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

**Participant UNIQUE ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **Thermometer reading** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_oF\_\_\_\_\_\_\_\_**

## **Demographic information**

|  |  |
| --- | --- |
| **Date of birth (MM/DD/YYYY):** / / | **Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino |
| **Race:**  White  Black/African American  Asian  American Indian/Alaska Native  Native Hawaiian/Other Pacific Islander | |
| **Sex:**  Male  Female | **Status:**  Client  Staff  Other  Unknown |

## **Symptoms**

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

## **Medical History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pregnant | Yes | No | Unk | # of weeks or due date: |
| Chronic lung disease | Yes | No | Unk | Specify: |
| Current smoker | Yes | No | Unk | Pack/year/hx: Past Smoker: |
| Diabetes mellitus | Yes | No | Unk | Specify: Type I or Type II |
| Cardiovascular dz (incl hypertension) | Yes | No | Unk | Specify: |
| Renal disease | Yes | No | Unk | Specify: |
| Liver disease | Yes | No | Unk | Specify: |
| Immunocompromised condition | Yes | No | Unk | Specify: |
| Neuro/neurodevelopmental disorder | Yes | No | Unk | Specify: |
| Other chronic diseases | Yes | No | 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** [**eocreport@cdc.gov**](mailto:eocreport@cdc.gov)