

CDC COVID-19 Adult and Pediatric Online Self-Checker [58]

Disclaimer (must agree to continue)

The purpose of the Coronavirus Self-Checker is to help you make decisions about seeking appropriate medical care. This system is not intended for the diagnosis or treatment of disease or other conditions, including COVID-19. This system is intended only for people who are currently located in the United States.

** If “I agree”, continue to Intro Messaging.

** If “I don’t agree”, then display message: “Your consent is required to use the Coronavirus Self-Checker.” And repeat disclaimer.

** If the user does not provide their consent 3X, then stop triage and **CARE MESSAGE #12**

INTRO Messaging

Hi, I’m Clara. I’m here to guide you through the Coronavirus Self-Checker.

If you are experiencing a life-threatening emergency, please call 911 immediately.

This system does not replace the judgment of healthcare professionals or the performance of any clinical assessment.

To provide information on the right level of care, we are going to ask you a series of questions.

Ready? Let’s get started.

Assessment Questions

** If the user fails to answer a question 3X, then stop triage and **CARE MESSAGE #0**

** *Note:* Question numbers correspond to those in the Self-Checker template diagram and do not necessarily indicate order

0. Where are you located?

**If not located in the US, stop triage and CARE MESSAGE #11.

**If in the US, continue to Q0A.

0A. Where in the United States are you located?

**All answers lead to Q1 (does not affect decision tree).

**If no response, then display message “you must select a location to proceed” and repeat question.

**If response is a location that wishes to offramp immediately to their own triage tool at this point, stop triage and CARE MESSAGE #13 (with link to the location’s website).

CDC COVID-19 Adult and Peds Self-Assessment Protocols

‡ Primary COVID symptoms: fever, cough, and mild shortness of breath. Secondary symptoms: sore throat, muscle aches or body aches, new loss of taste or smell

1. Are you ill, or caring for someone who is ill?

- Yes
- No

** If no, continue to Q34.

** If yes, continue to Q2.

Symptomatic Pathway

2. Are you answering for yourself or someone else?

- Myself
- Someone else

(This question does not affect decision tree, but remainder of questions should be worded in 2nd or 3rd person)

3. What is your (their) age?

- Younger than 2 years old
- 2-4 years
- 5-9
- 10-18
- 19-29
- 30-39
- 40-49
- 50-59
- 60-64
- 65-69
- 70-79
- 80+

** If age <2, skip to Q4

** Age (65+) considered a high-risk status.

28. What is your (their) gender?

- Male
- Female
- Other

** Affects subsequent questions regarding pregnancy (ask only of people who respond Female and Other) as a risk status.

Assess for life-threatening emergency

4. (Age <2 years only): Are they experiencing any of the following life-threatening symptoms?

- Not experiencing any life-threatening symptoms
- Extremely fast or shallow breathing

CDC COVID-19 Adult and Peds Self-Assessment Protocols

‡ Primary COVID symptoms: fever, cough, and mild shortness of breath. Secondary symptoms: sore throat, muscle aches or body aches, new loss of taste or smell

- Blue-colored lips or face
 - Not waking up or not interacting when awake
 - So irritable that the child does not want to be held
 - Seizures
- ** If any life-threatening symptoms, stop triage and (SEE CARE MESSAGE #4).
- ** If no life-threatening symptoms, stop triage and (SEE CARE MESSAGE #3).

5. (Age ≥ 2 years only): Do you (they) have any of the following life-threatening symptoms?

- Not experiencing any life-threatening symptoms
 - Blue-colored lips or face
 - Severe and constant pain or pressure in the chest
 - Severe and constant dizziness or lightheadedness
 - Acting confused (new or worsening)
 - Unconscious or very difficult to wake up
 - Slurred speech (new or worsening)
 - New seizure or seizures that won't stop
- ** If yes to any symptoms, stop triage and (SEE CARE MESSAGE #4).
- ** If no life-threatening symptoms and 2-4 years old, continue to Q6.
- ** If no life-threatening symptoms and 5+ years old, continue to Q7.

6. (Age 2-4 years only): Do you (they) have any of the following?

