Form Approved: OMB: 0920-XXXX Exp. XX/XX/XXXX
Version 7 February 20

Human Infection with 2019 Novel Coronavirus (2019-nCoV)
Homeless Study Follow-up Investigation Form

State: _____ Source Case state/local ID: _____

State/local health dept.: _____ Source Case CDC 2019-nCoV ID [b]: _____

Contact ID [a]: _____ Contact 2019-nCoV ID[c]: _____

a. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case 0023CA has contacts 0023CA-001 and 0023CA-002
b. Complete with ID of the associated confirmed case who identified this contact
c. To be assigned at CDC

Interviewer instructions: prior to interview with contact, please note the following information about the confirmed 2019-nCoV case that identified this contact:

……PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC……

Name:_____

……PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC……

Case Identification number_____

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Demographic information

1. Date of birth (MM/DD/YYYY):____/_____/_____
2. Age: _____ ☐ years ☐ months
3. Current residence: Country: _____ State:_____County_____City_____
4. Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
5. Race: ☐White ☐Asian ☐American Indian/Alaska Native ☐Black or African American ☐Native Hawaiian/Other Pacific Islander
6. Sex: ☐ Male ☐Female

Symptoms

7. In the past day, have you experienced any of the following symptoms?

Symptom	Symptom Present?	Duration (no. of days)
Systemic		
Fever >100.4F (38C)	☐Yes ☐No ☐Unk	
Subjective fever (felt feverish)	☐Yes ☐No ☐Unk	
Cough (new onset or worsening of chronic cough)	☐Yes ☐No ☐Unk	
Shortness of breath (dyspnea)	☐Yes ☐No ☐Unk	
Vomiting	☐Yes ☐No ☐Unk	
Nausea	☐Yes ☐No ☐Unk	
Diarrhea (≥3 loose/looser than normal stools/24hr period)	☐Yes ☐No ☐Unk	

Medical History

8. Do you have any of the following:

Chronic Lung Disease	☐Yes	☐No	☐Unknown	Specify:
Smoking	☐Yes, current	☐Yes, former	☐No	☐Unknown
Active tuberculosis	☐Yes	☐No	☐Unknown	
Diabetes Mellitus	☐Yes	☐No	☐Unknown	Specify:
Cardiovascular disease	☐Yes	☐No	☐Unknown	Specify:
Renal disease	☐Yes	☐No	☐Unknown	Specify:
Liver disease	☐Yes	☐No	☐Unknown	Specify:
Immunocompromised Condition	☐Yes	☐No	☐Unknown	Specify:
Neurologic/neurodevelopmental disorder	☐Yes	☐No	☐Unknown	Specify:
Other chronic diseases	☐Yes	☐No	☐Unknown	Specify:

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Social History

1. Have you been to a shelter in the last 2 weeks (14 days) before your symptoms started or your test was positive? (Any of the symptoms listed above)

   If yes, name of shelters where you have slept? _____

   If not in shelters, where have you slept? _____

2. Where have you eaten your meals in the last 2 weeks (14 days) before your symptoms started or your test was positive?

   Names of places you went to get your meals _____

3. Have you been to any places in the last 2 weeks (14 days) to hang out or be with other people?

   _____

4. Did you receive any other services in the last 2 weeks (14 days) before your symptoms or your test was positive started? (Examples: Day shelters, shower/bathroom/lockers, case management, job placement/training)

   Names of places_____

5. Did you receive any medical services in the last 2 weeks (14 days) before your symptoms started or your test was positive? (Examples: mobile clinic, hospitals, ER, clinic)

   _____

6. Did you have a court date or stay in a correctional facility in the 2 weeks (14 days) before your symptoms started or your test was positive?

   _____

Laboratory testing

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27. If yes, what type of specimen was collected?

Specimen Type	ORIGINAL Specimen ID
☐ NP swab	
☐ OP swab	
☐ Nasal swab	

This is the end of the case report form. 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