**Case ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB of Case: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_**  (mm/dd/yy)

**Name of Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interviewer ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Last, First)

**Date assigned for investigation: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Date of Interview: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_**

(mm/dd/yy) (mm/dd/yy)

**Interview conducted: □** In person □ By phone

**Section I**

“Thank you for speaking with me today. My name is \_\_\_\_ and I’m working for the <Department of Health>. I’m sorry to reach out under these circumstances. Because you’ve been diagnosed with COVID-19, I’d like to talk to you about the people you’ve been in contact with during the period you may have been able to pass the virus on and the role you can play in helping them not infect more people. I want to reassure you that your name, and any identifying information, will remain strictly confidential. Do you have any questions for me before we get started?

**Start date of contact**

**elicitation window:**

**\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_**

(mm/dd/yy)

**End date of contact**

**elicitation window:**

**\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_**

(mm/dd/yy)

Let’s start by figuring out when your infectious period began. Think back to when you started feeling symptoms, such as fever, cough, or shortness of breath. What day was that? Now let’s go back two days before then, so [*insert infectiousness date:* **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_** (mm/dd/yy)]. Think about where you have been between then and now and who you have seen. I’m going to ask you questions about these people and places.

First, let’s list all of the people you know you have been in close contact with since [*infectiousness date*]. A close contact is any individual who was within 6 feet of you for at least 15 minutes.”

*[Fill in Table 1. Use as many rows as needed.]*

**Table 1. Contacts exposed to case**

|  |  |  |
| --- | --- | --- |
| **Contact**  **#** | **Contact’s name** | |
|
| **First** | **Last** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| … |  |  |

“Now I’d like to ask you about all the places you’ve been where other people might have come in contact with you. This could include: school; day care; work; a place of worship; a shelter; a hospital or clinic where you received medical care; public transportation, taxi, or ride share; the grocery store, pharmacy, gas station, restaurant or other retail setting; large community events like concerts or parties; rallies or demonstrations; or recreational activities. Remember, we’re talking about places you’ve been since [*insert infectiousness date*] until now.”

*[Fill in Table 2. Use as many rows as needed.]*

**Table 2. Places that case visited**

|  |  |
| --- | --- |
| **#** | **Name of place** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |
| 10 |  |
| … |  |

“Thank you for this really critical information. Now I’m going to go through each of these people and places you mentioned and ask you for more details about them. And if at any point you’re not feeling well and need to rest, we can stop and reschedule for a few hours from now. First, I’m going to ask you several questions about each of the people you listed, and please remember your name will not be revealed when my colleagues reach out to them.”

**Section II: People**

*[For each contact listed in Table 1, complete Questions 1-24.]*

**IDENTIFYING AND LOCATING THE CONTACT**

1. **Contact’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Does [contact] have any nicknames?** □ Yes □ No □ Unknown

(*List nicknames*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. **What is [contact’s] cell phone number?** (\_\_\_\_) \_\_\_\_- \_\_\_\_\_\_\_\_\_ □ Unknown
2. **Does [contact] have any other phone numbers, such as a home or work phone?**   
   □ Yes □ No □ Unknown (*If yes, enter phone numbers and types)*

(\_\_\_\_) \_\_\_\_- \_\_\_\_\_\_\_\_\_ □ work □ home □ other

(\_\_\_\_) \_\_\_\_- \_\_\_\_\_\_\_\_\_ □ work □ home □ other

1. **What is [contact’s] email address?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown
2. **Does [contact] have an alternate email address?** □ Yes □ No

(*If yes, enter:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_)

1. **What are [contact’s] social media handles, such as the names they go by on Instagram, Twitter, or Facebook?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown
2. **What is [contact’s] home address?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT DEMOGRAPHICS**

1. **What is [contact’s] gender?**

□ Male □ Unknown

□ Female

□ Transgender/Non-binary/Gender nonconforming/Other

1. **What is [contact’s] race?**

□ American Indian/Alaska Native □ Unknown

□ Asian

□ Black or African American

□ Mixed/other

□ Native Hawaiian or other Pacific Islander

□ White

1. **Is [contact] Hispanic, Latino, or of Spanish origin?**

□ Yes □ Unknown

□ No

1. **How old is [contact]?** \_\_ \_\_ years Approximate age? □ Unknown

**CLOSE CONTACT PRIORITY CATEGORIES**

**PRIORITY 1: (If you check “yes,” to question 12, you do not need to ask any more questions in this section and should skip to question 24.)**

1. **Has [contact] been hospitalized?**

□ Yes □ No □ Don’t know

1. **Is [contact] currently working in health care?** (Paid and unpaid positions including but not limited to emergency medical services; nurse, nursing assistant, physician, technician, therapist, phlebotomist, pharmacist, and/or a worker, student or trainee in these professions; clerical; dietary and environmental services; laundry; security; maintenance; engineering; facilities management; administrative; billing; and volunteer)

