Division of Public Health F-02631 (03/26/2020)

Page 1 of 9

## **COVID-19 CONTACT TRACING INTERVIEW**

WEDSS ID		PA	TIENT	NAME		
Case-Patient Contact Info	ormation					
Patient Name - Last		First				Middle Initial
Home Street Address		1				Apartment No
City	County		State		Country	
Phone Number			Email	Address		
Initial Report Source			Repo	rter Organization		
Reporter Name			Repo	rter Phone Number		
I. Interview Infor	mation					
Date of Interview (MM/DD/YY	YY)			Additional Notes:		
Name of Interviewer  Local Health Department or D  Case-patient Who is providing information t  Case-Patient Other Specify person (Name - Last,	o the interviewer					
Relationship to case-patient						
Notes:						

F-02631 (03/26/2020)											Pa	age <b>2</b> of <b>9</b>
WEDSS ID				PATIEN	NT NAI	ИE						
Date of symptom or												
'Symptom onset' refers throat, runny nose, feve					o feel si	ck,	which	coul	d include new	or wor	sening co	ugh, sore
	.,			ptom onset:								
14-days prior to symp	tom c	onset:			2-day	s p	rior to	syn	nptom onset:			
Source of illness									1			
Was the case-patient a of a confirmed COVID-			ing as	a contact		<u>ا</u> ا	⁄es		☐ No		Unsur	е
Did the case-patient ha diagnosed with COVII the 14-days prior to the	D-19, d	or who appea				\	Yes		□ No	[	Unsur	е
Name and information could include househ List a maximum of 3-i	n for c	close contact v	ner fri	ends, family, (								date This
Name		Phone number		tionship to e-patient	Se (M/		Age	_	te of last posure		irmed ca ID-19?	se of
										☐ Ye	s No	Unsure
										☐ Ye	s 🗌 No	Unsure
										☐ Ye	s 🗌 No	Unsure
List any <b>events, travel</b> , patient thinks they may	have	been exposed	to CC	VID-19?								
This should <b>NOT</b> be a cactivities that could be in				tivities in the 1	4-days	be	fore sy	mpto	om onset, but	a place	to note a	ny high-risk
Name of event or gathering	Loca	ation ress, city, our	atu)	Organizer or Contact pers			hone umber		Date of event or gathering	Dosc		
gumomig	tauu	ioss, city, our	. t.y /	Joniaci pers	<del></del>	141	annoci		gamering	D630	ription	

	Page <b>3</b> c
PATIENT NAME	1 495 😈
	PATIENT NAME

<ol> <li>Household Contacts (High-F</li> </ol>	<b>Ris</b>	₹i	₹	F	-	ŀ	h	ł	1	a	(	li	1	ł	1	(	;	S	ŀ	t	;	C	(	ľ	ı	1	3	ć	ć	ŀ	t	t	t	1	1	ĺ	ĺ	ĺ	ľ	ľ	ľ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	ĺ	1	1	۱	۱	t	ĺ	t		ŀ		i	ć	2	3	ı	l	(	(	C				Ì	1	t	l	١		•	٤	5	3	ì	;		(	(	1	I	I	ŀ			l	ı	Ī	ŀ	i	i	i	ı	(	(	C	C	1	1	ı	ı	ı	ł	ł	r	1	1	1	1	١	ì	ì	١	ŀ	ŀ			_		ł	Ī	?	I	i		S	ŝ		ŀ	١
--	------------	----	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	--	---	---	---	---	---	---	---	---	---	--	--	--	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---	--	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	---	--	---	---	---	---	---	--	---	---	--	---	---

Initiation of tracing period (2 days before onset):

Through: today's date:

A household contact is anyone who stayed overnight for at least one night in a household with the case-patient during the period of exposure.

- Use the Risk Assessment Flow Chart to determine the exposure risk for each household member.
- Use the Contact Notification form to collect information from each household contact, and educate them about recommendations for self-quarantine and self-monitoring. If household contacts are unavailable or are children, this can be complete by the case as a proxy.

Name	Phone number	Relationship to Case-patient	Sex (M/F)	Age	Date of last exposure	RISK LEVEL (High or Medium, use flow chart)	Did contact have a respiratory illness?	Date of Illness onset for contact (mm/dd/yyyy)

F-02631 (03/25/2020	)		Page <b>4</b> of <b>9</b>
WEDSS ID		PATIENT NAME	
II. ACTIVIT	YHISTORY		
<b>2-days before</b> your fi Please try to also ide physical contact.	s, places visited, and travel yest began to feel sick ( <b>symp</b> ntify everyone you interacted spent only at home, write "H	tom onset date: d with including having conve	ersations, shared physical space (about 6 feet), or
Date (mm/dd/yyyy)	A.M. Events/Locations	P.M. Events/Locations	Notes about people who you interacted with during the-day
2-days before illness onset			
1-days before illness onset			
Symptom onset date			
1-day after illness onset			
2-days after illness onset			

3-days after illness onset

4-days after illness onset

F-02631 (03/26/2020) Page **5** of **9** 

WEDSS ID	PATIENT NAME

Date (mm/dd/yyyy)	A.M. Events/Locations	P.M. Events/Locations	Notes about people who you interacted with during the-day
5-days after illness onset			
6-days after illness onset			
7-days after illness onset			
8-days after illness onset			
9-days after illness onset			
11-days after illness onset			
12-days after illness onset			

F-02631 (03/26/2020) Page **6** of **9** 

WEDSS ID	PATIENT NAME

Date (mm/dd/yyyy)	A.M. Events/Locations	P.M. Events/Locations	Notes about people who you interacted with during the-day
13-days after illness onset			
14-days after illness onset			

WEDSS ID	PATIENT NAME

## IV. Close Contacts (Medium-Risk)

## Initiation of tracing period (2 before onset):

Through: today's date:

Using your daily Activity History, please list anyone who you had close contacts with during this period.

- Use the "Risk Assessment Flow Chart" to determine if the contacts meets the definition for "HIGH, MEDIUM, OR LOW RISK"
- Each close contact will be notified of their potential exposure and will be educated on self-quarantine and self-monitoring as needed.
- For each contact, please note if you will allow public health to share your name to the contact to assist in the investigation.

Name	Address of contact (or at least city/state)	Phone number	Sex (M/F)	Age	Date of last exposure (mm/dd/yyyy	RISK LEVEL (High, Medium, or LOW, use flow chart)	Did contact have a respiratory illness?

WEDSS ID		PATIENT NAME				
V. Events and gatherings with unknown contacts						
Initiation of tracing period (2 days before onset): Through: today's date:						
Please list the name of event, organizer, and any other information to allow us to contact attendees.						
Name of event or gathering	Location (address, city, county)	Organizer or Contact person	Phone Number	Date of event or gathering	Description	Was the case- patient symptomatic during event?

Notes: