CARE MESSAGES MSG0. << 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 advice. MSG1: <<Sounds like you are feeling ok>> Learn more about COVID-19 and what you can do to stay safe on the <u>CDC website</u>. MSG3: <<This Coronavirus Self-Checker is for people who are at least 18 years old>> Visit the <u>CDC website</u> to get information on COVID-19 and younger people. MSG4: << Urgent medical attention may be needed. Please call 911 or go to the Emergency Based on your symptoms, you may need urgent medical care. Please call 911 or go to the nearest Tell the 911 operator or emergency staff if you have had contact with someone with COVID-19. MSG5: <<Call a medical provider within 24 hours>> Sorry you're not feeling well. Your symptoms may be related to COVID-19. You also have medical conditions that may put you at risk of becoming more seriously ill. • Call your healthcare provider, clinician advice line, or telemedicine provider within 24 hours. Stay at home except to get medical care. Do not go to work, school, or public areas. Do not use public transportation or ride sharing. If you feel worse or you think it is an emergency, seek medical care. Find <u>telehealth services</u>. • Learn how to take care of yourself or someone else who is sick. • Take these steps to help <u>protect others from getting sick</u>. MSG6: <<Contact the occupational health provider at your workplace immediately>> Tell the occupational health provider (or supervisor) in your workplace that you're feeling ill as soon as MSG7: <<Contact a healthcare provider in the long-term care facility where you live>> Tell a caregiver in your facility that you are sick and need to see a medical provider as soon as possible. Living in a long-term care facility or nursing home may put you at a higher risk for severe illness. Help <u>protect others from getting sick</u>: Stay in your room except to get medical care Cover your coughs and sneezes Clean your hands often MSG8: << Stay home and take care of yourself. Call your provider if you get worse>> Sorry you're not feeling well. Your may be related to COVID-19. Stay at home except to get medical care. Do not go to work, school, or public areas. Do not use public transportation or ride sharing. If you feel worse or you think it is an emergency, seek medical care. Learn how to take care of yourself or someone else who is sick. • Take these steps to help <u>protect others from getting sick</u>. MSG9: << Stay home and take care of yourself. Call a medical provider within 24 hours>> Sorry you're not feeling well. Your symptom(s) may be related to COVID-19. • Call your healthcare provider, clinician advice line, or telemedicine provider within 24 hours. Stay at home except to get medical care. Do not go to work, school, or public areas. Do not use public transportation or ride sharing. If you feel worse or you think it is an emergency, seek medical care. Find <u>telehealth services</u>. • Learn how to take care of yourself or someone else who is sick. • Take these steps to help <u>protect others from getting sick</u>. MSG10: <<Sorry you're feeling ill. Stay at home and monitor your symptoms. Call your provider if you Watch for <u>COVID-19 symptoms</u>. 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. MSG11. <<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. MSG12: Please consent to use the Coronavirus Self-Checker. Refresh the page to start again. MSG13: Thanks! Your location has its own self-assessment tool. Please click here** to be directed to it. **Hyperlink to the state's website if they have their own triage tool. MSG14: If you start to feel ill, tell a healthcare provider in the long-term care facility where you live. MSG15: <<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. Learn more about COVID-19 and how you can protect yourself and others on the CDC website. MSG16: <<Monitor for symptoms.>> Watch for COVID-19 symptoms. If you develop symptoms, call your healthcare provider, clinician advice Learn more about COVID-19 and steps you can take to protect yourself and others on the <u>CDC website</u>. MSG17: <<Monitor for symptoms, wear a mask.>> Watch for COVID-19 symptoms such as cough, fever, and difficulty breathing. 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. MSG18: <<Monitor for symptoms, stay at home>> Stay home for 14 days. Take your temperature twice a day and watch for symptoms of COVID-19. Practice social distancing. Stay at least 6 feet away 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. • If you develop symptoms, follow <u>CDC guidance</u>. TESTING MESSAGES T0. <<No COVID-19 testing needed at this time>> Based on the answers you've given, you do not need to get tested for COVID-19 at this time.

[No testing message T1]

T2. <<You may be eligible for COVID-19 testing.>>

availability may vary by location and provider.

Visit your health department's website or talk to your healthcare provider for more information. Testing

Q0A: Where in the United States has it's own self-checker are you located? If the user fails to answer a question 3X, then Q4: Are you answering for yourself or someone else? give you care advice. Q1: Do you (they) have any of these life-threatening symptoms? * Bluish lips or face * Severe and constant pain or pressure in the chest * Extreme difficulty breathing (gasping for air or cannot talk without catching your breath) //SG4: Urgent medical atter * Severe and constant dizziness or lightheadedness nay be needed. Please call 9 * Serious disorientation (acting confused) to the Emergency Departm * Unconscious or very difficult to wake up * Slurred speech (new or worsening) * Signs of low blood pressure (too weak to stand, light headed, feeling cold, pale, clammy skin) Q2: What is your (their) age? * Under 18 years old * 18-29 * 30-39 * 40-49 * 50-59 * 60-64 * 65-69 * 70-79 * 80+ CDC SELF-CHECKER TEMPLATE, 6/4/2020: 9AM [60] FINAL ----<18 YO---→ necker is for people who a ast 18 years old. ≥ 18 YO Q3: Are you (they) feeling ill? SG10: Sorry you're feeling **GG8**: Stay at home and take care of yoι home and monitor your sy I your provider if you get worse. **GG6**: Contact the occupational health ll your provider if you get w MSG_TO: No COVID-19 testing needed at this time. MSG_T2: You may be eligible for COVID-19 G7: Contact a healthcare pro If only "Other symptoms" he long-term care facility wher Q5: What is your (their) gender? Q7: Do you (they) have any of the following? (Check any) Q14: Do you (they) have any of the following? (Check any) Q23: Do any of these apply to you (them)? (check any) * Fever or feeling feverish (chills, sweating) * Fever or feeling feverish (chills, sweating) * Chronic lung disease, moderate to severe asthma * Serious heart conditions Q22: In the last two weeks, have you (they) * Mild or moderate difficulty breathing * Mild or moderate difficulty breathing **//SG10**: Sorry you're feeling ill * Weakened immune system or taking medications that may worked or volunteered in any healthcare Q6: In the two weeks before you (they) felt sick, did you (they) ____If only secondary COVID-19 Q21: Do you (they) live in a long-—If only "Other symptoms" nome and monitor your sym → * Sore throat setting or as a first responder? Facilities include —¬No → cause immune suppression have contact with someone diagnosed with COVID-19? symptoms[†] term care facility or nursing home? I don't know * Muscle aches or body aches * Muscle aches or body aches your provider if you get wor * Severe obesity a hospital, other medical setting, or long-term * Vomiting or diarrhea * Vomiting or diarrhea * Diabetes, renal (kidney) failure, or liver disease * New loss of taste or smell MSG_TO: No COVID-19 testing * New loss of taste or smell efining COVID-19 symptoms for bot * Other symptoms * Other symptoms needed at this time. * None of the above Primary COVID-19 symptoms = fever, cough, mild or moderate difficulty breathing If only secondary COVID-19 —If any primary COVID-19 symptom[†]— Secondary COVID-19 symptoms = sore throat, muscle aches or body aches, vomiting or diarrhea, new loss of taste or smell —If ≥2 primary COVID-19 symptoms[‡]– ☐ If 1 primary COVID-19 symptom + **G8**: Stay at home and ta **G9**: Stay home and take o symptoms have been labeled as primary (classic COVID-19 of yourself. Call your Q8: Do you (they) live in a long-term care facility or ourself. Call medical p symptoms) and secondary (additional COVID-19 symptoms) to er if you get worse. 24 hours. nplify communication in this decision tree. MSG_T2: You may be eligible for MSG_T2: You may be eligible for COVID-19 testing. COVID-19 testing. : Contact a healthcar Q18: Do you (they) live in a long-term care : Contact a healthcare p er in the long-term c Q15: Do you (they) live in a long-term facility or nursing home? he long-term care facility w care facility or nursing home? ty where you live **G9**: Stay home and take care of yo G7: Contact a healthcare provi Q9: In the last two weeks, have you (they) worked or medical provider within 24 hou Q11: Do you (they) live in a long-term care facility or the long-term care facility where volunteered in a healthcare facility or as a first **6**: Contact the occupational health responder? Facilities include a hospital, other medical der at your workplace immedia setting, or long-term care facility. MSG_T2: You may be eligible for COVID-19 Q19: In the last two weeks, have you (they) ASG9: Stay home and take care of your worked or volunteered in a healthcare facility or all medical provider within 24 hours. as a first responder? Facilities include a hospital, 66: Contact the occupational health Q16: In the last two weeks, have you (they) worked or self. Call your provider if you get w other medical setting, or long-term care facility. rovider at your workplace immediate volunteered in any healthcare setting or as a first Q12: In the last two weeks, have you (they) worked or ISG8: Stay at home and take care of SG6: Contact the occupational heal responder? Facilities include a hospital, other medical MSG_T2: You may be eligible for COVID-19 volunteered in a healthcare facility or as a first urself. Call your provider if you get vider at your workplace immediate setting, or long-term care facility. responder? Facilities include a hospital, other medical SG6: Contact the occupational hea MSG_T2: You may be eligible for COVID-19 setting, or long-term care facility. vider at your workplace immedia Q10: Do any of these apply to you (them)? (check any) testing. * Chronic lung disease, moderate to severe asthma MSG_T2: You may be eligible for COVID-19 * Serious heart conditions * Weakened immune system or taking medications **G5**: Call medical provide — that may cause immune suppression hin 24 hours. * Severe obesity MSG_T2: You may be eligible for * Diabetes, renal (kidney) failure, or liver disease Q20: Do any of these apply to you (them)? (check any) COVID-19 testing. * Pregnancy Q17: Do any of these apply to you (them)? (check any) * Chronic lung disease, moderate to severe asthma * None of the above Q13: Do any of these apply to you (them)? (check any) * Chronic lung disease, moderate to severe asthma * Serious heart conditions * Chronic lung disease, moderate to severe asthma * Serious heart conditions * Weakened immune system or taking medications that * Serious heart conditions * Weakened immune system or taking medications may cause immune suppression * Weakened immune system or taking medications that may that may cause immune suppression * Severe obesity cause immune suppression * Severe obesity * Diabetes, renal (kidney) failure, or liver disease * Severe obesity * Diabetes, renal (kidney) failure, or liver disease * Diabetes, renal (kidney) failure, or liver disease * None of the above If None and ≥65 YO If None and <65 YO * Pregnancy * None of the above * None of the above **G9**: Stay home and take SG8: Stay home and take of None and None and rself. Call a medical prov ourself. Call your prov <65 YO ≥65 YO hin 24 hours. get worse. If None and <65 YO MSG_T2: You may be eligible for MSG_T2: You may be eligible for If None SG8: Stay at home and take COVID-19 testing. **39:** Stay home and take care and ≥65 YO COVID-19 testing. rself. Call your provider if yo self. Call medical provider v /ISG8: Stay at home and take **G5**: Call a medical provider ırself. Call your provide n 24 hours. SG8: Stay at home and take care **1SG9**: Stay home and take care of MSG_T2: You may be eligible for MSG_T2: You may be eligible for elf. Call your provider if you ge elf. Call a medical provider wit COVID-19 testing. COVID-19 testing. MSG_T2: You may be eligible for MSG_T2: You may be eligible for COVID-19 testing. MSG_T2: You may be eligible for COVID-MSG_T2: You may be eligible for COVID-19 testing.

