Form Approved. OMB No. 0920-1011 Exp. 08/05/2020

SARS-CoV-2 Louisiana Questionnaire V1 rev 05/04/2020

(Correctional Facility Transmission Investigation)

Day 0/1 Form

CDC ID: ________

Interviewee Information

Booking or JDE Number:_______________________________

Specimen ID

First:______________________________ Last:________________________________

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

CDC ID__________

NOTE: This page is for paper records only. Do not scan for data entry into the electronic database.

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Administrative Information

1. Interviewer Name: First: ____________________Last:_____________________ Date: ______/____/_______
2. Housing location: Dorm: ______ Other:_____________
1. Sleeping location: ☐ top bunk ☐ bottom bunk
2. Date quarantine initiated in dorm: _____/______/______
3. At the dorm, the number of current: Staff present:_________ Cells:____________ Detainees:____________

Demographic Information

4. Age: _______ Height:_______ (ft, in) Weight: _______ (lbs)
5. Ethnicity (select one): ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Not Specified
6. Race (check all that apply): ☐ White ☐ Black ☐ Asian ☐ Am Indian/Alaska Nat ☐ Nat Hawaiian/Other PI ☐ Other, specify:___________ ☐ Unknown
7. Sex: ☐ Male ☐ Female

Symptoms

8. *Use no-touch thermometer to record current temperature*: ________°F
9. In the last two weeks, have you experienced any of the following symptoms?

	Symptom Present Last 2 Weeks?	**Onset Date (mm/dd)**	**# of Days**	**Ongoing?**	**Last 2 Months?**
Fever >100.4°F (38° C)	☐ Yes ☐ No ☐ Unk	___/___		☐	☐
Subjective fever (felt feverish, or hot/sweaty)	☐ Yes ☐ No ☐ Unk	___/___		☐	☐
Chills	☐ Yes ☐ No ☐ Unk	___/___		☐	☐
Muscle aches (myalgia)	☐ Yes ☐ No ☐ Unk	___/___		☐	☐
Runny nose (rhinorrhea)	☐ Yes ☐ No ☐ Unk	___/___		☐	☐
Stuffy nose (nasal congestion)	☐ Yes ☐ No ☐ Unk	___/___		☐	☐
Sore throat	☐ Yes ☐ No ☐ Unk	___/___		☐	☐
Cough (new onset or worsening of chronic cough)	☐ Yes ☐ No ☐ Unk	___/___		☐	☐
Shortness of breath (dyspnea)	☐ Yes ☐ No ☐ Unk	___/___		☐	☐
Abdominal pain	☐ Yes ☐ No ☐ Unk	___/___		☐	☐
Diarrhea (≥3 loose stools/24hr period)	☐ Yes ☐ No ☐ Unk	___/___		☐	☐
Nausea	☐ Yes ☐ No ☐ Unk	___/___		☐	☐
Vomiting	☐ Yes ☐ No ☐ Unk	___/___		☐	☐
Headache	☐ Yes ☐ No ☐ Unk	___/___		☐	☐
Loss of taste ☐ Complete ☐ Partial	☐ Yes ☐ No ☐ Unk	___/___		☐	☐
Loss of smell ☐ Complete ☐ Partial	☐ Yes ☐ No ☐ Unk	___/___		☐	☐
Other, specify:	☐ Yes ☐ No ☐ Unk	___/___		☐	☐

NOTE: For any of these symptoms, have you experienced them in the last two months? That means since ______(month).

Smoking Status *Note: Smoking is prohibited in the facility compound for all detainees.*

10. In the past, have you smoked tobacco on a daily basis, less than daily, or not at all?
    ☐ Daily ☐ Less than daily ☐ Not at all ☐ Unknown
11. [*If any use*] When was the last time you used tobacco? ________________ (MM/YYYY)

12. In the past, have you vaped or used electronic cigarettes on a daily basis, less than daily, or not at all?
    ☐ Daily ☐ Less than daily ☐ Not at all ☐ Unknown

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13. [*If any use*] When was the last time you used electronic cigarettes or vaping? ________________ (MM/YYYY)

