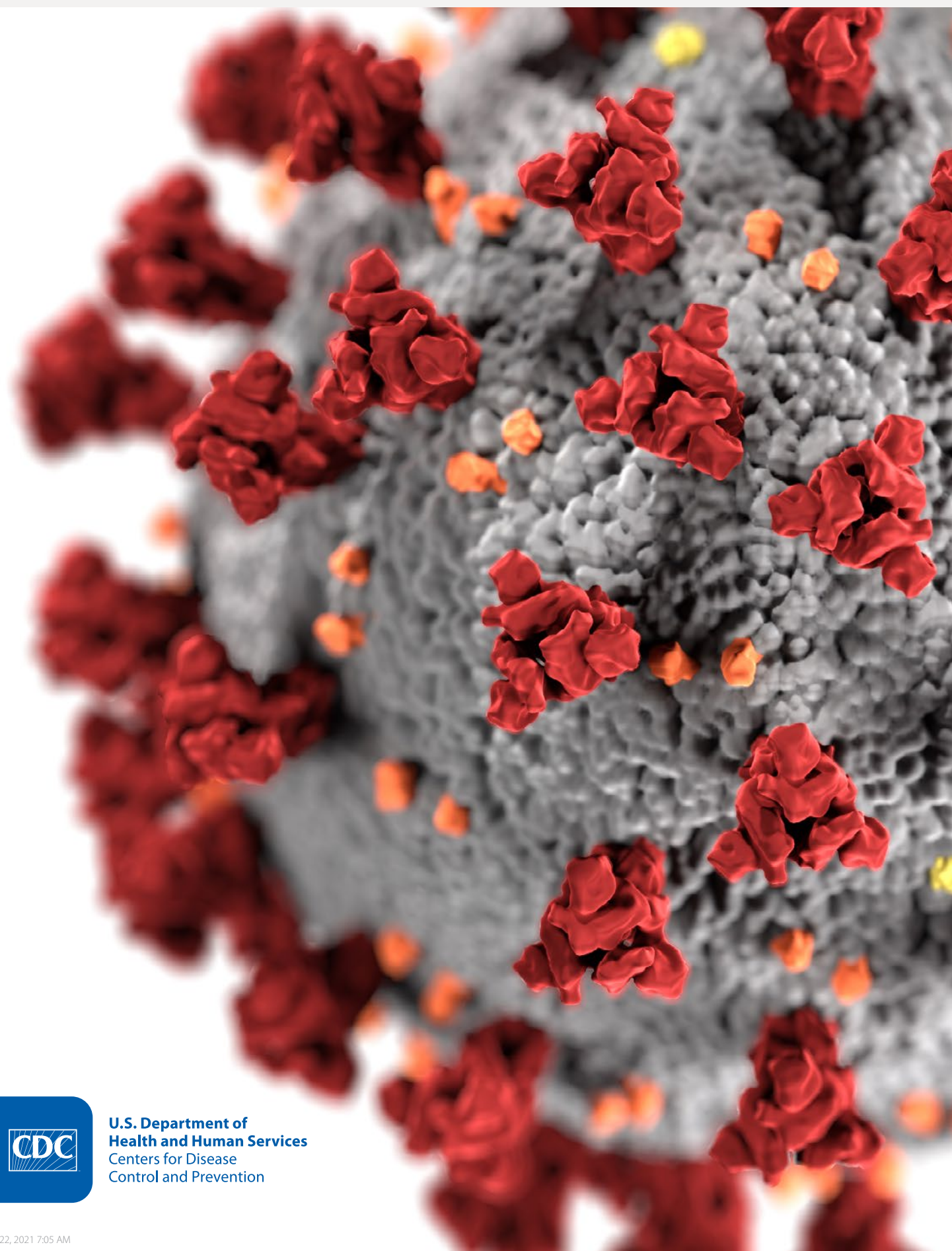


Case Investigator's Interview Tool

Talking with People about COVID-19



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

Contents

Overview	4
Principles for Interacting with People with COVID-19	5
Introduction	6
Sample Script	6
Introduction	6
Verifying Identity	7
Confidentiality and Privacy	7
Reason for Call	7
Q&A with Person with COVID-19	7
Collecting Demographic and Locating Information	8
Sample Script	8
Introduction	8
Demographic	8
Locating and Contact Information	8
Work	8
Emergency Contact	9
Health Information and Assessing Disease Comprehension	10
Sample Script	10
Introduction	10
Reason for Testing/Healthcare visit	10
Verifying Testing Information	10
Verifying Vaccination Status	11
Disease Comprehension	11
Symptoms of COVID-19	11
Underlying Health Conditions and Other Risk Factors	13
Recommendations on How to Manage Symptoms at Home	13
Q&A with Person with COVID-19	13
Health Monitoring and Responding to Changes in Health Status	14
Sample Script	14
Introduction	14
Monitoring Agreements and Tools	14
Responding If Symptoms Get Worse	14
Medical Provider and Other Support While Sick	14
Q&A with Person with COVID-19	15
Reviewing Isolation Recommendations and Resources	16
Sample Script	16
Introduction	16
Assessing Concerns	17
Assessing Living Situation	18
Assessing Other Supports	18
Disclosure Coaching	20
Q&A with Person with COVID-19	20

Contact Elicitation	21
Sample Script	21
Introduction	21
Discussing Contact Elicitation Window	22
Household Contacts	22
Workplace	23
People, Places, Activities, and Events	24
Linking to Vaccine Services	25
Sample Script	25
Conclusion	27
Sample Script	27
Check-In, Questions, and Agreements	27
Acknowledging the Difficulty and Keeping the Door Open for Contact	27
Appendix A	28
Appendix B	29
Appendix C	30
Appendix D	31
Appendix E	32

Overview

A successful case interview allows for the collection of critical information about a person diagnosed with COVID-19 and exposed contacts, while providing support, referrals, and answers to questions the person may have. The goals of the case interview are to assess the person's medical condition, gather information for continued monitoring and support, and obtain the names and locating information of people who may have been exposed to COVID-19 ([close contacts](#)).

The interview process should be more than just checking off boxes on a case report form. Developing trust and an empathetic rapport, while maintaining a professional relationship with the person, is key to providing the most effective support and collecting the most accurate information to inform the next steps in the [contact tracing](#) investigation.

Case investigators and contact tracers have a primary purpose of preventing further spread of COVID-19 through timely identification of cases and contacts to [isolate](#) or [quarantine](#) if indicated. Prompt case investigation and [contact tracing](#) should remain the primary goal of the case investigation and [contact tracing](#) workforce. These public health workers can also help connect people to important services and resources, such as [COVID-19 vaccination](#).

This document provides suggested communication strategies for COVID-19 case interviews. Scripts may need to be modified to address locality-specific needs, including but not limited to highlighting available resources, cultural nuances, exposure sites, and the capture of epidemiological data. [Appendix A](#) includes a table to assist case investigators in thinking about the various exposure sites where people with COVID-19 may have interacted with [close contacts](#). Interviewers should use what is helpful and the best fit for the interaction; all questions or statements may not be required, and additional probing questions may be necessary. Programs are encouraged to share best practices in framing and phrases as they are identified.

Principles for Interacting with People with COVID-19

Language is important. Language sets the stage to build rapport with people with COVID-19 and opens the door to honest dialogue. It is critical to establish open communication with people diagnosed with COVID-19 so that they feel comfortable disclosing the names and location information of their [close contacts](#). Open communication also helps people express their needs to safely [isolate](#) and helps them feel comfortable seeking help if their [COVID-19 symptoms](#) worsen.

When supportive statements and genuine concern are combined with active listening and open-ended questions, powerful information can be gathered to interrupt the spread of the virus. Asking open-ended questions prompts a dialogue and elicits more detailed information. Oftentimes, the information is helpful in learning more about the person and their circumstances. Remember, each person is unique, and this is not intended as a script. The interviewer should carefully listen to responses and add or subtract questions as appropriate.

Principles for interacting with people with COVID-19:

- Ensure and protect confidentiality.
- Demonstrate ethical and professional conduct.
- Create a judgement-free zone.
- Be open-minded (everyone has a unique story).
- Be attentive and respectful.
- Be aware of your own biases (cultural humility).
- Establish open dialogue and pause often to listen.
- Ask open-ended questions.
- Use reflective listening techniques.
- Use culturally and linguistically appropriate language.
- Employ critical thinking and problem solving.
- Be flexible with the interview format.
- Adapt to address concerns and information that naturally arise during conversation.
- Identify areas of need and link to appropriate resources.
- Don't overstep or overpromise.
- Set the stage for ongoing communication and support during [isolation](#).

Note: Jurisdictions can find additional information by visiting the [Case Investigation and Contact Tracing: Part of a Multipronged Approach to Fight the COVID-19 Pandemic. -----BEFORE COVID-19...](#)

Introduction

Aims: Introduce yourself and establish credibility. Verify the person's information, build rapport, address confidentiality.

Note to Case Investigator: Prompt case investigation and contact tracing should remain the primary goal of the case investigation and contact tracing workforce. Case investigators and contact tracers can proactively educate and link people to COVID-19 vaccine services. They can explain [vaccine eligibility](#), [answer questions](#), [dispel myths](#), and assist with [vaccine scheduling](#).

Case investigators are already engaging with people with COVID-19 to encourage them to [isolate](#), monitor their [symptoms](#), and seek information on other people who may have been exposed to COVID-19 ([contacts](#)). Case investigators can also emphasize the importance of obtaining a COVID-19 vaccine once someone has recovered from COVID-19. Case investigators can follow-up to help make linkages to vaccine services or facilitate vaccine appointments. When soliciting information about people who may have been exposed to COVID-19 ([contacts](#)), case investigators can emphasize the ways they can connect people to vaccine services and share resources. This may serve as an additional incentive for people to provide information on their contacts.

When contact tracers reach out to people who have been exposed to COVID-19 ([close contacts](#)) to encourage [testing](#) and explain the importance of staying home ([quarantine](#)), they can also discuss the importance of obtaining a COVID-19 vaccine when the person has completed quarantine. Contact tracers can follow-up after COVID-19 testing to help make linkages to vaccine services or facilitate vaccine appointments on the spot for people who test negative.

To assist with access to vaccination services, case investigators should have information related to [vaccine eligibility](#), [safety](#), and [availability](#). This includes access to:

- Vaccine locations
- Scheduling systems
- Digital tools (for example, mobile phones and tablets)
- Vaccine education for staff and people receiving assistance with access to vaccination services
- Key messages promoting vaccination
- Surveillance data (case, contact, and vaccine coverage)

Sample Script

Introduction

- May I speak with [respondent name]?
- Am I speaking with [respondent name]?
- Hello, this is [interviewer's name], from <xxxx health department>, calling for [respondent name]. How are you today?
- [For minors] Who is your parent/guardian? How can I reach your parent/guardian?
- What language(s) do you feel most comfortable speaking?
- [If language barrier and interpreter available] We can work with an interpreter (provide information on if that person will be connected or if someone will need to call back).
- [If language barrier and team member who speaks the individual's preferred language is available] A team member who speaks (language) will call you back.
- I am following up with you to discuss an important health matter. This call is private and intended to assist you with this matter.
- Is now a good time to talk privately? If not, what time works best for you?
- If you are not available now, let's schedule some time to talk about an important health matter/ your recent test results. We want to check in on your health and make sure that you can get the referrals and resources you may need and answer questions that you may have.

Sample Script (continued)

Verifying Identity

- [When available, the case investigator should follow local procedures for verifying identity.] It is important for me to ensure that I am speaking with the right person. What is your full name and date of birth, please?
- Before we get started, I would like to make sure that the information we received is correct. Please spell your full name. And what name do you go by/what do people call you? What would you like me to call you?

Confidentiality and Privacy

- Before we go into detail, I want to be sure you understand that everything we discuss is confidential. This means that your personal and medical information will be kept private and only shared with those who may need to know, like your healthcare provider. *[Note to Case Investigator: Please consult local data-sharing policies between healthcare providers and health department.]*
- What questions do you have about your privacy/confidentiality?

Reason for Call

- The health department received a report that you may have been [tested](#)/diagnosed with COVID-19. We follow up with people with COVID-19 to make sure that they have the information they need to keep themselves and their family safe. We also reach out to their [close contacts](#) to notify them of exposure so that they can get [tested](#) and [quarantine if indicated](#) to prevent the spread of COVID-19.
- Choosing to help us slow the spread of COVID-19 helps protect you, your family, and your community. It is important that you isolate at home and [tell your close contacts](#) that you have COVID-19 right away so that they can also [stay at home](#) and get tested.
- I would like to review some important questions with you, so we can provide you with support and work together to stop the spread of COVID-19 in our city/county/town.

Q&A with Person with COVID-19

- What questions can I answer for you before we start?

Collecting Demographic and Locating Information

Aims: Verify demographic and locating information. Establish the best way to reach the person. Obtain information on who resides with the person. Acquire emergency and alternate contact numbers.

Note for Case Investigator: Identify vulnerable populations through case management and surveillance databases, if available.

Sample Script

Introduction

- The next information that we will cover includes questions about you, where you live and who you live with. This information will help us make sure that your demographic information is correct and find out the best way to contact you.

Demographic

- I know that I already confirmed your name. Are there any other names that you go by or that your medical information may be under (for example, maiden name)?
- What is your gender?
- What is your race?
- What is your ethnicity? Are you of Hispanic origin?
- Do you have a tribal affiliation? If so, which tribe?
- [For women] Are you currently pregnant? (If yes) how far along are you (months, weeks)?
- What is your [any other locally specific sociodemographic information]?

Locating and Contact Information

- Where do you live (or stay)? What is your address?
- Where else have you lived (or stayed) during the past month?
- [If person indicates that they 'live on the street' or are homeless] If you don't have a regular place that you stay, where is it best to find you? (Probe for cross streets, site description, name of building/shelter, where they receive mail, etc.)
- Who else lives with you? (Who else stays at that address?)
- How many people regularly stay at that address?
- What is your cell phone number? Who else might answer that phone?
- What is the best number for me to reach you? Who else might answer that number?
- What is the best time to contact you?
- What other ways do you like to communicate? (for example, email, app)

Work

- What do you do for work (name, location[s], hours)?
- Where do you work (name, location[s], hours)?
- Where else do you work (name, location, hours)?
- What other things do you do to earn money besides the job you just described?
- When was the last time you were at work?
- Were you feeling sick when you were there?

Sample Script (continued)

- How does your workplace protect people from COVID-19? (For example, providing masks for employees, establishing social distancing space with markers for employees/customers, “screening” for temperature and COVID-19 [symptoms](#) upon entry, putting up clear plastic dividers between employees or between employees and customers, providing hand sanitizer, signs about COVID-19 and how to prevent it, increased cleaning and disinfection)

Emergency Contact

- In case of an emergency, if I could not reach you, who would I call? What is their number? What is that person’s relation to you?

Health Information and Assessing Disease Comprehension

Aims: Disclose positive test result or verify knowledge of COVID-19 diagnosis. Gain insight regarding the person's knowledge of COVID-19. Provide disease-specific information and guidance for how to manage and assess [COVID-19 symptoms](#), onset, and duration to develop a baseline for medical monitoring and contact elicitation window. Assess underlying health conditions that the person may have that place them at higher risk for disease complications.

Sample Script

Introduction

- I'd like to talk about your recent test at <testing provider>. Have you heard back about the results?
- **[If person with COVID-19 has NOT been notified of test result]** Your test came back positive for COVID-19, I'd like to talk to you about what this means so that we can work together to keep you as healthy as possible and prevent the spread of the virus.
- **[If person with COVID-19 HAS been notified of test result/diagnosis]** I'd like to talk about your COVID-19 diagnosis— so that we can work together to keep you as healthy as possible and prevent the spread of the virus.
- There are some things that you can do to manage your COVID-19 [symptoms](#) at home. I would like to take a few minutes to talk with you about the virus, find out your [symptoms](#), and discuss how we can support you during this time. I can also answer questions you have about your illness.

Reason for Testing/Healthcare visit

- Tell me about why you were [tested](#) [as relevant] or went to [insert specific healthcare provider] to get assessed for COVID-19?
 - » Did your [symptoms](#) require you to go to the hospital? Emergency Room? Hospital admission? Intensive Care Unit (ICU)? When? How long were you in the hospital?
 - » Do you have a scheduled follow up with your healthcare provider? Or are you in communication with them?
- In order to better understand your circumstances, it would help to know if
 - » Anyone has told you that you have been recently exposed to COVID-19? If so, who (e.g., someone at your worksite, nurse from your school, friend told you they tested positive)?
 - » You know of anyone where you work or live that has recently been diagnosed with COVID-19? If so, please tell me more about that.

Verifying Testing Information

- [If tested] What type of test did you receive? What were the results? Have you been [tested](#) again since that time? What were those results?

Let's talk about your test results.

- A viral test tells you if you're infected now.
 - » You may have been tested with a swab that was placed inside your nose or throat.
 - » If you have a positive test, most likely you are infected with COVID-19 and could infect others, so you should stay at home and take steps to prevent spreading to others.
 - » If you test negative, you probably don't have the virus right now, but you should keep taking steps to protect yourself and others from getting infected.
 - » If you have symptoms, stay home and keep monitoring them. If they continue, call your doctor about getting tested again.
- An antibody test may tell you if you were infected at some point with the virus that causes COVID-19.

Sample Script (continued)

- » A healthcare professional will take a small sample of your blood to be tested to see if antibodies are present.
- » If you test positive for antibodies, it is likely that you were infected with the virus that causes COVID-19 at some point.
- » If you test negative for antibodies, it is likely that you have not been infected or have not developed antibodies yet. You can still get infected or may become sick later.
- » The antibody test cannot tell if you are infected now. You will need a viral test to show that.
- All people (independent of vaccination status) with [positive diagnostic test results](#) should [isolate](#) at [home](#) or, if in a healthcare setting, be placed on [appropriate precautions](#).

Verifying Vaccination Status

- Have you already received a vaccination for COVID-19?
If Respondent Says “Yes”: Which vaccine have you received?
 - » **[If the person reports receiving a 2-dose series, such as the Pfizer or Moderna vaccine]** Did you complete two doses? When did you receive your second dose?
 - » **[If the person reports receiving a single-dose vaccine, such as the Johnson & Johnson vaccine]** When did you get the single dose?
 - » **Option 1:** Fully vaccinated people should isolate if they have tested positive for COVID-19 in the past 10 days or if they are experiencing [COVID-19 symptoms](#).
 - » **Option 2:** Since your last dose of the vaccine was not more than 14 days ago/ since you have not received a second dose, you should [isolate](#) and watch for [symptoms](#). We can discuss isolation recommendations and resources during our call.
- **If Respondent Says “No” or Reports Receiving 1 Dose Out of a 2-Dose Series:**
You will be [eligible to receive vaccination](#) after you complete your [isolation](#) period. We can talk more about linking you to vaccination services after we discuss your current COVID-19 infection.

Disease Comprehension

- Tell me your understanding of being diagnosed with COVID-19. What does that mean to you?
- There is a lot of information out there about COVID-19, and sometimes it is hard to know what is fact and what is myth. What questions do you have for me about the virus?
- What questions do you have for me at this time about COVID-19?

Symptoms of COVID-19

COVID-19 can cause a variety of [symptoms](#). Some [COVID-19 symptoms](#) can seem like a common cold, others are more severe, and sometimes people have no [symptoms](#). Please let me know if you have had any of the following [symptoms](#) and when they started. *[Note to Case Investigator: See [Appendix B](#) for a table of COVID-19 symptoms, with space to indicate onset and duration. This information can help to identify people who will need to be referred for medical evaluation due to current symptom presentation.]*

Sample Script (continued)

- What [symptoms](#) are you having? When did those [symptoms](#) start? How are you feeling now?
[If person states any of the emergency warning signs (for example, trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, or bluish lips or face) refer them for emergency medical attention immediately!]
 - » From what you are describing, it sounds as though you should be seen by a healthcare provider to further evaluate your [symptoms](#) as soon as possible. You need to call 911 or go to the emergency room. Wear a mask when an ambulance comes to get you and during your visit to the medical provider. Let them know that you received a call from the health department to notify you of possible exposure to COVID-19.

- **[If yes to symptoms]** If you have any of these [symptoms](#), have you gone to see the doctor/ER/healthcare provider (yes/no).

[If yes, contact already seen by healthcare provider]

- » What happened at the visit to your healthcare provider? Did you talk about COVID-19?
- » Did your doctor/nurse/healthcare provider test or diagnose you with COVID-19? What type of test did you receive? What were your test results?
- » How are you feeling now?
- » We want to make sure that we can best support you, so we will have a health department liaison follow-up with you to discuss your healthcare visit and [symptoms](#) in more detail.

[If contact not yet seen by healthcare provider]

- » Given the [symptoms](#) you have described, it seems that you should be seen by a healthcare provider.
- » Who is your primary medical care provider? What is their office location and phone number? Would you like to reach out to them today or would you like us to have <insert local public health services> follow-up with you to help with a referral for testing and a medical assessment? What is the best number for them to reach you at today?
- » How will you get to your healthcare provider? Do you have a mask to wear during transport and while in the office? *[Note to Contact Tracer: Discussing and problem-solving challenges, providing local resources is essential.]*

[For all people with symptoms]

- » Most people who have [symptoms consistent with COVID-19](#) should get tested. While waiting for test results they should isolate or stay away from others, including staying apart from those living in their household. (See [If You Are Sick](#)).
- » [Discuss as relevant] Although the risk that [fully vaccinated](#) people could become infected with COVID-19 is low, any [fully vaccinated](#) person who experiences [symptoms consistent with COVID-19](#) should stay at home and be clinically evaluated for COVID-19, including SARS-CoV-2 testing, [if indicated](#). They should inform their healthcare provider of their vaccination status at the time of care.
- » [Discuss as relevant] People who have been diagnosed with COVID-19 within the last three months and recovered that develop symptoms again within 14 days of the new exposure should consult a healthcare provider. Depending upon the evaluation from the healthcare provider, you may need to be retested for SARS-CoV-2 and/or [stay at home and isolate](#) away from others.
- » [Discuss as relevant] People with recent exposure, who have [symptoms of consistent with COVID-19](#), should get tested regardless of vaccination status. While waiting for test results, they should isolate or stay away from others, including staying apart from those living in their household. (See [If You Are Sick](#)).

Sample Script (continued)

- **[If no to symptoms]** It is good that you have not noticed any [symptoms](#). It can take between 1–14 days for COVID-19 [symptoms](#) to show up, and in some instances, people with COVID-19 do not show any obvious [symptoms](#), but they can still spread the virus. Let's talk about some other risk factors for COVID-19, and then we can talk about next steps.

Underlying Health Conditions and Other Risk Factors

- Some other health conditions may impact how COVID-19 affects the body. Sometimes we may need to do extra monitoring for people who have other health conditions to be sure that we can get them help if they need it. Have you ever been diagnosed by your healthcare provider with any health conditions that might mean you should have extra monitoring for COVID-19? If so, what health condition(s) were you diagnosed with? *[Note to Contact Tracer: If the local area is collecting data on specific co-morbidities, you may ask about those specific health conditions after asking this question.]*

[What You Can do if You are at Higher Risk of Severe Illness from COVID-19](#)

Recommendations on How to Manage Symptoms at Home

- What kind of information did they give you to help with your [symptoms](#) while you are at home?
- We have some useful tips that may help with managing your [symptoms](#). *[Note to Case Investigator: Recommend both covering this information verbally and providing a handout via email or hardcopy]:*

[10 things you can do to manage your COVID-19 symptoms at home](#)

- [Chinese](#)
- [Korean](#)
- [Spanish](#)
- [Vietnamese](#)

[What to do if you are sick](#)

- [Amharic](#)
- [Dari](#)
- [Haitian Creole](#)
- [Spanish](#)
- [Arabic](#)
- [Farsi](#)
- [Russian](#)
- [Tigrinya](#)
- [Burmese](#)
- [French](#)
- [Simplified Chinese](#)
- [Ukrainian](#)

Q&A with Person with COVID-19

- What worries or concerns do you have that you would like to discuss? Who have you told about your COVID-19 diagnosis?
- What questions do you have for me at this time about COVID-19?

Health Monitoring and Responding to Changes in Health Status

Aims: Cooperatively establish a plan to monitor health status daily. Discuss importance of daily monitoring and develop a clear plan to access medical services should the need arise.

Sample Script

Introduction

- I'd like to talk with you about setting up a plan for you to monitor your health each day so that we can get you help if you need it. Shall we continue?
- We would like to work with you to set up daily check-ins so that we can make sure that you are okay. This way if your [symptoms](#) get worse or you develop new [symptoms](#), we can work together to get you medical care, if you need it.

Monitoring Agreements and Tools

- Some of the more basic items to help you monitor your [symptoms](#) and reduce the chance that others in your house get COVID-19 include a mask, gloves, thermometer, 60% alcohol-based hand sanitizer, soap, and [EPA-registered household disinfectant](#).
 - » [How to Protect Yourself & Others](#)
- We have <name of local monitoring system> set up to help with communication for daily check-ins. Let's get you registered for that system. We encourage you to register for [email/text messaging/other automated system], which is quick, private, and allows you to provide your information on a schedule that works for you (rather than getting calls from us).
- What would work best for you? Would you prefer to Facetime, Skype, talk on the phone, text, or email? What time of day is best? What time of day is best? How about xx time each day, would that work for you? What is the best number or email address we can use to communicate with you each day?
- What do you understand about the monitoring by [mechanism] that you are being asked to do during this time? What challenges might you have with this plan?

Responding If Symptoms Get Worse

- Sometimes people with COVID-19 can have complications. You will need to be aware of what is happening with your body so that you can tell if you have any [emergency warning signs](#) (including trouble breathing; persistent pain or pressure in the chest; new confusion; trouble speaking; trouble swallowing; impaired coordination; inability to wake or stay awake; or pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone, or numbness/paralysis on the face/arm/leg). If you have any of these or any other [symptoms](#) that are severe or concerning to you, please call your medical provider or go to the emergency room right away. Don't wait for your daily check-in. If you call 911 or go to the emergency room, tell them that you have COVID-19 and wear a mask when an ambulance comes to get you or if you visit a medical provider.
- What is your plan if you develop new [symptoms](#) or start to feel sicker?
- Who do you feel comfortable reaching out to if you feel like your [symptoms](#) are getting worse?
- How would you get to the emergency room if needed?

Medical Provider and Other Support While Sick

- Where do you usually go when you are sick?
- Who is your primary medical care provider? What medical appointments/procedures do you have coming up? How comfortable do you feel communicating with them about your [symptoms](#)?

Sample Script (continued)

- Who usually helps take care of you when you are sick? Have you told them about your COVID-19 diagnosis?

» [How To Talk To Your Close Contacts](#)

Q&A with Person with COVID-19

- This was a lot of information. What questions did this raise for you about COVID-19?

Reviewing Isolation Recommendations and Resources

Aims: Discuss parameters and importance of [isolation](#) recommendations. Assess the person's concerns and resources to enable safe and healthy [isolation](#). Cooperatively identify potential areas for support and referral.

Note to Case Investigator: All people (independent of vaccination status) with [positive diagnostic test results](#) should [isolate](#) at [home](#) or, if in a healthcare setting, be placed on [appropriate precautions](#).

Most people with recent exposure, who have [symptoms consistent with COVID-19](#) should get tested. While waiting for test results, they should isolate or stay away from others, including staying apart from those living in their household. (See [If You Are Sick](#)). People who are [fully vaccinated](#) have a low risk of infection. Infection risk is also low for people who have been diagnosed with and recovered from COVID-19 within the last three months. However, if these people experience [symptoms consistent with COVID-19](#), they should [stay at home](#) (isolate) and be clinically evaluated for COVID-19, including SARS-CoV-2 testing, [if indicated](#).

Details on ending isolation are located at CDC's [Ending Home Isolation](#)

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days have passed since symptom onset **and**
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications **and**
- Other symptoms have improved.

Exceptions to these standard recommendations for discontinuation of isolation may include

- [Longer isolation timeframes](#) for people who are severely immunocompromised
- Exemptions from standard [isolation](#) procedures or different [return to work criteria](#), for [healthcare personnel](#) may have in order to ensure continuity of essential operations

Ensure familiarity with state, tribal, local, and territorial (STLT) recommendations, policies, and procedures regarding discontinuation of isolation and return to work exceptions. Isolation support resources and referrals should be modified to reflect STLT policies and procedures and locally relevant information and resources.

Sample Script

Introduction

- Now I'd like to talk with you about home [isolation](#), review the recommendations, and identify what you may need to support you and keep you and your family and other household members healthy.
- It is recommended that you stay at home, away from others, in isolation for:
 - » [If you have symptoms] At least **10 days** from the day your symptoms first appeared, **AND**
 - » At least 24 hours have passed since resolution of fever without the use of fever-reducing medications, **AND**
 - » Other symptoms have improved
 - » [If you do not have symptoms] At least **10 days** from the day you were tested and found to be positive for the virus that causes COVID-19 (SARS-CoV-2).
- Have you begun home isolation? When did that start?
- [As relevant] In some instances, people who are severely immunocompromised may have different circumstances and determining when you can be around others (end home isolation) may need to be guided by your healthcare provider. Let's talk about how this may apply to you?

Sample Script (continued)

- [As relevant] In some instances [healthcare personnel](#) have different [return to work criteria](#). Let's talk about how this may apply to you.
- Let's discuss how you can prevent [spreading the virus](#) to others. What do you know about spreading the virus to your family and other people? What do you know about home [isolation](#)?
 - » [How COVID-19 Spreads](#)
- Being in [isolation](#) means that you will not be able to go to work or the grocery store or other places around town.
- Since the main way that COVID-19 is spread is through breathing in droplets of the virus through the air, it will be important to keep your family and other household members safe. This will mean that you will have to stay at home ([isolate](#)) in a separate part of the house from others who live with you, preferably in a bedroom by yourself, and use your own bathroom that no one else uses during this time. Let's talk about what this looks like for you.
 - » [What to Do If You Are Sick](#)
 - » [Isolate If You Are Sick](#)
- If at all possible, you should avoid contact with [people at higher risk for severe illness](#) (unless they live in the same home and had the same exposure as you), regularly wash your hands, and follow other measures outlined in the [CDC guidance](#).

You will need to limit your interactions with people in your household. When interacting with others in your household, you should wear a mask over your nose and mouth. Your caregiver should also wear a mask when caring for you. Children under age 2 or anyone who has trouble breathing should not wear a mask. Regularly wash your hands and follow other measures outlined in the [CDC guidance](#). [Note to Case Investigator: [Case Investigators should verbally review updated CDC guidance with the person during the interview](#) and send information in a link or handout afterward.]

- To minimize your contact with others, if at all possible, stay in your room and have food, other necessities, and recreational items left outside the door. We will talk more in a few minutes about whether you have someone at home who can do these things and if you need more help.
- There are a number of things you can do to protect your family and other household members. I will provide information on how to clean and disinfect your home (for those sharing space with others).
 - » [Cleaning and Disinfecting Your Home](#)
- It will be important to identify other people to assist you with daily life activities during isolation. You will need to stay at home, and therefore, you will need others to support you in grocery shopping, picking up medications, and caring for others during this time.

Assessing Concerns

- What would home [isolation](#) look like for you?
- Does this sound like something that would be hard or easy for you? Why? What could you do or what support would you need to address the hardest parts? Do you need access to any resources to help you with completing home [isolation](#)?
- What would be helpful for you to better understand or remember the instructions about home [isolation](#)?
- Would you like us to follow up with you after you receive your COVID-19 vaccine to provide any additional support needed?

Sample Script (continued)

Assessing Living Situation

- It may be helpful to talk about what kind of support you might need during [isolation](#).
- Let me just double check the address where you are staying. (confirm address)
- What does your living situation look like? *[Note to Case Investigator: Probe for type of living environment, such as single flat, apartment, house, group home, treatment facility, single room only hotel, condo, tent encampment, etc.]* How many rooms, bedrooms, bathrooms? Are there shared common areas (for example, kitchen/dining room/living room/laundry/elevator)?
- Tell me about the place where you live (Prompts: House? Apartment?). Who lives there with you? What are their names, ages, and relationships to you? (Make a list, see [Appendix C](#))
- Who else stays there from time to time? When was the last time they were there? What are their names/ages?
- How many children do you have? What are their ages? Where do they live? When was the last time you saw them?
- What other children (under 18) are in the home? Who are their parents/guardians?
- Does anyone in your household have other medical conditions? If so, who and what medical conditions do they have that concern you?
- Would it be possible for you to have access to your own room and bathroom?
- How safe do you feel in your current living situation? Have you ever felt threatened or hit, or hurt by someone who you live with? *[If the person feels unsafe or answers yes to the second question]* We have resources to support you <make domestic violence referral—insert local information>.
- Is there an alternate place that you could stay?
- Would you consider moving to an offsite location to support you and protect your family/household during your [isolation](#)? If this were an option, what would be your concerns?

Assessing Other Supports

- When you think about what I have just described, what comes to mind? What challenges do you see? What kind of support would you need to overcome them?
- What do you think will be the hardest thing about [isolation](#)? How will you deal with that?
- Do you have access to fresh water and enough food?
- How will you prepare your own food? Who can assist you with getting meals?
- How will you get other household supplies (for example, toilet paper, soap, etc.)?
- What medications will you need to take? How long until your prescription needs to be refilled?
- Who do you provide care for in your household? Children? Parents? Older person? Sick person? Is there someone else who can take on that role?
- What pets or animals do you have in your household? What kind of supplies will you need for them during your [isolation](#)? Is there anyone else who can take care of your pets or animals? If [you have pets](#), treat them as you would other human family members to protect them from a possible COVID-19. In accordance with the [Americans with Disabilities Act](#), service animals are permitted to remain with their handlers.
 - » [COVID-19 and Animals Frequently Asked Questions](#).
- You may be off from work during home [isolation](#) or may be able to telework if that is a policy at your workplace and you feel healthy enough to continue working. How will you approach this discussion with your employer? Will you be getting paid sick leave from your employer?

Sample Script (continued)

- What concerns do you have about the financial impact that home [isolation](#) will have?
- What types of medical or other important appointments do you have scheduled over the upcoming weeks? Let's see how we can work to support you with those appointments.
- What supports might you need during your [isolation](#) period? [[Local resources should be listed and discussed.](#)]
 - » Food
 - » Childcare
 - » Housing
 - » Prescriptions
 - » Non-COVID medical care
 - » Support with stress, resiliency, mental health
 - » Substance use treatment/support groups
 - » Translation/interpretation
 - » Assistance caring for someone else
 - » Transportation
 - » Disability accommodations
 - » Financial assistance
 - » Communication (cell service, internet)
 - » Other
- Release from Isolation

When you can be around others (end home isolation) depends on different factors for different situations.

- If you have symptoms, you can be with others after
 - » At least **10 days** since symptoms first appeared **AND**
 - » At least **24 hours** with no fever without fever-reducing medication **AND**
 - » Other symptoms of COVID-19 are improving
- If you had no symptoms and continue to have no symptoms, you can be with others after 10 days have passed since the date you had your positive test.
- If you develop symptoms after testing positive, you can be with others after
 - » At least **10 days** since symptoms first appeared **AND**
 - » At least **24 hours** with no fever without fever-reducing medication **AND**
 - » Other symptoms of COVID-19 are improving
- If you have a [weakened immune system \(immunocompromised\)](#) due to a health condition or medication, you might need to stay home and isolate longer than 10 days and possibly 20 days after symptoms begin. In some circumstances, further testing may be needed. Talk to your healthcare provider for more information.

[Note to Case Investigator: Jurisdictions can find additional information on the discontinuation of isolation in [CDC's Contact Tracing Guidance](#).]

- [If not fully vaccinated] We would like to connect you to vaccine services upon your release from [isolation](#).
 - » [How do I find a COVID-19 vaccine?](#)

There are several ways you can look for vaccination providers near you.

- **Visit [Vaccines.gov](#)** to find vaccination providers near you. In some states, information may be limited while more vaccination providers and pharmacies are being added. Learn more about [COVID-19 Vaccination Locations on Vaccines.gov](#).
- Text your **zip code** to **438829** or call **1-800-232-0233** to find vaccine locations near you.
- **Check your local pharmacy's website to see if vaccination appointments are available.** Find out which pharmacies are participating in the [Federal Retail Pharmacy Program](#).
- **Check your local news outlets.** They may have information on how to get a vaccination appointment.

Sample Script (continued)

Disclosure Coaching

- Given that a plan for social distancing will need to be set in place as well as supports to assist you while you are on home [isolation](#), it will be important to think about how to talk about this with those in your household.
- Who in the household have you told about your COVID-19 diagnosis or test? How did that conversation go?
- Who in the household are you planning on telling about your COVID-19 diagnosis or test? What do you expect that discussion to look like? *[Note to Case Investigator: Offer coaching if appropriate.]* Would you like support in telling them about your diagnosis? Would you like to arrange for a 3-way call so that I can be available to answer questions that may come up?

Q&A with Person with COVID-19

- What other concerns (for example, someone may be sick, someone may have a pre-existing health condition, kids are little and may be upset to be separated) do you have regarding the home [isolation](#) instructions? Let's discuss some steps to take that may address your concern(s).

Contact Elicitation

Aims: Discuss parameters and importance of contact elicitation. Assess and alleviate the person's concerns. Elicit [close contacts](#) who may have been exposed to COVID-19. Identify congregate living and work environments with potential exposure.

Note to Case Investigator: Contact elicitation should be conducted for all contacts (regardless of vaccination status)—determination of next steps with contacts includes assessment of symptoms, and verification of vaccination and/or testing.

Case investigators should compute the contact elicitation window: the time period for which [close contacts](#), other people (contacts) who may be exposed to COVID-19, and activity history should be elicited. This timeframe includes of **both** the infectious period and the source investigation period.

- The infectious period: timeframe the person diagnosed with COVID-19 is most likely to be able to transmit the virus to others
 - » **Start date:** at least 2 days before symptom* onset or specimen collection date for SARS-Cov-2 positive test (for asymptomatic cases)
 - » **End date:** [discontinuation of isolation](#)
- The source investigation period: timeframe the person diagnosed with COVID-19 was most likely to have been infected or exposed to the virus
 - » **Start date:** 14 days prior to symptom onset* (for symptomatic people) or specimen collection date of positive SARS-CoV-2 test (for asymptomatic people)
 - » Identification of potential sources of infection (e.g., [close contacts](#), places, events, and gatherings) often uncovers clusters and identifies source and secondary cases (another case potentially infected by or linked to the potential source case) who may be undiagnosed.

*[All possible symptoms](#) should be considered, with particular attention to those that may be mild and/or nonspecific (e.g., fatigue, muscle pain) and those less common.

For each contact elicited, step through a list of identifying, locating, and risk questions. (See [Appendix C](#) and [Appendix D](#).) For elicitation of venues where exposure may have occurred see [Appendix A](#) and [Appendix E](#).

Sample Script

Introduction

- Now I would like to discuss your [close contacts](#) and identify who may need to be notified of exposure so that they can get [tested](#) and [quarantine](#) to prevent the spread of COVID-19.
- Some of the early [symptoms](#) of COVID-19 can look similar to other illnesses. You may have been out and about not even realizing that you were sick. Many times, people continue to live their lives normally when they think that they have a common cold or when they are tired.
- To stop COVID-19 from [spreading](#) in the community, we will need to discuss who may have been exposed. We will need to make sure they get care, if they need it, and have them monitor themselves for [symptoms](#) so that they don't spread it to others.
- Your [close contacts](#) could benefit from checking their [symptoms](#) each day so that they can get help early if they start to have [symptoms](#). People at the greatest risk of infection and who should be prioritized for notification are those you have been around for a cumulative total of 15 minutes or more over a 24-hour period, during the two days prior to the start of your [symptoms](#) (or if you are asymptomatic, two days before your positive COVID-19 specimen collection date), through to the time you start [isolation](#), are at greatest risk of infection and should be prioritized for notification.

Sample Script (continued)

- When we talk about who may have been exposed to COVID-19, you should think about people who live in your household; people at work; and people who you interact with during hobbies, social events, and other daily life activities.
- Have you already spoken to any of your close contacts about being diagnosed with COVID-19? If so, how did that go? Who did you speak to?
- You may want to tell some people yourself, and the health department can notify them of exposure and follow up.
 - » [How To Talk To Your Close Contacts](#)
 - » “Hi. I need to talk to you about something important. Do you have a few minutes to talk privately? I was diagnosed with COVID-19 (or tested positive) on xxx date. We spent time together on xxx date, and I wanted to let you know so that you can get tested and protect your family and others within and outside your household. CDC recommends that you [stay home](#), separate yourself from others for 14 days except to get medical care, get tested for COVID-19, and continue to monitor your health for [symptoms of COVID-19](#).”
- It’s important that I emphasize again that your privacy will be protected at all times. The health department will not disclose your name. We will also not disclose information about the people you have been in contact with. We will simply let them know that they may have been exposed to COVID-19 recently, check in with them about any [symptoms](#) that they may be having, and refer them to health care or talk to them about how important it is for them to [quarantine](#) and watch for [symptoms](#) so that they don’t spread the virus to others.

Discussing Contact Elicitation Window

- People you have been around during the two-day period prior to the start of your symptoms (or if you are asymptomatic, two days before your positive COVID-19 specimen collection date) until you meet the criteria for discontinuing isolation, are at greatest risk of infection and should be prioritized for notification. Let’s talk about the people you spent time with, the places that you have gone, and other daily life activities between <date> and <date>.
- It is also important to identify where you may have gotten the infection, so identify and protect other people who may have been exposed. Let’s talk about the people you spent time with, the places that you have gone, and other daily life activities in the two weeks prior to the start of your symptoms (or if you are asymptomatic, two days before your positive COVID-19 specimen collection date). That would be between <date> and <date>.

Household Contacts

- Household transmission of COVID-19 is common. Most close contact exposures are with family members and other household contacts. Let’s talk again about the place that you live and the people who stay there with you. (Make and review list, [Appendix C](#)) Earlier, you talked about <insert the total number of people> who lived there; <insert # of> adults and <insert # of> children that stay there on a regular basis. Who else stays with you from time to time? Who has stayed there recently?
- Let’s talk about each of these people (for example, names, ages, contact information, potential risk for COVID-19 or complications) and then discuss what would be the best way to notify them of exposure. ([Appendix C](#) and [Appendix D](#).)
- What other addresses do you use (for mail or to stay occasionally)? When was the last time that you stayed there? For how long? Who did you spend time with?
- Who in your household has been sick recently? (If they identify anyone sick, ask what type of [symptoms](#), when started, for how long?)
- Have they gone to the doctor or to get [tested](#) for COVID-19? (If yes, when, where, and results?)

Sample Script (continued)

Workplace

- Many people spend a lot of their time at work. Sometimes, people work very close together with the colleagues or customers, travel together for work, or have shared workspaces or commonly shared surfaces that can transmit the virus. Let's talk about the work that you do and your work environment to see who may need to get [tested](#) or evaluated for COVID-19.
- Earlier we talked about what you do for work. Let me just confirm. I have it listed as [name, location, contact information]. Let's talk about who from work may need to be evaluated for COVID-19.
- What was your last day of work? Did you feel sick on that day?
- Have you called out sick since then?
- What have you told them about your diagnosis/test results?
- Tell me about your work. What do you do there? What is your work schedule? Do you work full time or part time?
- How do you get to and from work? (Prompts: Ride share, employer-sponsored bus, carpool, etc.) Who do you travel with?
- What is your work setting like? (Prompts: Is everyone in one room? Do you work in a cubicle? Do you have your own office? How many people are onsite together? Do you have a shared workspace? Do you have a shared breakroom? Do you have an onsite cafeteria? Where do you eat lunch?)
- (*Special Circumstances in the Workplace*) Some workplaces have a higher risk for spreading illness if someone is sick with COVID-19. Places where people live together in [close contact](#), known as congregate living environments (hospitals, long-term nursing facilities, assisted living facilities, group homes, mental health hospitals, correctional facilities, homeless shelters), or large factory settings often require an environmental assessment by health specialists to make sure that protective measures are put in place, so more people don't get sick. Would you describe your workplace as a congregate living or work environment? In what area(s) of the facility do you work? [Note to Case Investigator: [Appendix E](#) is a job aid to assist with a "facility-based" elicitation process.]
- Do you work with the same people all the time or do you often work with different people? What does that look like?
- Do you provide services in different settings (for example, air conditioning repair for businesses, physical therapy for nursing homes, carpentry in personal homes)? What locations have you been onsite recently?
- How often do you have meetings? What meetings have you attended between <date> to <date> and who was there?
- How often do you travel during the workday? Have you traveled with anyone from work recently? [Probes: For meetings? Supply pickup? Site visits? Vehicle pickup?] If so, who did you travel with, when did you travel, and where did you go?
- Who at your work has been sick recently?
- Who else do you know (your family or friends) who works there?

Sample Script (continued)

People, Places, Activities, and Events

- Let's talk about your daily activities from <date> through <date>. Let's talk about people you shared time with, the places you went, and the events you attended. *[Note to Case Investigator: See [Appendix A](#) for a list of potential contacts and locations to discuss, and [Appendix C](#), [Appendix D](#), and [Appendix E](#) to assist with information gathering.]*
- Why don't we start with the day before you started [isolation](#). Where did you go on that day and who did you see?
- You told me that your first symptom (name of symptom) started on <date>; that looks like a "Monday/Tuesday" around the time you first began to feel ill. Let's think back to the two days before that. What were you doing then?
- [If not mentioned as part of the household] Who is your partner/significant other? When did you last see them?
- What family or friends have you had over recently? Gone to visit recently? Where did you go? Who was there with you?
- When was the last time that you talked to your neighbors in person? Or helped each other out with something?
- Who do you know who also has COVID-19?
- Has anyone else told you that you may have been exposed to COVID-19? Who would that be? When did they let you know? Who else do you know who has been sick?
- If you look through your contacts in your phone, who else comes to mind that may need to be evaluated for COVID-19?
- Do you have a calendar or other schedule that you use? If you look through your calendar in your phone, what were you doing from <date> to <date>? Who were you with at that time who may need to be evaluated for COVID-19? How did you travel there?
- Do you use any apps on your phone regularly that may provide clues to your whereabouts? If you look at some of those apps (for example, Facebook, Meetup, WhatsApp, Telegram, Foursquare, GirlCrew, Instagram, Google Maps, dating apps, social networking apps), what events did you attend or people did you meet from <date> to <date>?
- Tell me about your recent activities. When was the last time that you: Got your hair done? Went out to eat or out for drinks? Took a class? Volunteered? Took public transportation? Exercised with others? Celebrated an occasion? Did a group activity? Who else was there? Who may have been sick at the time?
- Where have you traveled in the last (contact elicitation window period)? Tell me about that trip. Who was with you? Where did you go? How did you travel? Where did you stay and who did you stay with on the trip?

Linking to Vaccine Services

Aims: Discuss importance and [benefits of getting vaccinated](#). Assess person's concerns and resources. Cooperatively identify potential areas for support and referral.

Note to Contact Tracer: Refer to CDC's [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#) and [Different COVID-19 Vaccines](#) webpage for information on vaccine eligibility. Information that may be helpful to guide the discussion includes

- [Key Things to Know About COVID-19 Vaccines](#)
- [Frequently Asked Questions About COVID-19 Vaccination](#)
- [Talking With Patients About COVID-19 Vaccination](#)
- [COVID-19 Vaccines factsheet](#)
- [How Do I Find A COVID-19 Vaccine?](#)
- [COVID-19 Vaccine Information for Specific Groups](#)
- [Benefits of Getting Vaccinated](#)

To assist with access to vaccination services, contact tracers should have information related to [vaccine eligibility](#), [safety](#), and [availability](#). This includes access to

- Vaccine locations
- Scheduling systems
- Digital tools (for example, mobile phones and tablets)
- Vaccine education for staff and people receiving assistance with access to vaccination services
- Key messages promoting vaccination
- Surveillance data (case, contact, and vaccine coverage)

The following script is relevant for persons who are unvaccinated and people who have only received one shot of a two-dose vaccine regimen.

Sample Script

- CDC recommends COVID-19 vaccination for all people who are eligible. This includes people who have previously had COVID-19. That's because experts do not yet know how long you are protected from getting sick again after recovering from COVID-19. Even if you have already recovered from COVID-19, it is possible—although rare—that you could be infected with the virus that causes COVID-19 again.
- Once you are eligible to receive the vaccine, we highly recommend [scheduling an appointment to get vaccinated](#) or visiting a vaccination site that does not require an appointment.
 - » People with a COVID-19 diagnosis (with symptoms or a positive test) should wait to be vaccinated until they have recovered from their illness and have met the criteria for discontinuing isolation before getting vaccinated.
 - » The federal government is providing the vaccine free of charge to all people living in the United States, regardless of their immigration or health insurance status. Would you like our help with locating a testing site, finding a vaccination site, scheduling an appointment for you, or sending you an appointment reminder?
- There are several ways you can look for vaccination providers near you.
 - » **Visit [Vaccines.gov](#)** to find vaccination providers near you. In some states, information may be limited while more vaccination providers and pharmacies are being added. Learn more about [COVID-19 Vaccination Locations on Vaccines.gov](#).
 - » Text your **zip code** to **438829** or call **1-800-232-0233** to find vaccine locations near you.

Sample Script (continued)

- » **Check your local pharmacy's website to see if vaccination appointments are available.** Find out which pharmacies are participating in the [Federal Retail Pharmacy Program](#).
- » **Check your local news outlets.** They may have information on how to get a vaccination appointment.
- Safety is CDC's top priority, and vaccination is a safer way to help build protection. If you receive a 2-dose series, such as the Pfizer or Moderna COVID-19 vaccine, you will need two shots to get the most protection. All currently authorized and recommended COVID-19 vaccines are safe and effective, and CDC does not recommend one vaccine over another. The most important decision is to get a COVID-19 vaccination as soon as possible. Widespread vaccination is a critical tool to help stop the pandemic.
- Some side effects are normal for the COVID-19 vaccine. Register for the [v-safe After Vaccination Health Checker](#), a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccine.
- We would like to connect you to vaccine services upon your discontinuation of [isolation](#). What would be most helpful to support you in getting your vaccine? Would you like us to follow up with you after your vaccination to provide additional support, if needed?
- What challenges do you anticipate with getting vaccinated? Will you have any difficulties with transportation to get to a vaccination site? Do you have other caregiver responsibilities, where you can't leave someone alone? *[Note to Case Investigator: Discussing and problem-solving challenges, providing local resources is essential.]*
- Is there anyone else in your household that needs assistance getting access to a COVID-19 vaccine?

Conclusion

Aims: Check-in on agreements. Answer remaining questions. Set stage for follow-up.

Sample Script

Check-In, Questions, and Agreements

- We have talked about a lot of topics today. I want to take a few minutes to check in on how you're feeling and discuss our plans.
- How are you feeling about all of this?
- What questions do you have for me?
- How can I (or my agency) be of additional assistance to you?
- I can help connect you with a vaccine appointment once you're eligible and follow-up to ensure doses have been received, ask if you experienced any side effects, and provide other support.
- What questions do you have about what will happen next with the information that we have discussed?
- So, our daily check-ins start tomorrow. What questions do you have about the time and the method that we discussed?
- And if you start to feel worse, your plan was to....?

Acknowledging the Difficulty and Keeping the Door Open for Contact

- I just want to check in to be sure that you know how to reach me if you have other questions or concerns after we get off the phone. My name is spelled, <insert name>, and my phone number is <insert phone number>.
- Either I or someone from my team may reach out to you to check in to see if you are ok or whether you've connected with the other services we talked about today. They will also protect your privacy. We may have other questions that arise. Just wanted to confirm the best number to reach you is <repeat 'best contact number' provided by the person>.
- I can't thank you enough for talking to me and helping us stop the spread of COVID-19 in [location]. I know this is a very difficult time for you and your family, and we truly want everything to go well for you.

Appendix A

This table is intended to assist case investigators in thinking about the various exposure sites where the person may have interacted with [close contacts](#).

Potential Contacts and Exposure Locations

Please note this list is not inclusive of all possible types of contacts or exposure sites.

Type of Contacts	Locations
Household	Place of residence
Family, Friends, and Social Acquaintances	Family gatherings, social residential gatherings, exercise/workout settings, hiking outings, camping trips, hunting or fishing trips, cooking classes, yoga classes, dance classes, other enrichment classes, book club meetings, birthday parties, baby showers, weddings, funerals, barbeques, weekend getaways, block parties, holiday potlucks, vacations, visits to family or friends at nursing home/group home, etc.
Transportation and Travel	Lyft, Uber, carpool, bus, commuter van, light rail, train, airline travel, cruise, etc.
Workplace— Colleagues/Customers	Businesses, meetings, conferences, restaurants, shops, clients' homes (for example, carpenter, electrician, plumber), factories, hair salons, etc.
Community	Schools, child care centers, grocery stores, drug stores, shops/shopping malls, restaurants, coffee shops, hardware stores, banks, worship centers, movie theaters, sporting events, concerts, bars/brewhouses, night clubs, libraries, bowling alleys, bingo halls, barber shops, hair salons, nail salons, brow or eyelash salons, day spas, tattoo shops, piercing shops, yoga studios, gyms, street fairs, festivals, county/state fairs, animal shelters, airports, polling locations, etc.
Health Care	Hospitals, emergency rooms, physician offices, dialysis centers, laboratories, dentist offices, pharmacies, ambulance transports, chiropractors, physical therapy centers, etc.
Congregate Living and Other Shared Housing Settings	Medical: hospitals (in person); acute care facilities, skilled nursing facilities, long-term medical care facilities, etc. Non-medical: long-term care residential homes, assisted living facilities, hospices, retirement homes, dormitories, group homes, correctional facilities (prison/jail/juvenile hall), homeless shelters, multigenerational households, renting/sharing dorm rooms and/or beds based on the shift work at factories or food processing plants, etc.

Appendix B

This table is intended to guide the person with COVID-19 through an assessment of COVID-19 [symptoms](#), onset, and duration. Information gleaned here will inform the contact elicitation window (48 hours prior to start of [symptoms](#) until the person is isolated).

COVID-19 Symptom Assessment

KEY: Y=yes, N=no, U=Unknown, R=refused

*Emergency Warning Signs—People with these symptoms should be referred for emergency medical care.

