**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**