

PUBLIC HEALTH INTERVIEW

Intended for Public health staff.

Date of interview: ____/____/____ Health care setting: _____

ID/Passport No: _____

Identification

Surname: _____

Name(s): _____

Date of birth: ____/____/____ Age (years): _____ Sex: _____

Place/Hotel/address where patient stayed: _____

Nationality: _____

Profession: _____

Exposure risk

Countries with Ebola virus disease (EVD): [Smittskyddsläkaren County Medical Officer](#), [WHO](#) and [Public Health Agency of Sweden](#) update information about spread of EVD.

EXPOSURE RISK	Yes	No	Unknown
Has the patient been in contact with a suspected or confirmed case in the 3 weeks preceding the onset of the symptoms?			
Was the patient hospitalized or has he/she visited a hospitalized person in the 3 weeks preceding the onset of the symptoms?			
Has the patient consulted a health worker/traditional healer in the 3 weeks preceding the onset of the symptoms?			
Has the patient attended any funerals in the 3 weeks preceding the onset of the symptoms?			
Has the patient had contact with any wild animals in the 3 weeks preceding the onset of the symptoms?			
Country/Countries visited 21 days before onset of symptoms: _____			

Patient's condition

Current condition: _____

History

Does the patient show any of the following symptoms?
(tick all applicable)

	Ja	Nej	Okänt
Has the patient had a fever?			
If yes, what temperature?			

Date of onset of symptoms (DD/MM/YYYY): ____/____/____

Symtom	Yes	No	Unknown
Headaches			
Diarrhoea			
Sore throat			
Stomach pain			
Vomiting			
Lethargy			
Anorexia			
Muscular pain			
Difficulty breathing			
Difficulty swallowing			
Intense coughing			
Hiccups			
Skin rash			
Bleeding at injection points			
Bleeding gums (gingivitis)			
Bleeding in eye (conjunctival infektion)			
Dark or bloody stool (melena)			
Nosebleed (epistaxis)			
Vomiting of blood (haematemesis)			
Vaginal bleeding outside of menstruation			

Laboratory

Have laboratory samples been taken? Any results?
