

SHORT COVID-19 CONTACT NOTIFICATION / INFORMATION

This document is intended to guide the notification of close contacts of COVID-19 cases so that they may begin self-quarantine and symptom monitoring, as recommended.

WEDSS ID of the index case-patient

WEDSS ID of the contact

WEDSS Outbreak ID

Interview Information

Date of Interview (MM/DD/YYYY)

Name of interviewer

Agency completing interview (Local Health Department or DHS Tracing Team)

Who is providing information to interviewer?

☐ Contact ☐ Other

Specify person (Name – Last, First)

Relationship to contact

Notes

Pre-Interview Information (Pre-fill information from WEDSS or COVID-19 Contact Tracing, F-02719A)

Contact Name – First, Middle Initial, Last

Contact's Primary Language

Will contact need to be interviewed via an interpreter?

☐ Yes ☐ No

Age

Approximate year of birth

Sex

☐ Male ☐ Female

Date of last contact with case-patient? [WEDSS Tab 2019-nCoV Monitoring]

14-days after last contact date (quarantine end date)

Other locating information (if applicable)

Contact's Information (person being notified of exposure)

Name – Last

First

Middle Initial

Home Street Address

Apartment No

City

County

State

Zip

Country

Home Telephone Number

Cell Phone Number

Email Address

WEDSS ID of the index case-patient

WEDSS ID of the contact

DEMOGRAPHIC INFORMATION

Date of Birth (or Age, if DOB is unknown)

/ /

Age: years months

Sex

☐ Male ☐ Female

Gender

☐ Transgender: ☐ Male to Female
☐ Female to Male

If case is female and of childbearing age (14-55), please ask:

Are you pregnant now or were you pregnant at the time of your infection with COVID19? ☐ Yes ☐ No ☐ Unknown

If yes, please enter the estimated delivery date:

If contact is female and of childbearing age (14-55), please ask:

Are you currently pregnant? ☐ Yes ☐ No ☐ Unknown

If yes, please enter the estimated delivery date:

Ethnicity - Do you consider yourself:

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Not Specified

Race - With which of the following do you identify:

☐ White

☐ American Indian/Alaska Native

☐ Native Hawaiian/Other Pacific Islander

☐ Asian

☐ Black or African American

☐ Other

☐ Unknown If **Unknown**, please specify ☐ Declined to answer ☐ Not Asked

Laboratory and Clinical Information [WEDSS tab: 2019-nCoV LabClinical]

Symptoms [WEDSS Section: 2019-nCoV Signs and Symptoms]

Which of the following symptoms have you experienced in the last 14 days? Please check all that apply.

Symptom	Symptom Present
Cough	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>
Runny nose (rhinorrhea)	<input type="checkbox"/>
Nasal congestion	<input type="checkbox"/>
Shortness of breath (dyspnea) or trouble breathing*	<input type="checkbox"/>
Fever (temperature of at least 100.4F/38C or felt feverish)	<input type="checkbox"/>
Chills	<input type="checkbox"/>
Headache	<input type="checkbox"/>
Muscle aches (myalgia)	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>
Nausea	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>
Diarrhea (>3 loose stools/day)	<input type="checkbox"/>
Abdominal pain	<input type="checkbox"/>
Loss of smell	<input type="checkbox"/>
Loss of taste	<input type="checkbox"/>
Persistent pain or pressure in the chest*	<input type="checkbox"/>
New confusion or the inability to be woken*	<input type="checkbox"/>
Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone*	<input type="checkbox"/>
Other, specify:	

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If any symptom was present, what date did your symptom(s) begin? (This refers to the first day the contact began to feel sick, which could include cough, sore throat, runny nose, fever, headache, shortness of breath or other symptoms). **Date of symptom onset:**

At the time of the interview, did the contact meet the “well” definition (fever-free for 24 hours without using fever-reducing medication and marked improvement in other symptoms)? ☐ Yes ☐ No

If yes, please note the date of contact met “well” definition:

Notes:

Symptom Self-Monitoring [WEDSS Tab: Patient]

Is the contact willing to self-monitor their symptoms by email or text message?

☐ Yes

☐ No

If **Yes**, please provide their preferred email address or cell number:

Indicate **one** morning, **A.M.** and **one** evening **P.M.** reporting time

If they do not indicate a time preference, please choose 12 p.m.

A.M. reporting time:

☐ 5am

☐ 6am

☐ 7am

☐ 8am

☐ 9am

☐ 10am

☐ 11am

P.M. reporting time:

☐ 12pm

☐ 1pm

☐ 2pm

☐ 3pm

☐ 4pm

☐ 5pm

☐ 6pm

Isolation and Quarantine [WEDSS Tab 2019-nCoV Intervention]

Yes

No

Unsure

Is the contact quarantined?

If yes, please note the start and end date of quarantine.

Quarantine start date:

Quarantine end date:

Employer/School/Other

Were quarantine orders issued? *Note: this is only for LTHD use*

Date quarantine order was issued:

Is the contact quarantined at own residence?

If **No**, address of location person is being quarantined:

Is the client safe at home while in quarantine?

☐ Declined to answer

Do you have needs related to any of the following resources while you are in quarantine? *If they say yes to any of the following, please refer them to 2-1-1 resources.*

Food

Bills

Personal care items/Medications

Cleaning supplies

Other needs – please specify:

Additional information:

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COVID19 Risks [WEDSS Tab: 2019-nCoV Risk]

Current Occupation and Industry

For each currently held job (paid employment), provide 1) Occupation, 2) Industry, and 3) Place of employment. If client does not have paid employment (retired, volunteer, student, unemployed, homemaker), enter "Not employed" for Occupation. Enter "unknown" for occupation if not known.

Occupation - Patient's job (e.g. registered nurse, janitor, cashier, auto mechanic)

Industry - What does the company make or do? (e.g. hospital, elementary school, paper mill)

Employer name

Employer street address

Employer city

Employer state

Where is the job performed? ☐ At the job site ☐ Remotely ☐ Both

Last date worked:

If contact has multiple jobs, document the above information for each additional job:

Education and Child Care

Yes

No

Unknown

Attends child care

☐☐☐

Date last attended in person:

Facility Name

Facility Address

Details

Yes

No

Unknown

Attends school/college/university as a student

☐☐☐

If **Yes**, was it:

☐ In-person ☐ Virtual/Distance Learning Only ☐ Hybrid (in-person and virtual mixed)

Date last attended in person:

Name School/college/university

City

State

Grade/Year

Details:

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Only ask residential questions if contact had symptoms at any time since their exposure. If contact has not had any symptoms, skip to Health Teaching.

RESIDENTIAL SETTING

Yes

No

Unknown

Are you currently living in stable housing that you own, rent, or stay in as part of a household?

☐☐☐

Where does the contact live?

Single family home?

☐☐☐

Apartment/condo/duplex/townhome?

☐☐☐

If **Yes**, does it have a common entrance or shared spaces?

☐☐☐

How many other people live in the same home/apartment/condo?

Do you have any pets or responsibilities for caring for animals?

☐☐☐

Group or congregate setting where multiple unrelated people reside (e.g. long-term care facility, jail, prison, dormitory; this may or may not be a licensed or inspected facility)

☐☐☐

If **Yes**, type of setting:

If **other**, please specify name, address, and details of group residence:

Health Teaching provided to contact (Please select all that apply) [WEDSS Tab: 2019-nCoV Intervention]

☐ Test results or interpretation of test results

☐ Disease signs and symptoms

☐ Treatment options or countermeasures

☐ Disease prevention measures

☐ Fact sheets offered

☐ Other, please specify:

☐ Information found on the internet

☐ Reviewed isolation instructions

☐ Reviewed quarantine instructions

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Notes:
