

Supplemental List of Community Contacts* Since Date of Symptom Onset

EID:

CDC ID:



Use this supplemental form to record information on community contacts identified who are not listed in the Case Investigation Form.

Date of interview: _____

Name of informant: _____ Phone: _____ Relationship to Case: _____

Name of interviewer: _____ Phone: _____ Affiliation: _____

Use the following as probing questions to supplement the initial list of contacts generated: Is there anyone else s/he may have interacted with at [Restaurant X]? Did s/he meet with any business partners/colleagues that s/he does not normally interact with? Did s/he interact with anyone at his/her child's school (teacher, classmates, other parents, etc.)?

No	First name	Last name	Sex	Relation to case	Last contact date	Street address	City	State	Phone	Description of interaction
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

* See page 8 on Form E, N.C. Case Investigation Form (CDC FORM 1- Ebola Case Investigation Form – 11/13/2014) for guidance for interviewer on defining contact