



SARS-CoV-2 Louisiana Questionnaire V1 rev 5/04/2020

(Correctional Facility Transmission Investigation) **Day 3/4 Form**

	CDC ID:
Interviewee Information	
Booking or JDE Number:	Specimen ID
First:Last:	
Date of birth: / / (MM/DD/YYYY)	<u> </u>
CDC ID	

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



Administrative Information

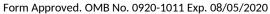
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1.	Interviewer Name: First:	Last:	Date	:/	/
2.	Housing location: Dorm: Other:				
3.	At the dorm, the number of current: Staff preser	nt: Cells:	Detaine	es:	
	mptoms Use no touch thermometer to record current ten Since we last visited you, have you experienced				
		Symptom Present Since Last Visit?	Onset Date (mm/dd)	# of Days	Ongoing?
	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	/		

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011).



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	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				
ļ							
Po:	<u>tential Exposure</u>						
6. Since we last visited you, have you been around any people who appear to be sick with COVID-19 symptoms, such as a fever, cough, or shortness of breath?							1S
Yes No Unknown (If yes, how many?)							