

**Supplemental questions to:
2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form**

These interview questions may be used to guide case investigations and contact tracing. Extensive case investigation and contact tracing tools are available from the Centers for Disease Control and Prevention.

1. Today's date ____/____/_____(mm/dd/yyyy)
2. State Patient ID (if available) _____
3. Jurisdiction _____
4. Name of person completing form _____
5. Contact information of person completing form _____
6. Patient name (first & last) _____
7. Patient DOB ____/____/_____(mm/dd/yyyy)
8. Patient temporary address (city, state, zip, country)

9. Patient permanent address (city, state, zip, country)

10. Patient phone _____

Proceed to next page

11. Travel History Outside of the United States (from 14 days before symptom onset to present)

Note: ask about all international travel, including voyages on cruise ships

Location (city, province, country)	Dates visited
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____

12. Places Visited within the United States (from 14 days before symptom onset to present)

Note: ask about possible transmission settings, including where the patient might have worked, met with friends, ate, visited, etc.

Location (city, state, place visited)	Dates visited
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____
i. _____	_____
j. _____	_____

If you need more space, please add information to the blank page at the end of this form.

13. **Modes of Travel** (from 14 days before symptom onset to present)

Note: ask about travel by plane, bus, train, private vehicles, etc.

Travel mode	Departure location/date/time	Arrival location/date/time	Carrier/Seat #
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____
g.	_____	_____	_____
h.	_____	_____	_____
i.	_____	_____	_____
j.	_____	_____	_____

14. **Exposure to Healthcare Facilities** (from 14 days before symptom onset to present)

Note: ask about healthcare facility exposures as either a patient, visitor, or staff member

Facility type	Name	Location	Reason for visit	Dates visited
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

15. Exposure to Congregate Settings (from 14 days before symptom onset to present)

Note: ask about possible transmission settings (e.g., school, long-term care facility, group home, correctional/detention facility, religious gatherings, conferences)

Facility type	Name	Location	Reason for visit	Dates visited
f.	_____	_____	_____	_____
g.	_____	_____	_____	_____
h.	_____	_____	_____	_____
i.	_____	_____	_____	_____
j.	_____	_____	_____	_____

16. Patient Contacts (from 14 days before symptom onset to present)

Note: ask about family or household contacts, friends, caregivers, coworkers, etc.

<i>Case No:</i>	<i>Name:</i>	<i>Case DOB:</i>	<i>Date of Symptom Onset:</i>	
	<i>Name</i>	<i>Relationship to Patient</i>	<i>Contact Numbers</i>	<i>Date of Contact with Symptomatic Case: (Additional CCBH Info.)</i>
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No
f.				<input type="checkbox"/> Yes <input type="checkbox"/> No
g.				<input type="checkbox"/> Yes <input type="checkbox"/> No
h.				<input type="checkbox"/> Yes <input type="checkbox"/> No
i.				<input type="checkbox"/> Yes <input type="checkbox"/> No
j.				<input type="checkbox"/> Yes <input type="checkbox"/> No
k.				<input type="checkbox"/> Yes <input type="checkbox"/> No

*Note: Italicized text represents additional collection information for CCBH use.

If you need more space, please add information to the blank page at the end of this form.

Please use this space to include any additional notes: