Form Approved. OMB No. 0920-1011 Exp. 08/02/2020

SARS-CoV-2 Cook County Questionnaire V22 rev 4/30/2020

(Correctional Facility Transmission Investigation)

Day 14 Form

CDC ID: _____

Interviewee Information

Booking or JDE Number:_____

Specimen ID

First:_____ Last:_____

Date of birth:____/____/_____(MM/DD/YYYY)

CDC ID_____

Form Approved. OMB No. 0920-1011 Exp. 08/02/2020

SARS-CoV-2 Cook County Questionnaire V22 rev 4/30/2020
(Correctional Facility Transmission Investigation)
Day 14 Form

CDC ID: _____

Administrative Information

1. Interviewer Name: First: _____Last:_____ Date: _____/____/_____
2. Housing [*detainee*] or work [*staff*] location: Division: _____ Unit: _____ Tier:_____ Other:_____
3. At the unit, the number of current: Staff present:_____ Cells:_____ Detainees:_____
4. Interviewee: ☐ Detainee ☐ Staff

Symptoms

5. *Use no touch thermometer to record current temperature*: _____°F
6. In the last two weeks, have you experienced any of the following symptoms*? [If symptoms are still ongoing, mark the checkbox and leave the second date blank]*

	Symptom Present ?	Onset Date (mm/dd)	End Date/Ongoing (mm/dd)
Fever >100.4F (38C)[c]	☐Yes ☐No ☐Unk	___/___	___/___ ☐Ongoing
Subjective fever (felt feverish, or hot/sweaty)	☐Yes ☐No ☐Unk	___/___	___/___ ☐Ongoing
Chills	☐Yes ☐No ☐Unk	___/___	___/___ ☐Ongoing
Muscle aches (myalgia)	☐Yes ☐No ☐Unk	___/___	___/___ ☐Ongoing
Runny nose (rhinorrhea)	☐Yes ☐No ☐Unk	___/___	___/___ ☐Ongoing
Nasal congestion	☐Yes ☐No ☐Unk	___/___	___/___ ☐Ongoing
Sore throat	☐Yes ☐No ☐Unk	___/___	___/___ ☐Ongoing
Cough (new onset or worsening of chronic cough)	☐Yes ☐No ☐Unk	___/___	___/___ ☐Ongoing
Shortness of breath (dyspnea)	☐Yes ☐No ☐Unk	___/___	___/___ ☐Ongoing
Abdominal pain	☐Yes ☐No ☐Unk	___/___	___/___ ☐Ongoing
Diarrhea (≥3 loose/looser than normal stools/24hr period)	☐Yes ☐No ☐Unk	___/___	___/___ ☐Ongoing
Nausea	☐Yes ☐No ☐Unk	___/___	___/___ ☐Ongoing
Vomiting	☐Yes ☐No ☐Unk	___/___	___/___ ☐Ongoing
Headache	☐Yes ☐No ☐Unk	___/___	___/___ ☐Ongoing
Loss of taste ☐Complete ☐Partial	☐Yes ☐No ☐Unk	___/___	___/___ ☐Ongoing
Loss of smell ☐Complete ☐Partial	☐Yes ☐No ☐Unk	___/___	___/___ ☐Ongoing
Other, specify:	☐Yes ☐No ☐Unk	___/___	___/___ ☐Ongoing

Facility Questions (these questions are about a typical day in the last two weeks)

7. At this facility, how many different people are you in contact with (<6 ft) on an average day?_____
8. In the last two weeks, have you [*had handcuffs put on / placed handcuffs on a detainee*]?
   ☐ Yes ☐ No ☐ Unknown
   a. If yes, how many times per day (1 time would be once per day having them put on and taken off)? _____

Sanitation levels

9. How many times per day do you wash or sanitize your hands (on average)?_____
10. When you wash your hands, do you use (check all that apply): ☐ Soap ☐ Hand sanitizer ☐ Water ☐ Don't wash hands ☐ Unknown

11. When do you wash your hands (check all that apply)? ☐ Before eating ☐ After touching a shared phone ☐ After coughing or sneezing ☐ After touching another person ☐ After using the bathroom ☐ After touching dirty laundry ☐ After working ☐ Never ☐ Unknown

12. Have you worn a mask at the facility in the last 2-weeks? ☐ Yes ☐ No ☐ Unknown
    a. If yes, what type of mask (check all that apply)? ☐ Cloth ☐ Surgical ☐ Unknown ☐ Other, specify:_____
    b. When around others (<6 ft), how often do you wear a mask? ☐ Always ☐ Sometimes ☐ Occasionally ☐ Never ☐ Unknown

Form Approved. OMB No. 0920-1011 Exp. 08/02/2020

SARS-CoV-2 Cook County Questionnaire V22 rev 4/30/2020
(Correctional Facility Transmission Investigation)
Day 14 Form

CDC ID: _____

c. When outside of your cell, how often do you wear a mask? ☐ Always ☐ Sometimes ☐ Occasionally ☐ Never ☐ Unknown

Movement and Activity History

13. While in this facility, have you done any of the following activities in the last two weeks?

Activity	Answer	Frequency
…shaken hands with a person?	☐ Yes ☐ No	☐ Daily ☐ A few times a week ☐ Once a week
…played cards or a game with a person?	☐ Yes ☐ No	☐ Daily ☐ A few times a week ☐ Once a week
…used a phone that is shared with others?	☐ Yes ☐ No	☐ Daily ☐ A few times a week ☐ Once a week
…used a computer that is shared with others?	☐ Yes ☐ No	☐ Daily ☐ A few times a week ☐ Once a week
…shared items with a person? (cards, checkers, remote control, basketball, pen, pencil, dominos, etc)	☐ Yes ☐ No	☐ Daily ☐ A few times a week ☐ Once a week
…exercised, worked out, or played sports with a person?	☐ Yes ☐ No	☐ Daily ☐ A few times a week ☐ Once a week
…slept in the same cell/room as a person?	☐ Yes ☐ No	☐ Daily ☐ A few times a week ☐ Once a week
…shared a cigarette or vape pen with a person?	☐ Yes ☐ No	☐ Daily ☐ A few times a week ☐ Once a week
…shared a plate, utensil, or drinking cup/glass with a person?	☐ Yes ☐ No	☐ Daily ☐ A few times a week ☐ Once a week
…used a bathroom that is shared with others?	☐ Yes ☐ No	☐ Daily ☐ A few times a week ☐ Once a week
…traveled in the same vehicle (car, bus), sitting within 6 feet of a person?	☐ Yes ☐ No	☐ Daily ☐ A few times a week ☐ Once a week
…gone to court?	☐ Yes ☐ No	☐ Daily ☐ A few times a week ☐ Once a week
…[*detainee only*] had a work assignment off your tier?	☐ Yes ☐ No	☐ Daily ☐ A few times a week ☐ Once a week

Potential Exposure

14. In the last two weeks have you been around any people who appear to be sick and have COVID-19 symptoms, such as a fever, cough, or shortness of breath?
☐ Yes ☐ No ☐ Unknown (*If yes,* how many? _____)

SARS-CoV-2 testing

15. Have you ever been offered a test for coronavirus? ☐ Yes ☐ No ☐ Refused ☐ Unknown

a. If yes, have you been tested for coronavirus? ☐ Yes ☐ No

i. Date of most recent test:_____(MM/DD/YYYY)

ii. Were you experiencing symptoms when you were tested? ☐ Yes ☐ No

SARS-CoV-2 Cook County Questionnaire V22 rev 4/30/2020
(Correctional Facility Transmission Investigation)
Day 14 Form

CDC ID: _____

iii. Result of most recent test: ☐ Positive ☐ Negative ☐ Pending ☐ Indeterminate ☐ Don't know/other _____