Past Medical History

14. Please provide pre-existing medical conditions (complete regardless of age):

Condition	Response	If YES, specify
Health conditions that cause breathing problems?	☐ Yes ☐ No ☐ Unk/DK/Ref	☐ Asthma ☐ COPD (chronic obstructive pulmonary disease) ☐ Emphysema ☐ Lung Cancer ☐ Sleep Apnea ☐ Other, specify:_____________
Diabetes or problems with your blood sugar?	☐ Yes ☐ No ☐ Unk/DK/Ref	☐ Type 1 ☐ Type 2 Are you taking insulin? ☐ Yes ☐ No
Heart problems or high blood pressure?	☐ Yes ☐ No ☐ Unk/DK/Ref	☐ Congenital heart abnormalities ☐ Coronary artery disease ☐ Heart failure ☐ High cholesterol (Hyperlipidemia) ☐ High blood pressure (Hypertension) ☐ Heart attack (Myocardial infarction) ☐ Other, specify_____________
Kidney problems?	☐ Yes ☐ No ☐ Unk/DK/Ref	☐ Chronic kidney disease ☐ Dialysis ☐ End-stage renal disease ☐ Other, specify: ________
Liver problems?	☐ Yes ☐ No ☐ Unk/DK/Ref	☐ Cirrhosis ☐ End-stage liver disease ☐ Hepatitis B ☐ Hepatitis C ☐ Other, specify:___________
A disease, medication, or condition that weakens your immune system?	☐ Yes ☐ No ☐ Unk/DK/Ref	☐ Chemotherapy ☐ HIV/AIDS ☐ Lupus ☐ Steroids ☐ Other, specify:____________
Learning or memory problems or history of head injury?	☐ Yes ☐ No ☐ Unk/DK/Ref	☐ Dementia/Alzheimer's ☐ Neurodevelopmental Disorder ☐ Stroke ☐ Traumatic Brain Injury ☐ Other, specify:____________
Do you have other health/medical problems you would like me to know about?	☐ Yes ☐ No ☐ Unk/DK/Ref	Specify:____

Medication Use

15. **Currently,** what types of medications do you take for underlying conditions, including prescriptions & inhalers?

Do you take any medications for high blood pressure?
How about for infections caused by fungus, bacteria, or viruses? *(If yes, ask questions to fill in table below)*
How about any medications that may weaken your immune system and ability to fight infections? These medications are often used to treat autoimmune disorders or inflammation. *(If yes, ask questions to fill in table below)*
Do you use an inhaler? *(If yes, ask questions to fill in table below)*
Any other medications you may have forgotten? *(If yes, ask questions to fill in table below)*

Medication Name	Route	Frequency	Indication

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	☐ PO ☐ Injection ☐ Topical ☐ Inhaled ☐ Other ______________	☐ QD ☐ BID ☐ TID ☐ QOD ☐ Unknown ☐ Other _______________	
	☐ PO ☐ Injection ☐ Topical ☐ Inhaled ☐ Other ______________	☐ QD ☐ BID ☐ TID ☐ QOD ☐ Unknown ☐ Other _______________	
	☐ PO ☐ Injection ☐ Topical ☐ Inhaled ☐ Other ______________	☐ QD ☐ BID ☐ TID ☐ QOD ☐ Unknown ☐ Other _______________	

Facility Questions

16. At this facility, how many different people are you in contact with (<6 ft) on an average day?__________
17. In the last two weeks, have you had handcuffs put on? *(*Other than for this survey*)*
    ☐ Yes ☐ No ☐ Unknown
    If yes, how many times per day (1 time would be once per day having them put on and taken off)? _____

Sanitation Levels

18. How many times per day do you wash or sanitize your hands (on average)?____________________

19. When you wash your hands, do you use (check all that apply): ☐ Soap & Water ☐ Hand sanitizer ☐ Water alone ☐ Don't wash hands ☐ Unknown

20. 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

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

Movement and Activity History

22. 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,	☐ Yes ☐ No	☐ Daily ☐ A few times a week ☐ Once a week

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etc)		
…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? (Excludes video court)	☐ Yes ☐ No	☐ Daily ☐ A few times a week ☐ Once a week
…had a work assignment off your dorm?	☐ Yes ☐ No	☐ Daily ☐ A few times a week ☐ Once a week

23. Have you been assigned to any other dorms in the last 2 months? ☐ Yes ☐ No
    a. If yes, how many? __________
    b. If known, specify dorm(s):____

Potential Exposure

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

SARS-CoV-2 testing

25. 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. Did you experience any symptoms at the time you were tested? ☐ Yes ☐ No

        iii. Result of most recent test: ☐ Positive ☐ Negative ☐ Pending ☐ Indeterminate ☐ Don't know
        ☐ Other, specify: ________________

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