

CDC COVID-19 Adult and Pediatric Online Self-Checker [52]

Background for CDC Reviewers

The Coronavirus Self-Checker system triages sick individuals to the right level of medical care, if indicated, based on severity of their illness. During a COVID-19 outbreak, this system might help reduce unnecessary burden on the healthcare system by preventing concerned individuals from seeking evaluation in the emergency department when they are asymptomatic or symptoms are mild.

Individuals will answer a series of questions. Based on symptoms and comorbidities reported, they will be triaged to one of several dispositions (*see flow chart on page 9*). The purple boxes on the flowchart correspond to the appropriate care advice that will be displayed once a patient completes the self-checker.

CDC Coronavirus Self-Checker

****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.

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

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

a) Yes

b) No

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

2. Where are you located?

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

**If in the US, continue to Q2A.

2A. Where in the United States are you located?

**All answers lead to Q3 (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).

3. Are you answering for yourself or someone else?

a) Myself

b) Someone else

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

4. What is your (their) age?

a) Younger than 2 years old

b) 2-4 years

c) 5-9

d) 10-18

e) 19-29

f) 30-39

g) 40-49

h) 50-59

i) 60-64

j) 65-69

k) 70-79

l) 80+

** If age <2, skip to Q5

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

28. What is your (their) gender?

a. Male

b. Female

c. 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

5. (Age <2 years only): Are they experiencing any of the following life-threatening symptoms?
- a) **Not experiencing any life-threatening symptoms**
 - b) Extremely fast or shallow breathing
 - c) Blue-colored lips or face
 - d) Not waking up or not interacting when awake
 - e) So irritable that the child does not want to be held
 - f) Seizures
- ** If yes to any of these, stop triage and (SEE CARE MESSAGE #2).
** If none of the above, stop triage and (SEE CARE MESSAGE #3) indicating that children <2 should their contact medical provider as soon as possible.
6. (Age ≥2 years only): Do you (they) have any of the following life-threatening symptoms? (Check any)
- a) **Not experiencing any life-threatening symptoms**
 - b) Gasping for air or cannot talk without catching your breath (extremely difficult breathing)
 - c) Blue-colored lips or face
 - d) Severe and constant pain or pressure in the chest
 - e) Severe and constant dizziness or lightheadedness
 - f) Acting confused (new or worsening)
 - g) Unconscious or very difficult to wake up
 - h) Slurred speech (new or worsening)
 - i) New seizure or seizures that won't stop
- ** If yes to any symptoms, stop triage and (SEE CARE MESSAGE #2).
** If none of the above and 2-4 years old, continue to Q7.
** If none of the above and 5+ years old, continue to Q8.
7. (Age 2-4 years only): Do you (they) have any of the following?
- a) Moderate to severe difficulty breathing (unable to speak full sentences)
 - b) Coughing up blood (more than about 1 teaspoon)
 - c) Signs of low blood pressure (feeling cold, pale, clammy skin, light-headed, too weak to stand)
 - d) Ribs are pulling in with each breath (retractions)
 - e) Dehydration
 - f) None of the above
- ** If yes to any conditions, stop triage and (SEE CARE MESSAGE #4).
** If none of the above, continue to Q9.
8. (Age 5+ years only): Do you (they) have any of the following?
- a) Moderate to severe difficulty breathing (unable to speak full sentences)
 - b) Coughing up blood (more than about 1 teaspoon)
 - c) Signs of low blood pressure (feeling cold, pale, clammy skin, light-headed, too weak to stand)
 - d) None of the above
- ** If yes to any conditions, stop triage and (SEE CARE MESSAGE #4).
** If none of the above, continue to Q9

Questions to assess symptoms

9. In the two weeks before you (they) felt sick, did you (they):
- a) Have contact with someone diagnosed with COVID-19
 - b) Live in or visit a place where COVID-19 is spreading
- ** If yes, continue to Q10.
** If no, continue to Q15.

Exposure pathway

10. Do you (they) have any of the following? (check any)
- a) Fever or feeling feverish (chills, sweating)
 - b) Shortness of breath (not severe)
 - c) Cough
 - d) Other
- ** If just "Other" is selected, continue to Q11.
** If ≥ 1 COVID-19 symptom, continue to Q12.
** 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:

11. Do you (they) have any of the following? (check any)
- a) Runny or stuffy nose
 - b) Sore throat
 - c) Muscle aches, body aches, or headache
 - d) Tiredness or fatigue
 - e) Nausea, vomiting, or diarrhea
 - f) 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?
- a) Yes
 - b) 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?
- a) Yes
 - b) 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)
- a) Chronic lung disease, moderate to severe asthma, or smoking
 - b) Serious heart conditions

- c) Weakened immune system (cancer treatment, prolonged use of steroids, transplant or HIV/AIDS)
- d) Pregnancy** If female/other is selected and age is ≥ 10 and < 60 years, then include question on pregnancy
- e) Severe obesity (Body Mass Index [BMI] ≥ 40)
- f) Underlying conditions (diabetes, renal failure, or liver disease)
- g) 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:

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

- a) Yes
- b) No

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

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

** If no and < 19 YO, continue to Q14.

13. 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?

- c) Yes
- d) No

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

** If no, continue to Q14

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

- a) Chronic lung disease, moderate to severe asthma, or smoking
- b) Serious heart conditions
- c) Weakened immune system (cancer treatment, prolonged use of steroids, transplant or HIV/AIDS)
- d) Pregnancy** If female/other is selected and age is ≥ 10 and < 60 years, then include question on pregnancy
- e) Severe obesity (Body Mass Index [BMI] ≥ 40)
- f) Underlying conditions (diabetes, renal failure, or liver disease)
- g) 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

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

- a) Fever or feverish (chills, sweating)

- b) Shortness of breath (not severe)
- c) Cough
- d) Other

** If just "Other" is selected, continue to Q16.

** If 1 COVID-19 symptom, continue to Q17.

** If ≥ 2 COVID-19 symptoms, continue to Q20.

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

- a) Runny or stuffy nose
- b) Sore throat
- c) Muscle aches, body aches, or headache
- d) Tiredness or fatigue
- e) Nausea, vomiting, or diarrhea
- f) Other

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

(This question does not affect decision tree)

** If 1 COVID-19 symptom checked,

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

- a) Yes
- b) No

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

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

** If no and < 19 YO, continue to Q19.

18. 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?

- a) Yes
- b) No

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

** If no, continue to Q19.

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

- a) Chronic lung disease, moderate to severe asthma, or smoking
- b) Serious heart conditions
- c) Weakened immune system (cancer treatment, prolonged use of steroids, transplant or HIV/AIDS)
- d) Pregnancy** If female/other is selected and age is ≥ 10 and < 60 years, then include question on pregnancy
- e) Severe obesity (Body Mass Index [BMI] ≥ 40)
- f) Underlying conditions (diabetes, renal failure, or liver disease)
- g) 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,

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

- a) Yes
- b) No

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

** If no, check logic based on Q4 which will lead to either Q29 (65+y) or Q22 (<65y).

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

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

**Any answer: continue to Q21.

(This question affects decision tree after Q21)

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

21. 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?

- a) Yes
- b) No

** If YES to Q29 and YES to Q21, stop triage and (SEE CARE MESSAGE #5 and MESSAGE #6).

** If YES to Q29 and NO to Q21, stop triage and (SEE CARE MESSAGE #5).

** If NO to Q29 and YES to Q21, stop triage and (SEE CARE MESSAGE #9 and MESSAGE #6).

** If NO to Q29 and NO to Q21, stop triage and (SEE CARE MESSAGE #9).

** If < 65 years old (from Q4),

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

- a) Chronic lung disease, moderate to severe asthma, or smoking
- b) Serious heart conditions
- c) Weakened immune system (cancer treatment, prolonged use of steroids, transplant or HIV/AIDS)
- d) Pregnancy** If female/other is selected and age is ≥ 10 and < 60 years, then include question on pregnancy
- e) Severe obesity (Body Mass Index [BMI] ≥ 40)

- f) Underlying conditions (diabetes, renal failure, or liver disease)
- g) None of the above

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

** Any comorbidity and ≥19 YO, continue to Q23.

** If none of the above and ≥19 YO, continue to Q24.

** 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, (chronic conditions present)

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?

a) Yes

b) 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 chronic conditions)

24. 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?

a) Yes

b) No

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

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

CDC COVID-19 Adult and Peds Self-Assessment Protocols



CARE ADVICE MESSAGES (Correspond to purple boxes in diagram above)

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.**

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.

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.](#)

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>.