



# SARS-COV2 Homeless Shelter Intake Form

Interviewer Name \_\_\_\_\_ Location \_\_\_\_\_

Participant UNIQUE ID: \_\_\_\_\_ Date \_\_\_\_\_

Thermometer reading \_\_\_\_\_ °F \_\_\_\_\_

## Demographic information

Date of birth (MM/DD/YYYY): ____ / ____ / ____		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Status: <input type="checkbox"/> Client <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Unknown	

## Symptoms

Symptom	Symptom Present in the last day?			Symptom Present in the last week?			Duration (days)
Fever >100.4F (38C)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
Subjective fever (felt feverish, warm, chills)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
Cough (new onset or worsening/change in cough)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
Loss of smell	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
Loss of taste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
Nausea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	
Diarrhea (≥3 loose/looser than normal stools/24hr)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	

## Medical History

Pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	# of weeks or due date:
Chronic lung disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Specify:
Current smoker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Pack/year/hx: _____ Past Smoker: <input type="checkbox"/>
Diabetes mellitus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Specify: Type I or Type II
Cardiovascular dz (incl hypertension)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Specify:
Renal disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Specify:
Liver disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Specify:
Immunocompromised condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Specify:
Neuro/neurodevelopmental disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Specify:
Other chronic diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Specify:

Thank you very much for your time. If you have any questions please feel free to contact the CDC at 770-488-7100 or [ecoreport@cdc.gov](mailto:ecoreport@cdc.gov)