- Coughing up blood (more than about 1 teaspoon)
 - Signs of low blood pressure (too weak to stand, light-headed, feeling cold, pale, clammy skin)
 - Ribs are pulling in with each breath (retractions)
 - Dehydration
 - None of the above
- ** If yes to any conditions, stop triage and (SEE CARE MESSAGE #4).
- ** If none of the above, continue to Q30.

7. (Age 5+ years only): Do you (they) have any of the following?

- Coughing up blood (more than about 1 teaspoon)
 - Signs of low blood pressure (too weak to stand, light-headed, feeling cold, pale, clammy skin,)
 - None of the above
- ** If yes to any conditions, stop triage and (SEE CARE MESSAGE #4).
- ** If none of the above, continue to Q30

30. How is your (their) breathing? Which of these are you (they) experiencing? (button, not check boxes)

- Severe: gasping for air or cannot talk without catching your breath

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- Mild: you can get enough air in your lungs but your chest feels tight when you take a deep breath
- No trouble breathing

**If Severe, stop triage and (SEE CARE MESSAGE #4).

** If Mild or No trouble breathing, continue to Q8

8. In the two weeks before you (they) felt sick, did you (they):

- Have contact with someone diagnosed with COVID-19
- Live in or visit a place where COVID-19 is spreading

** If yes, continue to Q9.

** If no, continue to Q14.

Exposure pathway

9. Do you (they) have any of the following? (check any)

- Fever or feeling feverish (chills, sweating)
- Cough
- Sore throat
- Muscle aches or body aches
- Vomiting or diarrhea
- Change in smell or taste
- Other symptoms

** If cough (from Q9) or fever (from Q9) or mild (from Q30), go to Q11.

**If “No trouble breathing” for Q30, and one or more secondary COVID-19 symptom[‡] go to Q25

** If “No trouble breathing” (from Q30) only “other symptoms”, stop triage, and (see CARE MESSAGE #10)

10. *[No question 10]*

25. Do you (they) live in a long-term care facility or nursing home?

- Yes
- No

** If yes, stop triage and (SEE CARE MESSAGE #7).

** If no and ≥19 YO, continue to Q26.

** If no and <19 YO, continue to Q27.

26. In the last two weeks have you (they) worked or volunteered in a hospital, emergency room, clinic, medical office, long-term care facility or nursing home, ambulance service, first responder services, or any health care setting or take care of patients as a student or part of your work?

- Yes
- No

** If yes, stop triage and (SEE CARE MESSAGE #8 and CARE MESSAGE #6 and TESTING MESSAGE T2).

CDC COVID-19 Adult and Peds Self-Assessment Protocols

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**** If no, continue to Q27.**

27. Do you have any of the following conditions (check any)

- Chronic lung disease, moderate to severe asthma, or smoking
- Serious heart conditions
- Weakened immune system (cancer treatment, prolonged use of steroids, transplant, or HIV/AIDS)
- Severe obesity (Body Mass Index [BMI] ≥ 40)
- Underlying conditions (diabetes, renal failure, or liver disease)
- Pregnancy**** If female/other gender is selected and age is ≥ 10 and < 60 years, then include question on pregnancy**
- None of the above

****If yes, stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).**

****If no and ≥ 65 y (Q3), stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).**

****If no and < 65 y (Q3), stop triage and (SEE CARE MESSAGE #8 and TESTING MESSAGE T0).**

**** If submit with no selection, message should read "Please select an option to continue" and repeat question.**

11. Do you (they) live in a long-term care facility or nursing home?

- Yes
- No

**** If yes, stop triage and (SEE CARE MESSAGE #7).**

**** If no and ≥ 19 YO, continue to Q12.**

**** If no and < 19 YO, continue to Q13.**

12. In the last two weeks have you (they) worked or volunteered in a hospital, emergency room, clinic, medical office, long-term care facility or nursing home, ambulance service, first responder services, or any healthcare setting, or taken care of patients as a student or part of your work?