□ Yes □ No □ Don’t know

1. **Is [contact] currently working as a first responder?** (EMS, law enforcement, firefighter)

□ Yes □ No □ Don’t know

1. **Is [contact] living in, working at, or visiting acute care, skilled nursing, mental health, or long-term care facilities?**

□ Yes □ No □ Don’t know

1. **Is [contact] living in, working at, or visiting community congregate settings?** (e.g., correctional facilities, homeless shelters, educational institutions, mass gatherings; and workplaces including production plants)

□ Yes □ No □ Don’t know

1. **Is [contact] a member of a large household living in close quarters?**

□ Yes □ No □ Don’t know

1. **Does [contact] live in or provide care in a household with a higher risk individual?** (65 years old or older, pregnant woman, person with an underlying medical condition)

□ Yes □ No □ Don’t know

**PRIORITY 2: (If you check “yes” to question 19, you do not need to ask any more questions in this section and should skip to question 24.)**

1. **Is [contact] 65 years old or older? [See Question 11]**

□ Yes □ No □ Don’t know

1. **Is [contact] currently pregnant?**

□ Yes □ No □ Don’t know

1. **Is [contact] at higher risk for severe disease?**

□ Yes □ No □ Don’t know

1. **Does [contact] currently work in critical infrastructure?** (Workers in the 16 different critical infrastructure sectors, including: 911 call center employees; fusion center employees; public and private hazardous material responders; janitorial and custodial staff; workers and contractors in the food and agriculture sector, critical manufacturing, informational technology, transportation, energy and government facilities industries.)

□ Yes □ No □ Don’t know

**PRIORITY 3:**

1. **Does [contact] have any of the following symptoms:** fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting or diarrhea?

□ Yes □ No □ Don’t know

**PRIORITY LEVEL DETERMINATION\***

1. **Enter priority level for [contact]. Put the number 1, 2 or 3 corresponding to the questions above. If “yes” was not checked for any of the questions, enter the number 4.**

*\*Consider moving to Priority 1 any critical infrastructure worker who works closely with other critical infrastructure workers and/or is in close contact with large numbers of people (e.g. transportation, food service). See question 22.*

*[Repeat Questions 1 – 24 for each contact listed in Table 1.]*

**Table 3. Contacts exposed to case and priority level**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact**  **#** | **Contact’s name** | | **Priority Level (1-4)** |
| **First** | **Last** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| … |  |  |  |

**Prioritization for follow-up**

1. Level 1 priority
2. Level 2 priority
3. Level 3 priority
4. Level 4 priority

**Section III: Places**

“Now I’m going to go through each of the places you visited that you told me about earlier. I’m going to ask you a few questions about each of those places.”

*[For each setting listed in Table 2, complete Questions 25-29.]*

1. You said you went to [*insert setting].* Can you tell me the address where that is located? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What day were you there? *(Enter date:* \_\_/\_\_/\_\_)
3. Was it indoors or outdoors?

□ Indoors □ Outdoors □ Both

1. What time did you arrive and what time did you leave?

[*Start time: \_\_\_\_\_\_*] - [*End time: \_\_\_\_\_\_*] *(Calculate total time \_\_\_\_\_\_\_ and check the coordinating box)*

□ Very brief (less than 15 minutes)

□ Brief (15-30 minutes)

□ Medium (31-60 minutes)

□ Extended (more than 60 minutes)

1. Approximately how many people would you guess were there at the same time you were there? \_\_\_\_\_\_ [*Enter approximate # and check the coordinating box]*

□ Less than 10 people

□ 10-25 people

□ 26-50 people

□ 51-100 people

□ 101+ people

1. Can you give me any details about where you were in [setting]? [*Probe for transit line information, hotel room number, etc.*] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Complete Table 4 using the responses in questions 25-30.*

**Table 4. Places that case visited and risk assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Risk assessment** | | |
| **#** | **Name of place** | **Indoors or outdoors**  (Q27) | **Exposure duration – minutes**  (Q28) | **# of people exposed**  (Q29) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| … |  |  |  |  |

*[Repeat Questions 25-30 for each place listed in Table 2.]*

**THANK YOU**

“Thank you so much for your time and all of the really important information you shared with me today. This information will be very helpful to our <jurisdiction> managing this epidemic. One of my colleagues at the health department or I might be back in touch with you in case we need more information to locate your contacts or to further investigate the epidemic. If you need to get in touch with me, here is the number/email you can contact: \_\_\_\_\_\_\_\_\_\_\_. I hope you feel better soon and truly appreciate your help today.”