

RABIES EXPOSURE QUESTIONNAIRE FOR HEALTHCARE WORKERS

Last name: _____ First name: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Work phone: _____

1. Age: _____ 2. Gender: M F

3. In which department do you work? _____

4. Job title: _____

5. Did you have any physical contact with the patient, his secretions, his laboratory specimens, or his tissue?
Yes No If NO, go to question #11

6. Were you bitten by the patient? Yes No If yes, where were you bitten? _____
Date of bite: _____

7. Were you kissed by the patient? Yes No If yes, where were you kissed? _____
Date: _____

8. Did you have an open wound (one that was open and bleeding within the past 24 hours) or recent abrasion that came into contact with the patient's fluids?
Yes No If yes, date of contact _____

Location of wound _____

Describe wound & when incurred _____

Which fluids?

- saliva _____
- sputum _____
- respiratory secretions _____
- cerebrospinal fluid _____
- tears _____
- vomitus _____
- other (specify) _____

9. Did any of the patient's secretions come into contact with any of your mucous membranes (eyes, nose, mouth)? Yes No

If yes, which fluids?

- saliva _____
- sputum _____
- respiratory secretions _____
- cerebrospinal fluid _____
- tears _____
- vomitus _____
- other (specify) _____

Describe the circumstances:

10. Did the patient ever cough or sneeze into your face such that you felt saliva or respiratory secretions spray your face? *Yes* *No*

If yes, were you wearing a mask? *Yes* *No*

If yes, were you wearing eye protection? *Yes* *No*

11. Did you participate in any of the following procedures performed on the patient? (circle one or more)

- intubation
- suctioning e.t. tube while it was disconnected from ventilator circuit
- lumbar puncture
- NG tube insertion
- bronchoscopy

If yes, did any of the fluids from these procedures contact a mucosal surface or an open wound on your body? *Yes* *No*

If yes, describe _____

12. Have you ever been vaccinated against rabies? *Yes* *No*

If yes, did you receive **pre**-exposure prophylaxis? *Yes* *No* *Date:* _____

or did you receive **post**-exposure prophylaxis? *Yes* *No* *Date:* _____

13. In your opinion, if you think that you sustained a significant exposure that has not been addressed in any of the above questions, please state it here:

Interviewer _____ Date _____

Rabies prophylaxis recommended: Y N

Rabies prophylaxis requested: Y N

Rabies prophylaxis performed: Y N