- Yes
- No

**** If yes, stop triage and (SEE CARE MESSAGE #9 and MESSAGE #6 and TESTING MESSAGE T2).**

**** If no, continue to Q13**

13. Do you have any of the following conditions (check any)

- Chronic lung disease, moderate to severe asthma, or smoking
- Serious heart conditions
- Weakened immune system (cancer treatment, prolonged use of steroids, transplant, or HIV/AIDS)
- Severe obesity (Body Mass Index [BMI] ≥ 40)
- Underlying conditions (diabetes, renal failure, or liver disease)
- Pregnancy**** If female/other gender is selected and age is ≥ 10 and < 60 years, then include question on pregnancy**
- None of the above

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- **If YES, stop triage and (SEE CARE MESSAGE #5 and TESTING MESSAGE T2).
- **If NO and $\geq 65y$ (Q3), stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).
- **If NO and $< 65y$ (Q3), stop triage and (SEE CARE MESSAGE #8).
- ** If submit with no selection, message should read “Please select an option to continue” and repeat question.

Non-Exposure pathway

14. Do you (they) have any of the following? (check any)

- Fever or feverish (chills, sweating)
- Cough
- Sore throat
- Muscle aches or body aches
- Vomiting or diarrhea
- Change in smell or taste
- Other symptoms

** If only one primary symptom[‡] (fever (from Q14) or cough (from Q14) or mild (from Q30), continue to Q16.

** If two or more primary symptoms[‡] (fever (from Q14) cough (from Q14) and mild (from Q30), continue to Q19.

** If no trouble breathing (Q30) and only “other symptoms” stop triage and (SEE CARE MESSAGE #10)

**If no trouble breathing (Q30) and any secondary COVID-19 symptoms[‡], continue to Q31

31. Do you (they) live in a long-term care facility or nursing home?

- Yes
- No

** If yes, stop triage and (SEE CARE MESSAGE #7).

** If no and ≥ 19 YO, continue to Q32.

** If no and < 19 YO, continue to Q33.

32. In the last two weeks have you (they) worked or volunteered in a hospital, emergency room, clinic, medical office, long-term care facility or nursing home, ambulance service, first responder services, or any healthcare setting, or taken care of patients as a student or as part of your work?

- Yes
- No

**If no, continue to Q33.

**If yes, stop triage and (SEE CARE MESSAGE #8 and CARE MESSAGE #6 and TESTING MESSAGE T2).

33. Do you (they) have any of the following conditions (check any)

- Chronic lung disease, moderate to severe asthma, or smoking
- Serious heart conditions

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- Weakened immune system (cancer treatment, prolonged use of steroids, transplant, or HIV/AIDS)
- Severe obesity (Body Mass Index [BMI] ≥ 40)
- Underlying conditions (diabetes, renal failure, or liver disease)
- Pregnancy** If female/other gender is selected and age is ≥ 10 and < 60 years, then include question on pregnancy
- None of the above

**If Yes, stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).

**If No, and < 65 stop triage and (SEE CARE MESSAGE #8 and TESTING MESSAGE T0).

**If No, and ≥ 65 stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).

15. [No question 15]

16. Do you (they) live in a long-term care facility or nursing home?

- Yes
- No

** If yes, stop triage and (SEE CARE MESSAGE #7).

** If no and ≥ 19 YO, continue to Q17.

** If no and < 19 YO, continue to Q18.

17. In the last two weeks have you (they) worked or volunteered in a hospital, emergency room, clinic, medical office, long-term care facility or nursing home, ambulance service, first responder services, or any healthcare setting, or taken care of patients as a student or as part of your work?

