



Human Infection with Novel Coronavirus (SARS-CoV-2) Tool to Identify Close Contacts of a Confirmed Case

nCoV ID: _____

I. Interview Information
Confirmed Case Name Last: _____ First: _____
Date of interview: MM / DD / YYYY
Interviewer Name Last: _____ First: _____
State/Local Health Department: _____
Who is providing information for this form? <input type="checkbox"/> Confirmed case <input type="checkbox"/> Other, specify person (Last, First): _____
Relationship to confirmed case: _____

II. ACTIVITY HISTORY BEGINNING ON THE DAY OF SYMPTOM ONSET			
Please list all activities, places visited, and travel you participated in starting the day of your first symptom FROM: MM / DD / YYYY THROUGH: today's date : MM / DD / YYYY.			
	AM Events/Locations	PM Events/Locations	Notes
Date of illness onset: MM / DD / YYYY			
1 day after illness onset MM / DD / YYYY			
2 days after illness onset MM / DD / YYYY			
3 days after illness onset MM / DD / YYYY			



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	AM Events/Locations	PM Events/Locations	Notes
4 days after illness onset MM / DD / YYYY			
5 days after illness onset MM / DD / YYYY			
6 days after illness onset MM / DD / YYYY			
7 days after illness onset MM / DD / YYYY			
8 days after illness onset MM / DD / YYYY			
9 days after illness onset MM / DD / YYYY			
10 days after illness onset MM / DD / YYYY			
11 days after illness onset MM / DD / YYYY			



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	AM Events/Locations	PM Events/Locations	Notes
12 days after illness onset MM / DD / YYYY			
13 days after illness onset MM / DD / YYYY			
14 days after illness onset* MM / DD / YYYY			

* If today is >14 days after symptom onset, please add additional rows to assess case's activities for entirety of symptomatic period.



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III. Household Contacts					
<i>Please complete the questions below for all household contacts from the date of illness onset through today's date. A household contact is anyone who stayed overnight for at least one night in a household with the confirmed case during the period of exposure.</i>					
Name	Phone Number	Relationship to case-patient	Sex (M/F/O/U)	Age	Date of last exposure to the case (MM/DD/YYYY)

Public reporting burden of this collection of information is estimated to average 30 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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IV. Close Contacts						
<p>Please complete the table below for all non-household close contacts the confirmed case has had contact with from the date of illness onset through today's date. A close contact is defined as anyone besides a household contact who was in physical contact in the same indoor environment with the confirmed case.</p>						
Name	Location of Contact	Description of Contact	Phone Number (if known)	Sex (M/F/O/U)	Age	Date of last exposure to the case (MM/DD/YYYY)

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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				

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