

NJDOH MONKEYPOX INVESTIGATION WORKSHEET

MR #: _____

CDRSS #: _____

Demographics									
Patient Last Name			First Name			DOB:		Phone number	
Address					City			Municipality	
Ethnicity	Hispanic	Race	White	Pacific Islander		Sex Assigned at Birth:		Male	Female
	Non-Hispanic		Black	American Indian or Alaskan Native		Gender:		Male	Female
	Unknown		Asian	Unknown		Male	Female	Transgender	Other
Occupation					Industry / work setting				
Physician and Facility Information									
Treating physician					Lab contact information				
Name:					Name of lab:				
Facility name:					Point of contact at lab:				
Address:					Address:				
Phone:			Fax:		Phone:			Fax:	
Email:					Email:				
Clinical Status:									
Sign/Symptom	Response			Onset	Additional required information				
Backache	Yes	No	Unk						
Chills	Yes	No	Unk						
Exhaustion	Yes	No	Unk						
Fever ($\geq 100.4^{\circ}\text{F}$)	Yes	No	Unk		Highest home temp: _____ F				
					OR Subjective fever only (mark X) _____				
					Measured temp in office: _____ F				
Headache	Yes	No	Unk						
Lymphadenopathy (as assessed by clinician)	Yes	No	Unk		Description (generalized v. localized; location of lymphadenopathy):				
Myalgia	Yes	No	Unk						
Rash	Yes	No	Unk		Description (macular, papular, etc.):				
					Location on body:				
					Rash progression:				

Additional signs/symptoms:

Is the person **vaccinated** for smallpox or monkeypox? Routine vaccination for smallpox ended in US in 1972. If yes, # of vaccines and when (if they don't know, have the person estimate the year, and request their immunization records).

Yes No Unk

Date of Vaccination 1: _____ Date of Vaccination 2: _____

Is the person **vaccinated** for *varicella* (chickenpox)? If yes, # of vaccines and when (if they don't know, have the person estimate the year, and request their immunization records).

Yes No Unk

Date of Vaccination 1: _____ Date of Vaccination 2: _____

If no: Did patient have a previous varicella infection (chickenpox)?

Yes No Unk Date of infection: _____

Pre-existing conditions:

RISK FACTORS

<p>In the 21 days before illness onset, did the patient have travel to an area with confirmed cases of monkeypox or an endemic area such as Central or West Africa?</p> <p style="text-align: center;">Yes No Unk</p>	<p>Location: _____</p> <p>Date(s): _____ to _____</p>
<p>In the 21 days before illness onset, did the patient have contact with an animal that could harbor the virus (including animals that are sick or that have been found dead in areas where monkeypox occurs)?</p> <p style="text-align: center;">Yes No Unk</p>	<p>Location of exposure: _____</p> <p>Describe contact: _____</p> <p>Date(s): _____ to _____</p>
<p>In the 21 days before illness onset, did the patient have contact with any materials, such as bedding, that has been in contact with a sick person or animal?</p> <p style="text-align: center;">Yes No Unk</p>	<p>Location of exposure: _____</p> <p>Describe contact: _____</p> <p>Date(s): _____ to _____</p>
<p>In the 21 days before illness onset, did the patient have exposure to a person diagnosed with monkeypox, or with a person who has a similar appearing rash?</p> <p style="text-align: center;">Yes No Unk</p>	<p>Location of exposure: _____</p> <p>Describe exposure: _____</p> <p>Date(s): _____ to _____</p>

<p>In the 21 days before illness onset, did the patient handle clinical specimens from a confirmed monkeypox case?</p> <p style="text-align: center;">Yes No Unk</p>	<p>Location of exposure:</p> <p>Describe contact with clinical specimens:</p> <p>PPE donned:</p> <p>Date(s): _____ to _____</p>
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<p>Does the patient have sex with men, women, or both?</p> <p style="text-align: center;">Men Women Both</p>	<p>Number of partners in 21 days prior to symptom onset: ____</p>
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LABORATORY TESTING

Test Ordered	Yes	No	Specimen Collection Date	Result	If result is pending, Estimated Date of Result
Dengue	Yes	No			
Malaria	Yes	No			
Measles	Yes	No			
Respiratory Virus Panel	Yes	No			
Typhoid	Yes	No			
Varicella (VZV)	Yes	No			
Syphilis	Yes	No			
Herpes	Yes	No			
Other:					
Other:					
Other:					
Other:					

CASE NOTES OR OTHER COMMENTS