- Yes
- No

** If yes, stop triage and (SEE CARE MESSAGE #8 and MESSAGE #6 and TESTING MESSAGE T2)

** If no, continue to Q18.

18. Do you (they) have any of the following conditions (check any)

- Chronic lung disease, moderate to severe asthma, or smoking
- Serious heart conditions
- Weakened immune system (cancer treatment, prolonged use of steroids, transplant, or HIV/AIDS)
- Severe obesity (Body Mass Index [BMI] ≥ 40)
- Underlying conditions (diabetes, renal failure, or liver disease)
- Pregnancy** If female/other is selected and age is ≥ 10 and < 60 years, then include question on pregnancy
- None of the above

**If Yes, stop triage and (SEE CARE MESSAGE #5 and TESTING MESSAGE T2).

** If No, and < 65 stop triage and (SEE CARE MESSAGE #8 and TESTING MESSAGE T0).

** If No, and ≥ 65 stop triage and (SEE CARE MESSAGE #8 and TESTING MESSAGE T2).

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** If submit with no selection, message should read “Please select an option to continue” and repeat question.

19. Do you (they) live in a long-term care facility or nursing home?

- Yes
- No

** If yes, stop triage and (SEE CARE MESSAGE #7).

** If no, check logic based on Q3 which will lead to either Q29 (≥ 65 years) or Q21 (< 65 years).

29. Do you (they) have any of the following conditions (check any)

- Chronic lung disease, moderate to severe asthma, or smoking
- Serious heart conditions
- Weakened immune system (cancer treatment, prolonged use of steroids, transplant, or HIV/AIDS)
- Severe obesity (Body Mass Index [BMI] ≥ 40)
- Underlying conditions (diabetes, renal failure, or liver disease)
- None of the above

** Any answer: continue to Q20.

(This question affects decision tree after Q20)

** If submit with no selection, message should read “Please select an option to continue” and repeat question.

20. In the last two weeks have you (they) worked or volunteered in a hospital, emergency room, clinic, medical office, long-term care facility or nursing home, ambulance service, first responder services, or any healthcare setting, or taken care of patients as a student or part of your work?

- Yes
- No

** If any condition for Q29 and YES to Q20, stop triage and (SEE CARE MESSAGE #5 and MESSAGE #6 and TESTING MESSAGE T2).

** If any condition for Q29 and NO to Q20, stop triage and (SEE CARE MESSAGE #5 and TESTING MESSAGE T2).

** If none of the above for Q29 and YES to Q20, stop triage and (SEE CARE MESSAGE #9 and MESSAGE #6 and TESTING MESSAGE T2).

** If none of the above for Q29 and NO to Q20, stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).

21. Do you (they) have any of the following conditions (check any)

- Chronic lung disease, moderate to severe asthma, or smoking
- Serious heart conditions

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- Weakened immune system (cancer treatment, prolonged use of steroids, transplant, or HIV/AIDS)
- Severe obesity (Body Mass Index [BMI] ≥ 40)
- Underlying conditions (diabetes, renal failure, or liver disease)
- Pregnancy** If female/other is selected and age is ≥ 10 and < 60 years, then include question on pregnancy
- None of the above

**If any condition and < 19 YO, stop triage and (SEE CARE MESSAGE #5 and TESTING MESSAGE T2).

**If any condition and ≥ 19 YO, continue to Q22.

**If none of the above and ≥ 19 YO, continue to Q23.

**If none of the above and < 19 YO, stop triage and (SEE CARE MESSAGE #8 and TESTING MESSAGE T0).

** If submit with no selection, message should read "Please select an option to continue" and repeat question.

22. In the last two weeks have you (they) worked or volunteered in a hospital, emergency room, clinic, medical office, long-term care facility or nursing home, ambulance service, first responder services, or any healthcare setting, or taken care of patients as a student or part of your work?

- Yes
- No

** If any condition from Q21 and yes for Q22, stop triage and (SEE CARE MESSAGE #5 and MESSAGE #6 and TESTING MESSAGE T2).

** If any condition and no for Q22, stop triage and (SEE CARE MESSAGE #5 and TESTING MESSAGE T2).

23. In the last two weeks have you (they) worked or volunteered in a hospital, emergency room, clinic, medical office, long-term care facility or nursing home, ambulance service, first responder services, or any healthcare setting, or taken care of patients as a student or part of your work?

