

### COVID-19 CONTACT TRACING INTERVIEW

<b>WEDSS ID</b>
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<b>PATIENT NAME</b>
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#### Case-Patient Contact Information

Patient Name - Last		First	Middle Initial	
Home Street Address			Apartment No	
City	County	State	Country	
Phone Number		Email Address		
Initial Report Source		Reporter Organization		
Reporter Name		Reporter Phone Number		

#### I. Interview Information

Date of Interview (MM/DD/YYYY)	Additional Notes:
Name of Interviewer	
Local Health Department or DHS Tracing Team	
<b>Case-patient</b> Who is providing information to the interviewer? <input type="checkbox"/> Case-Patient <input type="checkbox"/> Other Specify person (Name - Last, First) _____	
Relationship to case-patient	
Notes:	

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**Date of symptom onset**

'Symptom onset' refers to the **first day** the case-patient began to feel sick, which could include new or worsening cough, sore throat, runny nose, fever, headache, or shortness of breath.

**Symptom onset:**

**14-days prior to symptom onset:**

**2-days prior to symptom onset:**

**Source of illness**

Was the case-patient already being monitoring as a <b>contact</b> of a confirmed COVID-19 case?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Did the case-patient have <b>close contact with anyone diagnosed with COVID-19, or who appeared to be sick</b> in the <b>14-days</b> prior to <b>their</b> symptom onset?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

**Name and information for close contact who were sick in the 14 days prior to the patient's symptom onset date This could include household members or other friends, family, co-workers who had respiratory symptoms. List a maximum of 3-ill contacts prior to illness.**

Name	Phone number	Relationship to Case-patient	Sex (M/F)	Age	Date of last exposure	Confirmed case of COVID-19?		
						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

List any **events, travel, gatherings, or other high-risk activities in the 14-days prior to their illness** where the case-patient thinks they may have been exposed to COVID-19?

This should **NOT** be a comprehensive list of all activities in the 14-days before symptom onset, but a place to note any high-risk activities that could be investigated if suspected.

Name of event or gathering	Location (address, city, ounty)	Organizer or Contact person	Phone Number	Date of event or gathering	Description



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**II. ACTIVITY HISTORY**

Please list all activities, places visited, and travel you participated in during the **2-days before** your first began to feel sick (**symptom onset date**):  
 Please try to also identify everyone you interacted with including having conversations, shared physical space (about 6 feet), or physical contact.  
 For time-periods you spent only at home, write "Home" in that A.M./P.M. box.

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			

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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			

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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			







Notes: