



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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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 |
| 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 |



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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