**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

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

 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

Blood disorders

 Sickle Cell Anemia Y N

 Splenectomy/asplenia Y N

 Other (specify) Y N

Immunocompromising conditions

 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

Renal Disease

 Chronic kidney disease/Chronic renal insufficiency Y N

 End stage renal disease Y N

 Dialysis Y N

 Other (specify) Y N

Cardiovascular disease

 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

Neuromuscular/Neurologic Disorder

 Dementia/Alzheimer’s Disease Y N

 Severe developmental delay Y N

 Plegias/paralysis Y N

 Epilepsy/seizure disorder Y N

 Other (specify) Y N

Liver

 Alcoholic hepatitis Y N

 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*

