

Short COVID-19 Investigation Form for High Priority Cases

Address: Alaska resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Location/Employer/Position:	
Permanent Address (if in Alaska temporarily):		Reason for presence in Alaska (e.g., airline crew, seafood industry, mining, oil-North slope, tourism, visitor, other)	
In the past 2 weeks have you had any of the following symptoms:			
Fever >100.4F (38C)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Cough (new onset or worsening of chronic cough)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Subjective fever	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Wheezing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Chills	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Rigors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Difficulty breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Muscle aches (myalgia)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Chest pain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Runny nose (rhinorrhea)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Nausea or vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Abdominal pain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Change in taste or smell (new olfactory and taste disorders)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Diarrhea (>/3 loose stools/24hr period)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Loss of appetite	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Other (specify):	
Is the client still experiencing any of these symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If no, what date did the client's symptoms stop? Date _____	
What prompted you to get tested for COVID-19? <input type="checkbox"/> Clinical evaluation due to illness <input type="checkbox"/> Routine surveillance <input type="checkbox"/> Contact to known case <input type="checkbox"/> Contact to a case while traveling <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Have you previously tested positive for COVID-19 or had COVID-like symptoms? If yes, when and what symptoms did you experience (if any)? Where were you tested?		
Any underlying or chronic conditions? <input type="checkbox"/> Heart disease <input type="checkbox"/> Lung disease or asthma <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Overweight/obese <input type="checkbox"/> Other:	How would you describe their living situation? Total number of people in the household (including patient): _____ What kind of housing were you living in when you first got symptoms (or were tested, if asymptomatic)?		
Perform infectious period investigation			
<ul style="list-style-type: none"> Any recent travel Visitors from another village/city/state Ask about sports events/activities 			
Perform Contact Tracing & Register Contacts in CommCare			
<ul style="list-style-type: none"> Collect all information on contacts via index case registration in CommCare Full contact investigation form no longer needed 			
Enter in as note			
<ul style="list-style-type: none"> Have you been isolating or quarantining? If so, when did you start isolating or quarantining? What are the barriers to isolating/quarantining? 			