- Yes
- No

** If yes, stop triage and (SEE CARE MESSAGE #8 and MESSAGE #6 and TESTING MESSAGE T2).

** If no, stop triage and (SEE CARE MESSAGE #8 and TESTING MESSAGE T0).

Asymptomatic pathway

34. Are you answering for yourself or someone else?

- Myself
- Someone else

**This question does not affect decision tree, but remainder of questions should be worded in 2nd or 3rd person).

CDC COVID-19 Adult and Peds Self-Assessment Protocols

‡ Primary COVID symptoms: fever, cough, and mild shortness of breath. Secondary symptoms: sore throat, muscle aches or body aches, new loss of taste or smell

35. What is your (their) age?

- Younger than 2 years old
- 2-4 years
- 5-9
- 10-18
- 19-29
- 30-39
- 40-49
- 50-59
- 60-64
- 65-69
- 70-79
- 80+

** If age <2, stop triage and (see CARE MESSAGE #3).

**Age (65+) considered a high-risk status.

36. In the last two weeks, did you (they) care for or have close contact with someone diagnosed with COVID-19?

- Yes
- No

**If yes, continue to Q37.

**If no, stop triage, and (see CARE MESSAGE #1 and MESSAGE #16 and TESTING MESSAGE T0).

37. Do you (they) live in a long-term care facility or nursing home?

- Yes
- No

**If yes, stop triage and (see CARE MESSAGE #18 and MESSAGE #14 and TESTING MESSAGE T0).

**If no, continue to Q38.

38. In the last two weeks have you (they) worked or volunteered in a healthcare facility?

- Yes
- No

**If yes, continue to Q39.

**If no, stop triage and (see CARE MESSAGE #18 and TESTING MESSAGE T0).

39. Did you (they) wear all recommended personal protective equipment while you (they) were caring for or in close contact with someone diagnosed with COVID-19?

- Yes
- No

** If yes, stop triage and (see CARE MESSAGE #17 and TESTING MESSAGE T1).

** If no, stop triage, and (see CARE MESSAGE #15 and TESTING MESSAGE T1).

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CARE ADVICE MESSAGES

0. **<<Please make a selection so I can help give you care advice.>>**

You have not made a selection. Please start again and select options for each question so that I can help give you care advice.

1. **<<Sounds like you are feeling ok.>>**

Learn more about COVID-19 and what you can do to stay safe on the [CDC website](#).

2. *[no care message 2]*

3. **<<This Coronavirus Self-Checker is for people who are at least 2 years old.>>**

Visit the [CDC website](#) to get information on COVID-19 and children.

4. **<< Urgent medical attention may be needed. Please call 911 or go to the Emergency Department.>>**

Based on your symptoms, urgent medical attention may be needed. Please call 911 or go to the nearest emergency department.

Tell the 911 operator or emergency staff if you have had contact with someone with COVID-19 or if you have recently been to an area where COVID-19 is spreading.

5. **<<Call a medical provider within 24 hours.>>**

Sorry you're feeling ill. You have one or more symptoms that may be related to COVID-19. You also have medical conditions that may put you at more risk of illness. Call your healthcare provider, clinician advice line, or telemedicine provider within 24 hours. Start home isolation. This means stay home except to get medical care, and do not go to work, school, or public areas. Do not use public transportation or ride sharing. Be sure to get care if you feel worse.

Read important information about [caring for yourself](#) or [someone else who is sick](#) and follow these steps to help [protect others from getting sick](#).

6. **<<Contact the occupational health provider at your workplace immediately.>>**

Please contact the occupational health provider (or supervisor) in your healthcare facility as soon as possible and let them know you're feeling ill.

7. **<<Contact a healthcare provider in the long-term care facility where you live.>>**

Living in a long-term care facility or nursing home may put you at a higher risk for severe illness. Tell a caregiver at the facility that you are sick and need to see a medical provider as soon as possible.

Help protect others from getting sick:

- **Stay in your room except to get medical care**

CDC COVID-19 Adult and Peds Self-Assessment Protocols

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- **Cover your coughs and sneezes**
- **Clean your hands often**

8. **<< Stay home and take care of yourself. Call your provider if you get worse.>>**

Sorry you're feeling ill. You have one or more symptoms that may be related to COVID-19. Stay home and take care of yourself. This means stay home except to get medical care, and do not go to work, school, or public areas. Do not use public transportation or ride sharing. Be sure to get care if you feel worse or you think it is an emergency.

