



# Human Infection with 2019 Novel Coronavirus (nCoV) Household/Close Contact Investigation Form

**Date of Interview (M/D/Y):**

## Household/Close Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Primary language: \_\_\_\_\_ Translator used for this form? Y N

## Interviewer Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Affiliation/Organization: \_\_\_\_\_

## Interview Source

Contact  Other, specify name: \_\_\_\_\_

Relationship to contact \_\_\_\_\_

Reason contact unable to be interviewed:  minor  other, specify \_\_\_\_\_

Has the contact had symptoms consistent with the current PUI criteria? Y N

*If yes, then STOP and DO NOT COMPLETE THIS FORM. Contact should be referred for PUI evaluation.*

Was this contact exposed to the confirmed 2019-nCoV case listed above? Y N

Date of contact's last exposure to 2019-nCoV case (M/D/Y) \_\_\_\_\_

Has the contact had symptoms consistent with the current PUI criteria? Y N

*If the date of last exposure to case-patient is >14 days, then STOP and DO NOT COMPLETE THIS FORM.*

*If the date of last exposure to case-patient is ≤14 days, then COMPLETE THIS FORM.*

## Demographics

Date of birth (M/D/Y) \_\_\_\_\_ Age \_\_\_\_\_  months  years

Sex M F U.S. Resident Y N Country of Birth (if not U.S.) \_\_\_\_\_

Ethnicity:

- Hispanic of Latino
- Non-Hispanic or Latino



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State/Local ID:

CDC ID:

2019-nCoV CDC PUID:

Race (select all that apply):

- White
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

### Exposures to Case-Patient

Relationship to 2019-nCoV case: \_\_\_\_\_

Period of Exposure:

From: Date of symptom onset in 2019-nCoV case-patient

m/d/y \_\_\_\_\_

Through: Last contact with 2019-nCoV case-patient

m/d/y \_\_\_\_\_

Setting: Household Leisure Work School/University Transit Healthcare Other \_\_\_\_\_

**If HEALTHCARE SETTING selected, skip to "Social History" section and complete the "Tracking Form for Asymptomatic Healthcare Personnel Potentially Exposed to nCoV" form**

During the period of exposure, did the contact?

	Answer	Estimated frequency (e.g., daily, 2x daily, etc.)	Estimated duration (specify units)
Have face to face contact?	Y N		
Have direct physical contact? (e.g., hug, shake hands, etc.)	Y N		
Have exposure to the case coughing or sneezing?	Y N		
Take an object handed from or handled by the case? (e.g., pen, paper, fork, etc.)	Y N		
In the same room as the case?	Y N		
Physically within 6 feet of the case?	Y N		

### Social History

Smoker (tobacco): Current Former No/Unknown If current, how many packs per day? \_\_\_\_\_

Alcohol: Current Former No/Unknown

### Past Medical History

Does the contact have any of the following pre-existing medical conditions currently?

Chronic metabolic disease

Diabetes: Type 1 or Type 2

Y N

Other (specify)

Y N

Chronic lung disease



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Asthma/Reactive Airway Disease	Y N
Emphysema/COPD	Y N
Tracheostomy	Y N
Active Tuberculosis	Y N
Use of supplemental oxygen at home	Y N
Other (specify)	Y N
<b>Blood disorders</b>	
Sickle Cell Anemia	Y N
Splenectomy/asplenia	Y N
Other (specify)	Y N
<b>Immunocompromising conditions</b>	
HIV	Y N
AIDS or CD4 count < 200	Y N
History of hematopoietic stem cell transplant	Y N
History of solid organ transplant (specify organ: )	Y N
Cancer in last 12 months (specify: )	Y N
Chemotherapy/Radiation therapy in last 12 months	Y N
Primary immunodeficiency	Y N
Steroid therapy (for >2 weeks)	Y N
Other (specify)	Y N
<b>Renal Disease</b>	
Chronic kidney disease/Chronic renal insufficiency	Y N
End stage renal disease	Y N
Dialysis	Y N
Other (specify)	Y N
<b>Cardiovascular disease</b>	
Hypertension	Y N
Coronary artery disease	Y N
Heart failure/CHF	Y N
Cerebrovascular accident/Stroke	Y N
Congenital heart disease	Y N
Other (specify)	Y N
<b>Neuromuscular/Neurologic Disorder</b>	
Dementia/Alzheimer's Disease	Y N
Severe developmental delay	Y N
Plegias/paralysis	Y N
Epilepsy/seizure disorder	Y N
Other (specify)	Y N
<b>Liver</b>	
Alcoholic hepatitis	Y N



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Chronic liver disease	Y N
Cirrhosis/End stage liver disease	Y N
Hepatitis B, chronic (HBV)	Y N
Hepatitis C, chronic (HCV)	Y N
Non-alcoholic fatty liver disease (NAFLD)/NASH	Y N

If female, currently pregnant? Y N

*Use this space to specify any specific activities that case-patient and contact did together, etc.; specific places the case-patient and contact*