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| 1. **INTERVIEW INFORMATION**
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| Confirmed case name: Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex: Male/ Female Date of birth: MM / DD / YYYY Date of interview: MM / DD / YYYY Interviewer name Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Who is providing information for this form?[ ]  Confirmed case [ ]  Other, specify person (Last, First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to confirmed case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. **GENERAL INFORMATION**
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| Healthcare personnel role (check all that apply):

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| [ ] Environmental services worker | [ ] Nurse practitioner | [ ] Phlebotomist | [ ] Radiology technician |
| [ ] Facilities/maintenance worker | [ ] Nursing assistant | [ ] Physical therapist | [ ] Registered nurse |
| [ ] Food services worker | [ ] Nutritionist | [ ] Physician assistant | [ ] Respiratory therapist |
| [ ] Laboratory worker | [ ] Occupational therapist | [ ] Physician (intern/resident) | [ ] Speech therapist |
| [ ] Licensed practical nurse | [ ] Ward clerk | [ ] Physician (fellow) | [ ] Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ] Medical technician | [ ] Pharmacy worker | [ ] Physician (attending) | [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Date of first symptom onset (e.g., fever, cough, shortness of breath, sore throat): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Describe the course of symptoms since onset: Did you seek care at any healthcare facility while symptomatic? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have symptoms resolved, and if so, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of last shift at work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates and shifts worked after symptom onset:

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| Facility Name | Date | Shift Time | Location (i.e., unit) | Role | Symptoms Present |
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| 1. **WORK HISTORY FROM DAY OF SYMPTOM ONSET: GENERAL PATIENT CARE ACTIVITIES**
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| **General patient care activities and procedures during this time period.** In your role, what patient care activities do you typically perform? Complete this table if it is infeasible to describe all patient interactions individually. (check all that apply):**Patient care activities and procedures (excluding AGP):**

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| [ ]  Taking vital signs[ ]  Taking medical history [ ]  Performing physical exam [ ]  Providing medication  | [ ]  Placing urinary catheter [ ]  Bathing [ ]  Feeding [ ]  Lifting, positioning  | [ ]  Emptying bedpan [ ]  Changing linen [ ]  Providing injection [ ]  Placing intravascular device  | [ ]  Hemodialysis [ ]  Drawing blood [ ]  Collecting respiratory specimens [ ]  Performing X-ray  |
| [ ]  Manipulation of oxygen face mask or tubing [ ]  Manipulation ventilator[ ]  Other: | [ ]  Chest tube (insert or remove) [ ]  Insertion of nasogastric tubes [ ]  Insertion of peripheral line  | [ ]  Insertion of central line[ ]  Tracheostomy care[ ]  ECMO  | [ ]  ABG[ ]  Participating in surgery[ ]  Hi flow oxygen delivery |

**Aerosol-generating procedures (AGP):**

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| [ ]  Airway suctioning [ ]  Non-invasive ventilation (e.g., BiPAP, CPAP) [ ]  Manual (bag) ventilation  | [ ]  Nebulizer treatments[ ]  Intubation[ ]  Code / CPR   | [ ]  High-frequency oscillatory ventilation (HFOV)[ ]  Chest physiotherapy [ ]  Mini BAL  | [ ]  Breaking ventilation circuit (intentionally or unintendedly) [ ]  Sputum induction[ ]  Bronchoscopy  |

