

CDC COVID-19 Adult and Pediatric Online Self-Checker [51]

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

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

- Yes
- No

** If no, stop triage and (SEE CARE MESSAGE #1).

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 high 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

- 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 #2).
 - ** If no life-threatening symptoms, stop triage and (SEE CARE MESSAGE #3) indicating that children <2y should their contact medical provider as soon as possible.

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

- Not experiencing any life-threatening symptoms
- Gasping for air or cannot talk without catching your breath (extremely difficult breathing)
- 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 #2).
 - ** 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?

- Moderate to severe difficulty breathing (unable to speak full sentences)
- Coughing up blood (more than about 1 teaspoon)
- Signs of low blood pressure (feeling cold, pale, clammy skin, light-headed, too weak to stand)
- 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 Q8.

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

- Moderate to severe difficulty breathing (unable to speak full sentences)
- Coughing up blood (more than about 1 teaspoon)
- Signs of low blood pressure (feeling cold, pale, clammy skin, light-headed, too weak to stand)
- None of the above
 - ** If yes to any conditions, stop triage and (SEE CARE MESSAGE #4).
 - ** If none of the above, continue to Q8

Questions to assess symptoms

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)
- Shortness of breath (not severe)
- Cough
- Other

** If just “Other” is selected, continue to Q10.

** If ≥ 1 COVID-19 symptom, continue to Q11.

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

**If yes to exposure and select just “other” (nonCOVID-19) symptom:

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

- Runny or stuffy nose
- Sore throat
- Muscle aches, body aches, or headache
- Tiredness or fatigue
- Nausea, vomiting, or diarrhea
- Other

**For any answer, continue to Q25.

(This question does not affect decision tree)

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 #10).

** 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)
- Pregnancy** If female/other is selected and age is ≥ 10 and < 60 years, then include question on pregnancy

- Severe obesity (Body Mass Index [BMI] ≥ 40)
- Underlying conditions (diabetes, renal failure, or liver disease)
- None of the above

****Any answer: stop triage and (SEE CARE MESSAGE #10).**

(This question does not affect decision tree)

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

****If yes to exposure with ≥ 1 COVID-19 symptom:**

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).**

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

****If YES, stop triage and (SEE CARE MESSAGE #5).**

****If NO, stop triage and (SEE CARE MESSAGE #8).**

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

No COVID Exposure pathway

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

- Fever or feverish (chills, sweating)
- Shortness of breath (not severe)
- Cough
- Other

- ** If just “Other” is selected, continue to Q15.
- ** If 1 COVID-19 symptom, continue to Q16.
- ** If ≥ 2 COVID-19 symptoms, continue to Q219

15. (If just OTHER): Do you (they) have any of the following? (check any)

- Runny or stuffy nose
- Sore throat
- Muscle aches, body aches, or headache
- Tiredness or fatigue
- Nausea, vomiting, or diarrhea
- Other

**Any answer: stop triage and (SEE CARE MESSAGE #10).
(This question does not affect decision tree)

** If 1 COVID-19 symptom checked,

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)

** If no, continue to Q18.

18. 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)
- Pregnancy** If female/other is selected and age is ≥ 10 and < 60 years, then include question on pregnancy
- Severe obesity (Body Mass Index [BMI] ≥ 40)
- Underlying conditions (diabetes, renal failure, or liver disease)
- None of the above

**Any answer: stop triage and (SEE CARE MESSAGE #8).

(This question does not affect decision tree)

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

** If ≥ 2 COVID-19 symptoms checked,

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+y) or Q21 (<65y).

29. 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)
- Pregnancy** If female/other is selected and age is ≥ 10 and <60 years, then include question on pregnancy
- 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 comorbidity for Q29 and YES to Q20, stop triage and (SEE CARE MESSAGE #5 and MESSAGE #6).

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

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

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

** If <65 years old (from Q3),

21. 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)
- Pregnancy** If female/other is selected and age is ≥ 10 and <60 years, then include question on pregnancy
- Severe obesity (Body Mass Index [BMI] ≥ 40)
- Underlying conditions (diabetes, renal failure, or liver disease)

- None of the above

** Any comorbidity and <19 YO, stop triage and CARE MESSAGE #5.

** Any comorbidity 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 CARE MESSAGE #8.

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

** If yes and ≥19 YO, (comorbidities present)

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 yes, stop triage and (SEE CARE MESSAGE #5 and MESSAGE #6).

** If no, stop triage and (SEE CARE MESSAGE #5).

** If no and ≥19 YO, (no comorbidities)

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).

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

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 >>**

This Coronavirus Self-Checker system is for those who may be sick. Learn more about COVID-19 and what you can do to help on the [CDC website](#).

2. **<<Call 911 - You may be having a medical emergency.>>**

Call 911 now. Immediate medical attention is needed.

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

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

Call your child's healthcare provider today. Tell them if your sick child has had contact with someone with COVID-19 or if they have recently been to an area where COVID-19 is spreading.

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

Based on your symptoms, urgent medical attention may be needed. Go to the nearest emergency department.

Tell the 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. **<<Sorry you're feeling sick. Call a medical provider within 24 hours>>**

You have some symptoms that may be related to COVID-19. You also have medical conditions that could put you at greater risk for complications from COVID-19. 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.

Follow these steps now to help [care for yourself](#).

Follow these steps now to help [protect others from getting sick](#).

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

Please contact the occupational health provider in your healthcare facility as soon as possible.

Tell the occupational health provider that you have some symptoms that may be related to COVID-19.

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**
- **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 symptom(s) that may be related to COVID-19. Stay home and take care of yourself. Read [10 ways to manage your health](#) at home. Follow these steps now to help [protect others from getting sick](#)

9. **<< Stay home and take care of yourself in home isolation. 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.

Follow these steps now to help [care for yourself](#).

Follow these steps now to help [protect others from getting sick](#).

Read [10 ways to manage your health](#) and take care of yourself at home.

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

Continue to monitor your symptoms. If they get 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.**

Appendix

Do not agree to disclaimer message:

Your consent is required to use the Self-Checker.

General advice for all messages:

For general information about **coronavirus disease 2019 (COVID-19)**, please refer to the Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.