

**Form B: - tool to assess patient exposure
(call patients with EM)**



**** THIS STEP SHOULD BE LIMITED TO CASES WITH DOCUMENTED EM BY HEALTHCARE PROVIDER**

Optional Script

“Hello, this is (**your name**), a (**nurse/sanitarian**) from (**county name**) County Health Department. I am following up on a recent report our department received about (**case name**)’s Lyme disease illness. In order for us to better understand the risk for Lyme disease in our county, I would like to ask you a few questions about the time leading up to your illness.”

A. One what date were symptoms first noticed? (month/day/year): ____/____/____

B. Did you travel outside of your home county within 30 days of the start of your symptoms?
 YES NO

a. If yes, report travel information:

Destination (city, state)	Date of departure (month/day/year)	Date of return (month/day/year)

C. Did you recall finding any ticks on your body during the 30 days prior to the start of your symptoms? YES NO

b. If yes, enter tick bite details:

Patient’s location when tick found (city, state)	Was tick attached? (yes/no/unknown)	Date tick found (month/day/year)

Thank the patient, and end the call.