia, Nigeria, Sierra Leone, Senegal and the Democratic Republic of the Congo. The Delaware Division of Public Health is contacting Delaware school/college/university faculty, staff, and students who are recently traveling from the Ebola outbreak-affected countries to inquire about any potential exposures to Ebola, and to ask about any symptoms of illness experienced since arrival to the United States.

Since you have recently traveled from an area identified by the Centers for Diseases Control and Prevention as the Ebola affected area, we would like to ask you some specific questions concerning your health, possible contacts with person(s) who might be afflicted with Ebola, and possible contacts with any animals that might be carriers of the virus.

Please understand that the purpose of this screening is to allow early identification of individuals who might have been exposed to Ebola in order to monitor for potential illness and begin early medical care if needed. These measures will protect you and prevent the spread of the virus into the community.

SECTION I: Demographics Information

- 1. Full name (last, first, middle initial): _____
- 2. Date of birth (MM/DD/YYYY): ____/____/____ Age: _____
- 3. Gender: Male Female
- 4. Full address: _____

SECTION II: Travel History

- 5. Have you travelled to Africa within the past 30 days? Yes No

(If no travel to Africa, STOP the screening)

If yes:

What countries and cities did you visit within the past 30 days while you were in Africa? And what dates were you in each city/country?

Country	City	Date Arrived	Date Departed
		__/__/__	__/__/__
		__/__/__	__/__/__
		__/__/__	__/__/__
		__/__/__	__/__/__
		__/__/__	__/__/__
		__/__/__	__/__/__
		__/__/__	__/__/__
		__/__/__	__/__/__

(If no travel to Guinea, Senegal, Sierra Leone, Liberia, Nigeria or Democratic Republic of Congo, STOP the Screening)



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

When did you depart/arrive, and which airports did you depart/arrive?

Travel	Departure	Departure Airport	Arrival	Arrival Airport
	__/__/__		__/__/__	
	__/__/__		__/__/__	
	__/__/__		__/__/__	
	__/__/__		__/__/__	
	__/__/__		__/__/__	
	__/__/__		__/__/__	

SECTION III: Exposure Risk and Clinical Screening

6. Did you have recent contact with anyone who was sick while you were in Africa?

Yes No

If yes, please describe their symptoms and the type of contact:

Symptoms		Contact	
Fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shaking hand	Yes <input type="checkbox"/> No <input type="checkbox"/>
Headache	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hugs	Yes <input type="checkbox"/> No <input type="checkbox"/>
Muscle/joint pain	Yes <input type="checkbox"/> No <input type="checkbox"/>	In the same room	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nausea/vomiting	Yes <input type="checkbox"/> No <input type="checkbox"/>	Household contact	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diarrhea	Yes <input type="checkbox"/> No <input type="checkbox"/>	Kissing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Abdominal pain	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sexual contact	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hemorrhage/bleeding	Yes <input type="checkbox"/> No <input type="checkbox"/>	Touching	Yes <input type="checkbox"/> No <input type="checkbox"/>

Others (please describe):

7. Were you involved in providing health care or supportive care in a region, facility, or household with any suspected/confirmed cases of Ebola or any sick person(s) while you were in Africa (e.g.: changing dressings, bathing, changing bed linens, feeding etc.)?

Yes No

If yes, please describe: _____

8. Were you in contact with anyone who was diagnosed with or suspected to have Ebola infection?

Yes No

If yes, please describe: _____

During the contact, were you wearing personal protective equipment (e.g. gown, gloves, eye protection, etc.)?, please describe: _____



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

9. Did you have contact with body fluids e.g. blood, saliva, sweat, nasal secretions, urine, tears, stool, including laboratory specimens or did you sustain any needle stick injuries related to caring for a person diagnosed with or potential Ebola infection?

Yes No

If yes please describe: _____

During the contact, were you wearing personal protective equipment (e.g. gown, gloves, eye protection, etc)?, please describe: _____

10. Did you participate in any funeral preparations/burial services/funeral rites for a deceased person suspected or diagnosed with Ebola infection?

Yes No

If yes please describe: _____

11. Did you have contact with animals, specifically bats, non-human primates, antelopes or porcupines while you were in Africa?

Yes No

If yes please describe: _____

12. Were you ill within the past 21 days during your time in Africa?

Yes No

If yes, were you seen by a physician or did you visit a healthcare facility in Africa?

Please describe: _____

13. In the last 21 days, have YOU experienced any of the following symptoms?

Symptoms			Description	
			Onset date	Resolved date
Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_/_/____	_/_/____
Headache	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_/_/____	_/_/____
Muscle/joint pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_/_/____	_/_/____
Nausea/vomiting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_/_/____	_/_/____
Diarrhea	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_/_/____	_/_/____
Abdominal pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_/_/____	_/_/____
Hemorrhage/bleeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_/_/____	_/_/____
Others:				
_____			_/_/____	_/_/____
_____			_/_/____	_/_/____



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

14. In the last 21 days, have you experienced any illness that required you to consult your doctor or healthcare provider?

Yes No

If yes, did he or she order any lab tests? Yes No

May we contact him/her? Yes No

Physician/doctor contact information: _____

Ebola has an incubation period as long as 21 days. However, most symptoms start to appear within 8-10 days post exposure. It is recommended that:

- If an individual has a *consistent travel history* and *negative screen results* (answering "No" to all questions in section III), monitor temperature daily (2 times per day) until it has been 21 days since he/she left West Africa. Please immediately call the Delaware Division of Public Health at **888-295-5156** (Monday-Friday: 8:30 a.m. - 4:30 p.m.) or **302-744-4700** (after 4:30 p.m., weekends, and holidays) if you develop any fever or/and other symptoms or have any questions.
- If an individual has a *consistent travel history* and *affirmative screen results* (answering "Yes" to any questions in section III): immediately consult the Delaware Division of Public Health to determine a plan for closer monitoring of symptoms and additional instructions.