**Describe any other patient care activities:**  |
| **Based on above patient care activities, define the categories of contact.\*** **(Check the highest tier)** | **What was the typical amount of time you spend providing care for each patient on a shift? (Specify a range)** | **What PPE did you wear during this time period?** **(Check all that apply)** | **What symptoms did you have while you were working during this period?** **(Check all that apply)** | **Were patient visitors present?** |
| [ ]  Tier 4: Prolonged\*\* direct contact (e.g., bathing, toileting, feeding, changing linens, lifting/positioning, placing urinary catheter)[ ]  Tier 3: Brief direct contact (e.g., taking vital signs, performing physical exam, providing oral medication)[ ]  Tier 2: Prolonged indirect contact (e.g., cleaning surfaces and equipment in the patient’s room, removing waste and soiled linens) [ ]  Tier 1: Brief indirect contact (e.g., silencing alarms) \* Direct and indirect contact based on the CDC [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html).\*\* It is not possible to define the duration of time that constitutes a prolonged exposure. It would be reasonable to consider anything longer than a brief (e.g., less than 1 to 2 minutes) exposure as prolonged. | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  minutes[ ]  hours | [ ]  Gloves[ ]  Gown[ ]  N95 respirator[ ]  PAPR [ ]  Facemask[ ]  Goggles or face shield**Did you wear PPE above what was indicated for Standard Precautions (e.g., Transmission-Based Precautions, HCP source control)?**[ ]  No[ ]  YesIf yes, describe: | [ ]  Coughing[ ]  Runny nose[ ]  Sneezing[ ]  Diarrhea[ ]  Other: | [ ]  No[ ]  YesIf yes, names, contact information, and dates of last exposure to HCP: |
| 1. **WORK HISTORY FROM DAY OF SYMPTOM ONSET: INDIVIDUAL PATIENTS**
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| **Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Patient ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Dates of Contact:**  | **Admission Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Patient Care Activities:** |
| **Based on above patient care activities, define the categories of contact.\*****(Check the highest tier)** | **What was the typical amount of time you spend providing care for each patient on a shift? (Specify a range)** | **What PPE were you wearing?** **(Check all that apply)** | **What symptoms did you have while you were caring for this patient?****(Check all that apply)** | **Were patient visitors present?** |
| [ ]  Tier 4: Prolonged\*\* direct contact (e.g., bathing, toileting, feeding, changing linens, lifting/positioning, placing urinary catheter)[ ]  Tier 3: Brief direct contact (e.g., taking vital signs, performing physical exam, providing oral medication)[ ]  Tier 2: Prolonged indirect contact (e.g., cleaning surfaces and equipment in the patient’s room, removing waste and soiled linens) [ ]  Tier 1: Brief indirect contact (e.g., silencing alarms) \* Direct and indirect contact based on the CDC [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html).\*\* It is not possible to define the duration of time that constitutes a prolonged exposure. It would be reasonable to consider anything longer than a brief (e.g., less than 1 to 2 minutes) exposure as prolonged. | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ]  minutes[ ]  hours | [ ]  Gloves[ ]  Gown[ ]  N95 respirator[ ]  PAPR [ ]  Facemask[ ]  Goggles or face shield**Did you wear PPE above what was indicated for Standard Precautions (e.g., Transmission-Based Precautions, HCP source control)?**[ ]  No[ ]  YesIf yes, describe: | [ ]  Coughing[ ]  Runny nose[ ]  Sneezing[ ]  Diarrhea[ ]  Other: | [ ]  No[ ]  YesIf yes, names, contact information, and dates of last exposure to HCP: |

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| 1. **CONTACTS WITH OTHER HEALTHCARE PERSONNEL**
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| Please complete the table below for all healthcare personnel with whom you had close contact. For the purposes of this table,**Close contact is defined as follows:** A: Being within approximately 6 feet (2 meters), of HCP with COVID-19 for a prolonged period of time (such as eating lunch together in the break room), orB: Having unprotected direct contact with infectious secretions or excretions of HCP (e.g., being coughed on, touching used tissues with a bare hand)NOTE: Print additional pages for additional HCP close contacts.

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| **Name of Contact** | **Location** **of Contact** **(e.g., break room)** | **Description and** **Duration of Contact** **(e.g., hug, touched tissues)** | **Close Contact Type** **(A or B)** | **Date of****last exposure to the HCP case****(MM/DD/YYYY)** | **Phone Number****(if known)** |
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| 1. **NOTES**
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