Read important information about [caring for yourself](#) or [someone else who is sick](#) and follow these steps to help [protect others from getting sick](#).

9. **<< Stay home and take care of yourself. Call a medical provider within 24 hours.>>**

Sorry you're feeling ill. You have one or more symptom(s) that may be related to COVID-19. Stay home and take care of yourself. Call your healthcare provider, clinician advice line, or telemedicine provider within 24 hours. Start home isolation. This means stay home except to get medical care, and do not go to work, school, or public areas. Do not use public transportation or ride sharing. Be sure to get care if you feel worse or you think it is an emergency.

Read important information about [caring for yourself](#) or [someone else who is sick](#) and follow these steps to help [protect others from getting sick](#).

10. **<<Sorry you're feeling ill. Stay at home and monitor your symptoms. Call your provider if you get worse.>>**

Watch for [COVID-19 symptoms](#). If you develop any of these symptoms or if you start to feel worse, call your healthcare provider, clinician advice line, or telemedicine provider.

Here are some steps that may help you feel better:

- **Stay at home and rest.**
- **Drink plenty of water and other clear liquids to prevent fluid loss (dehydration).**
- **Cover your coughs and sneezes.**
- **Clean your hands often.**

11. **<<Coronavirus Self-Checker is intended for people currently located in the U.S. >>**

Please check with your ministry of health for more information about COVID-19 in your location.

12. Please provide your consent in order to use the Coronavirus Self-Checker. Refresh the page to start again.

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13. Thanks! Your location has its own self-assessment tool. Please click here** to be directed to it.
**Insert hyperlink to the state's website if they have their own triage tool.
14. If you start to feel ill, contact a healthcare provider in the long-term care facility where you live.
15. <<Contact the occupational health provider at your workplace.>>
Tell your occupational health provider (or supervisor) that you have been in contact with someone diagnosed with COVID-19. You may be asked to wear a mask to protect yourself and those around you. Check your temperature twice a day for 14 days. Watch for COVID-19 symptoms such as cough, fever, and difficulty breathing.
Learn more about COVID-19 and steps you can take to protect yourself and others on the [CDC website](#).
16. <<Monitor for symptoms.>>
Watch for [COVID-19 symptoms](#). If you develop symptoms, call your healthcare provider, clinician advice line, or telemedicine provider.
Learn more about COVID-19 and steps you can take to protect yourself and others on the [CDC website](#).
17. <<Monitor for symptoms, wear a mask.>>
Watch for [COVID-19 symptoms](#). If you develop symptoms, call your occupational health provider as well as your healthcare provider, clinician advice line, or telemedicine provider. Since you work or volunteer in a healthcare facility, you may be asked to wear a mask to protect yourself and those around you.
18. <<Monitor for symptoms, stay at home.>>
Stay home for 14 days and self-monitor. This includes checking your temperature twice a day and watching for symptoms. Practice social distancing. Maintain 6 feet of distance from others and stay out of crowded places. If possible, stay away from people who are at [higher risk](#) for getting very sick from COVID-19. Follow [CDC guidance](#) if symptoms develop.

TESTING MESSAGES

- T0. <<No COVID-19 testing needed at this time>>
As of now, your answers suggest you do not need to get tested for COVID-19. If anything changes, take the self-checker again.
- T1. <<Information about COVID-19 testing>>
For more information about testing for COVID-19, call your medical provider or visit your health department's website.
- T2. <<Talk to your provider about COVID-19 testing>>

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Your answers suggest you may need to get tested for COVID-19. Talk to your medical provider or visit your health department's website for more information. Testing access may vary by location and provider.

Appendix

Do not agree to disclaimer message:

Your consent is required to use the Self-Checker.

CDC COVID-19 Adult and Peds Self-Assessment Protocols

‡ Primary COVID symptoms: fever, cough, and mild shortness of breath. Secondary symptoms: sore throat, muscle aches or body aches, new loss of taste or smell