Contact Notification Questionnaire

Interviewer information

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

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

*****Interviewer Instructions: Prior to interview with contact, fill-in the following information about the confirmed case**

Confirmed Case: Last: ____________ First: ____________

Date symptom started (MM/DD/YYYY): ____________ Date symptom ended (MM/DD/YYYY): ____________

Note: Exposure is defined as close proximity within 6 feet for more than 10 mins; physical contact like hugging or shaking hands; sharing a drink/utensil

Case reported date of contact's last exposure to the confirmed case (MM/DD/YYYY): ____________

Did Confirmed Case give permission to use their name and provide information to the named contact (the person you are calling)? ☐ YES ☐ NO*

*** If not, based on the Activity History of the confirmed case (Section II of the Contact Tracing Tool), use the date and the event or activity describe how the person you are calling may have been exposed or in contact with the confirmed case:**

On this date, ____________ (MM/DD/YYYY) at around ____________ (approximate time AM/PM), were you at the ____________ (event and location). This may be where you have been in contact with a confirmed COVID-19 case.

Close contact's information/person you are calling

Last Name: ____________ First Name: ____________

City: ____________ State: ____________ Zip Code: ____________ Telephone: ____________

Does this person live with the confirmed case? ☐ YES ☐ NO

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

Additional note taking space:

CONTACT Last Name, First Initial: ____________

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 Symptoms Started (MM/DD/YYYY)	How long did symptoms last? (number 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		

*** IF YOU HAVE PERMISSION TO USE THE NAME OF THE CONFIRMED CASE:**

Exposure to confirmed case:

7. 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: ____________________________

8. 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: ______________________

9. During the time of the confirmed case's date the symptom started through the date of last contact with the confirmed case, did you.......?

Exposure	Answer	Start date (date first interaction occurred) (MM/DD/YYYY)	End date (date last interaction occurred) (MM/DD/YYYY)	Number of occurrences (number of times there was contact)	Total amount of time (in minutes, hours, or days)
...have face to face contact with the confirmed case?	☐ Yes ☐ No ☐ Unknown				______ ☐ Minutes ☐ Hours ☐ Days
...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

CONTACT Last Name, First Initial: ______________________

Exposure	Answer	Start date (date first interaction occurred) (MM/DD/YYYY)	End date (date last interaction occurred) (MM/DD/YYYY)	Number of occurrences (number of times there was contact)	Total amount of time (in minutes, hours, or 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
… 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

Additional note taking space:

CONTACT Last Name, First Initial: ____________________