Form Approved: OMB: 0920-1011 Exp. 4/23/2020
Version 8 February 20

Human Infection with Novel Coronavirus (SARS-CoV-2) Close Contact Questionnaire

State/Local Close Contact ID: _____

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

Confirmed Case Last:_____ First: _____

Date of symptom onset: ___/___/_____ (MM/DD/YYYY)

Date of last symptom: ___/___/_____ (MM/DD/YYYY) ☐ Still symptomatic

Date of contact's last exposure to the confirmed case ___/___/_____ (MM/DD/YYYY)
☐ Continued exposure

Interviewer information

Date interview completed: ___/___/_____ (MM/DD/YYYY) Interviewer telephone: _____

Interviewer Name: Last:_____ First:_____ Organization/affiliation: _____

Who is providing information for this form?

☐ Contact ☐ Parent/guardian

☐ Other, specify name: _____ Relationship to contact: _____

Contact's primary language: _____ Was this form administered via a translator? □ Yes □ No

Close contact's information

Last Name: First Name:

_____ _____

Current Address: City: State: Zip:

_____ _____ _____ _____

Phone: _____ Is address the same as the case? □ Yes □ No

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State/Local Close Contact ID: _____

Close contact's demographic information

1. Date of birth: ____/_____/_____(MM/DD/YYYY)
2. Age: _____ ☐ years ☐ month ☐ days
3. Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Not Specified
4. Race: ☐ White ☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Native Hawaiian/Other Pacific Islander ☐ Other, specify:_____ ☐ Unknown
5. Sex: ☐ Male ☐ Female ☐ Unknown ☐ Other

Symptoms

6. Since your date of last exposure to the confirmed case, have you experienced any of the following symptoms?

Symptom	Symptom Present?	Date of Onset (MM/DD/YYYY)	Duration (no. of days)
Fever >100.4F (38C)	☐ Yes ☐ No ☐ Unk		
Subjective fever (felt feverish)	☐ Yes ☐ No ☐ Unk		
Chills	☐ Yes ☐ No ☐ Unk		
Muscle aches (myalgia)	☐ Yes ☐ No ☐ Unk		
Runny nose (rhinorrhea)	☐ 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		
Nausea/Vomiting	☐ Yes ☐ No ☐ Unk		
Headache	☐ Yes ☐ No ☐ Unk		
Abdominal pain	☐ Yes ☐ No ☐ Unk		
Diarrhea (≥3 loose/looser than normal stools/24hr period)	☐ Yes ☐ No ☐ Unk		
Other, specify:	☐ Yes ☐ No ☐ Unk		

Past Medical History

7. Do you have any pre-existing medical conditions? ☐ Yes ☐ No ☐ Unknown

Chronic Lung Disease (asthma/emphysema/COPD)	☐ Yes	☐ No	☐ Unknown	
Diabetes Mellitus	☐ Yes	☐ No	☐ Unknown	
Cardiovascular disease	☐ Yes	☐ No	☐ Unknown	
Chronic Renal disease	☐ Yes	☐ No	☐ Unknown	
Chronic Liver disease	☐ Yes	☐ No	☐ Unknown	
Immunocompromised Condition	☐ Yes	☐ No	☐ Unknown	

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Neurologic/neurodevelopmental disorder	☐ Yes	☐ No	☐ Unknown	(If YES, specify) _____
Other chronic diseases	☐ Yes	☐ No	☐ Unknown	(If YES, specify) _____
If female, pregnant	☐ Yes	☐ No	☐ Unknown	
Current smoker	☐ Yes	☐ No	☐ Unknown	
Former smoker	☐ Yes	☐ No	☐ Unknown	

Exposures to confirmed case

10. What is your relationship to the confirmed case? (*select all that apply*)

☐ Spouse/Partner
☐ Child
☐ Parent
☐ Other Family
☐ Friend
☐ Healthcare Worker
☐ Co-worker
☐ Classmate
☐ Roommate
☐ Other (specify):_____

11. Where were you exposed to the confirmed case? (*select all that apply*)

☐ Household
☐ Healthcare setting
☐ Work
☐ Daycare
☐ School/University
☐ Transit
☐ Rideshare
☐ Hotel
☐ Community
☐ Other (specify):_____

12. During the period of ***potential exposure*** (defined as the confirmed case's date of symptom onset through your date of last contact with the confirmed case), did you…….?

Exposure	**Answer**	**Start date** (date exposure first occurred) (MM/DD/YYYY)	**End date** (date exposure last occurred) (MM/DD/YYYY)	**Number of occurrences** (number of times the exposure occurred)	**Total cumulative duration of occurrence(s)** (specify unit)
…have face to face contact with the confirmed case?	☐ Yes ☐ No ☐ Unknown				_____ ☐ minutes ☐ hours ☐ days

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Exposure	**Answer**	**Start date** (date exposure first occurred) (MM/DD/YYYY)	**End date** (date exposure last occurred) (MM/DD/YYYY)	**Number of occurrences** (number of times the exposure occurred)	**Total cumulative duration of occurrence(s)** (specify unit)
…have direct physical contact with the confirmed case? (e.g., hug, shake hands, etc.)	☐ Yes ☐ No ☐ Unknown				_____ ☐ minutes ☐ hours ☐ days
…physically within 6 feet of the confirmed case?	☐ Yes ☐ No ☐ Unknown				_____ ☐ minutes ☐ hours ☐ days
…within 6 feet while the confirmed case was coughing or sneezing?	☐ Yes ☐ No ☐ Unknown				_____ ☐ minutes ☐ hours ☐ days
…take an object handed from or handled by the confirmed case? (e.g., pen, paper, food, utensil, etc.)	☐ Yes ☐ No ☐ Unknown				_____ ☐ minutes ☐ hours ☐ days
…in the same room as the confirmed case?	☐ Yes ☐ No ☐ Unknown				_____ ☐ minutes ☐ hours ☐ days
…sleep in the same room as the confirmed case during the time he/she was ill?	☐ Yes ☐ No ☐ Unknown				_____ ☐ minutes ☐ hours ☐ days
… share a bathroom with the confirmed case during the time he/she was ill?	☐ Yes ☐ No ☐ Unknown				_____ ☐ minutes ☐ hours ☐ days

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Exposure	**Answer**	**Start date** (date exposure first occurred) (MM/DD/YYYY)	**End date** (date exposure last occurred) (MM/DD/YYYY)	**Number of occurrences** (number of times the exposure occurred)	**Total cumulative duration of occurrence(s)** (specify unit)
… prepare food with the confirmed case during the time he/she was ill?	☐ Yes ☐ No ☐ Unknown				_____ ☐ minutes ☐ hours ☐ days
…travel in the same vehicle (car, bus, airplane), sitting within 6 feet of the confirmed case?	☐ Yes ☐ No ☐ Unknown				_____ ☐ minutes ☐ hours ☐ days

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A calendar has been provided to use as a memory aid to identify times/places that the case and contact interacted.

January 2020

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2020

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March 2020

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2020

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2020

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 2020

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

calendar2020i.com