ENTER SCREENING

INTRO messaging: purpose, disclaimer/agree to move forward

CARE MESSAGES

MSG1: <<Sounds like you are feeling ok>>

Learn more about COVID-19 and what you can do to stay safe on the CDC website.

MSG3: << This Coronavirus Self-Checker is for people who are at least 18 years old.>>

Visit the <u>CDC website</u> to get information on COVID-19 and younger people.

MSG14: If you start to feel ill, tell a healthcare provider in the long-term care facility where you live.

MSG15: <<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. Learn more about COVID-19 and how you can protect yourself and others on the CDC website.

MSG16: << Monitor for symptoms.>>

Watch for <u>COVID-19 symptoms</u>. If you develop symptoms, call your healthcare provider, clinician advice line, or telemedicine provider.

home.

this time.

Learn more about COVID-19 and steps you can take to protect yourself and others on the **CDC** website.

MSG17: << Monitor for symptoms, wear a mask.>>

Watch for COVID-19 symptoms such as cough, fever, and difficulty breathing. 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.

MSG18: <<Monitor for symptoms, stay at home>>

- Stay home for 14 days.
- Take your temperature twice a day and watch for symptoms of COVID-19.
- Practice social distancing.
 - Stay at least 6 feet away 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.
- If you develop symptoms, follow <u>CDC guidance</u>.

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 at this time. If anything changes, take the self-checker again.

T2. <<You may be eligible for COVID-19 testing.>>

Visit your health department's website or talk to your healthcare provider for more information. Testing availability may vary by location and provider.

ASYMPTOMATIC PATHWAY