COVID-19 Symptoms	Presence of Symptoms	Date of Onset	Duration
Fever	Circle (Y/N/U/R)	Date of onset	Number of days
Cough	Circle (Y/N/U/R)	Date of onset	Number of days
Diarrhea/GI	Circle (Y/N/U/R)	Date of onset	Number of days
Headache	Circle (Y/N/U/R)	Date of onset	Number of days
Muscle ache	Circle (Y/N/U/R)	Date of onset	Number of days
Chills	Circle (Y/N/U/R)	Date of onset	Number of days
Sore throat	Circle (Y/N/U/R)	Date of onset	Number of days
Vomiting	Circle (Y/N/U/R)	Date of onset	Number of days
Abdominal Pain	Circle (Y/N/U/R)	Date of onset	Number of days
Nasal congestion	Circle (Y/N/U/R)	Date of onset	Number of days
New loss of sense of smell	Circle (Y/N/U/R)	Date of onset	Number of days
New loss of sense of taste	Circle (Y/N/U/R)	Date of onset	Number of days
Malaise	Circle (Y/N/U/R)	Date of onset	Number of days
Fatigue	Circle (Y/N/U/R)	Date of onset	Number of days
Shortness of breath or difficulty breathing/trouble breathing*	Circle (Y/N/U/R)	Date of onset	Number of days
Persistent pain or pressure in the chest*	Circle (Y/N/U/R)	Date of onset	Number of days
New confusion*	Circle (Y/N/U/R)	Date of onset	Number of days
Inability to wake or stay awake*	Circle (Y/N/U/R)	Date of onset	Number of days
Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone*	Circle (Y/N/U/R)	Date of onset	Number of days
Other symptom(s)	Circle (Y/N/U/R)	Date of onset	Number of days

Appendix C

This table is intended to assist in elicitation of contact names, location, risk, and other pertinent health information, and notification planning. This information will be used to locate and communicate with contacts regarding their exposure and prioritize follow-up of high-risk people and congregate living or work settings.

Contact Elicitation Tool

(Please note: All of the information contained in this table is “per the report of the person with COVID-19.” It is recommended that this information be gathered/verified through a direct conversation with the “contact” [the person exposed to COVID-19].)

Name of Contact	Relationship to Person with COVID-19	Last Date of Exposure	Type/Duration of Exposure (e.g., setting and minutes/ hours spent together)	Locating Information	Risk Information (e.g., HCW, live or work in congregate setting, high-risk person)	Other Pertinent Health Information (Reported by the Person with COVID-19) (e.g., COVID-19 test positive, cough and fever x 3 days)	Initial notification of exposure (e.g., person with COVID-19, case investigator)
XXX XXXXXX	wife	xx/xx/xx	Daily contact, live and sleep together	Cell xxx-xxx-xxxx Address same as person with COVID-19	Previous surgery and recent completion of chemotherapy for breast cancer	No symptoms or tests for COVID-19	Person with COVID-19
XXX XXXXX	coworker	xx/xx/xx	Contact 5 days/week, ride together in truck cab 6–9 hours/day	Cell xxx-xxxx Address xxxxxxxx Employer xxxxxxxx	smoker	Increasingly worse cough, stuffy nose, off and on feverish over past week or so	Case investigator

Appendix D

This table is intended to provide a list of questions to ask the person with COVID-19 about each of their contacts (people that may have been exposed to COVID-19). This information will be used to locate and communicate with contacts regarding their exposure and to prioritize follow-up of contacts at high risk and contacts within congregate living or work settings.

Sample Open-ended Questions for Each Contact Elicited

- What is their name? What name do they go by?
- How old are they? What is their age or date of birth?
- What is their gender?
- What is their race/ethnicity?
- What languages do they speak?
- What do they look like (distinguishing features)?
- What is the best way to reach them? Cell number? Email?
- Where do they live? Address? Who do they live with?
- Where do they work and work location? City, State? What is their job, work function?
Works in close proximity with others?
- When did you see them last? When did you last spend time with them?
For how long (minutes/ hours)?
- What symptoms might they have had?
- Are you aware of any risk factors (like smoking) or underlying medical factors (like the ones that we discussed earlier) that may increase their risk for complications from COVID-19? If yes, do you feel comfortable sharing that information? Tell me about them.
- What do they know about your COVID-19 status?

Appendix E

This table is intended to assist in exploring locations or facilities (exposure sites) where the person visited or worked while infectious, identifying specific areas within each facility (exposure settings), and people who may have been exposed. This information can be used to inform both facility and individual contact investigations.

Elicitation of Exposure Sites and Settings (Physical Locations)

Exposure Site (facility name and location)	Exposure Setting, Area within Facility (e.g., specific room[s], location on production line, room size, description)	Type of Exposure (e.g., talking, singing, physical contact)	Date(s) of Exposure (most recent date, frequency, other dates in contact elicitation window period)	Duration of Time Spent in Setting	Contact(s) (e.g., number, category, names)	Person's Symptoms:	Prioritization (Points to Consider: potential infectiousness [symptoms], type of exposure, duration of exposure, proximity)
Group Home e.g., Visited my son at his group home about a week after my cruise	living room (12 feet x 18 feet)	Potluck birthday celebration (singing, laughing, eating, games)	Date (one time)	1.5 hours	5 group home residents 2 staff	day two of symptoms ("extremely tired and icky from travel")	
Group Home e.g., Visited my son at his group home about a week after my cruise	Son's bedroom (8 feet x 10 feet)	Hugging, Talking, Laughing	Date (one time)	2 hours	1 son (group home resident)	day two of symptoms ("extremely tired and icky from travel")	
Church e.g., Sunday service at place of worship	Dressing Room	Talking	Most recent Date: <Date #1>	30 mins (15 before church/ 15 mins after church)	8 choir members 1 altar assistant (A)	one week into symptoms of hoarse throat, slight cough, fatigue, headache	
Church e.g., Sunday service at place of worship	Dressing Room	Talking, singing	<Date #2>	30 mins (15 before church/ 15 mins after church)	8 choir members (same on both dates) 1 altar assistant (B)	one day before symptoms	
Church e.g., Sunday service at place of worship	Choir Seating Section (6 ft x 8 ft) in Chancel	Talking, singing	Most recent Date: <Date #1>	1-hour service	8 choir members (same as above)	one week into symptoms of hoarse throat, slight cough, fatigue, headache	
Church e.g., Sunday service at place of worship	Choir Seating Section (6 ft x 8 ft) in Chancel	Talking, singing	<Date #2>	1-hour service	8 choir members (same as above)	one day prior to symptoms	

Continued next page

Exposure Site (facility name and location)	Exposure Setting, Area within Facility (e.g., specific room[s], location on production line, room size, description)	Type of Exposure (e.g., talking, singing, physical contact)	Date(s) of Exposure (most recent date, frequency, other dates in contact elicitation window period)	Duration of Time Spent in Setting	Contact(s) (e.g., number, category, names)	Person's Symptoms:	Prioritization (Points to Consider: potential infectiousness [symptoms], type of exposure, duration of exposure, proximity)
Church e.g., Sunday service at place of worship	Chancel (containing pulpit, lectern, choir, altar) open structure in church/ worship hall (35 ft x 15 ft)	Talking, singing	<Date #1> <Date #2>	1-hour service	8 choir members (same as above) 2 pastors (same on both dates) 2 altar assistants (same as above)	one week into symptoms of hoarse throat, slight cough, fatigue, headache and one day before symptoms	
Church e.g., Sunday service at place of worship	Nave (congregation seating area) of church/ worship hall (separated from Chancel by five steps, open structure, high ceiling, containing rows of seating in pews, (40 ft x 35 ft)	Talking, singing	<Date #1> <Date #2>	1-hour service	Estimate 42 parishioners	one week into symptoms of hoarse throat, slight cough, fatigue, headache and one day prior to symptoms	
Church e.g., Sunday service at place of worship	Meeting Hall (open space 35 ft x 35 ft) for coffee and doughnuts	talking	<Date #2>	35-minute intense, close conversation	2 council members	one day before symptoms	
Church e.g., Sunday service at place of worship	Meeting Hall (open space 35 ft x 35 ft) for coffee and doughnuts	talking	<Date #2>	1 hour	25 people	one day before symptoms	

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