

CDC COVID-19 Online Self-Checker [63]

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, including COVID-19.

This project was made possible through a partnership with the CDC Foundation and is enabled by Microsoft's Azure platform. CDC's collaboration with a non-federal organization does not imply an endorsement of any one particular service, product, or enterprise.

ver63 (2020-08-24)

**** If "I agree", continue to Intro Messaging.**

**** If "I don't agree", then display message:** "Please consent 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 going to ask you some questions. I will use your answers to give you advice about the level of medical care you should seek.

But first, if you are experiencing a life-threatening emergency, please call 911 immediately.

If you are not experiencing a life-threatening emergency, let's get started.

During the assessment, you can refresh the page if you need to start again.

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. Are you in the United States or a U.S. territory right now?

**** If no, continue to Q4. Add CARE MESSAGE #11 and INTERNATIONAL TESTING MESSAGE T2 when applicable to other CARE MESSAGES at end of assessment.**

**** If yes, continue to Q0A.**

**** International T2 is different than domestic T2 message**

0A. Where in the United States or in which U.S. territory are you currently located?

**** All answers lead to Q4 (does not affect decision tree).**

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

CDC COVID-19 Adult and Child Self-Assessment Protocol

** If no response, then display message “please select a location to keep using the self-checker” 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).

4. Are you answering for yourself or someone else?

- Myself
- Someone else

(This question determines whether the remainder of questions and response messages should be worded in 2nd or 3rd person)

2. What is your (their) age?

- Younger than 2 years old
- 2 - 4 years
- 5 - 9
- 10 - 12
- 13-17
- 18-29
- 30-39
- 40-49
- 50-59
- 60-64
- 65-69
- 70-79
- 80+

If Age <2, stop triage and CARE MESSAGE #19

** IF Age < 13 and Assessment = Myself then

For Age 02 to 09 – stop triage and MESSAGE #20

For Age 10 to 12 – provide MESSAGE #21 then continue assessment.

For Age 13 to 17 – provide MESSAGE #22 then continue assessment.

** Age (0 to 17) are considered CHILD

** Age (18 and up) are considered ADULT

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

5. 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.

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

Assess for life-threatening emergency

1. Do you (they) have any of these life-threatening symptoms? [\[yes/no\]](#)

ADULT [\(Age 18 and Up\)](#)

- Bluish lips or face
- Severe and constant pain or pressure in the chest
- Extreme difficulty breathing (such as gasping for air, being unable to talk without catching your (their) breath, severe wheezing, nostrils flaring)
- New disorientation (acting confused)
- Unconscious or very difficult to wake up
- Slurred speech or difficulty speaking (new or worsening)
- New or worsening seizures
- Signs of low blood pressure (too weak to stand, dizziness, lightheaded, feeling cold, pale, clammy skin)
- Dehydration (dry lips and mouth, not urinating much, sunken eyes)

CHILD [\(Age 2 to 17\)](#)

- Bluish lips or face
- Severe and constant pain or pressure in the chest
- Extreme difficulty breathing (such as gasping for air, being unable to walk or talk without catching your (their) breath, severe wheezing, nostrils flaring, grunting, or using extra muscles around the chest to help breathe)
- Disoriented (acting confused or very irritable)
- Unconscious or very difficult to wake up
- New or worsening seizures
- Signs of low blood pressure (too weak to stand, dizziness, lightheaded, feeling cold, pale, clammy skin)
- Dehydration (dry lips and mouth, not urinating much, sunken eyes)
- Refusing to drink liquids
- Frequent vomiting

**** If yes to any symptoms, stop triage and (SEE CARE MESSAGE #4).**

**** If no life-threatening symptoms, continue to Q3.**

3. Are you (they) feeling sick?

- Yes
- No

**** If no, continue to Q25.**

**** If yes, continue to Q6.**

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

Symptomatic Pathway

6. In the two weeks before you (they) felt sick, did you (they) care for or have close contact (within 6 feet of an infected person for at least 15 minutes) with someone with symptoms of COVID-19, tested for COVID-19, or diagnosed with COVID-19?
- Yes
 - No
 - I don't know
- ** If yes or I don't know, continue to Q7.
- ** If no, continue to Q14.

Exposure pathway

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

ADULT (18 and Up)

- Fever or feeling feverish (such as chills, sweating)
- Cough
- Mild or moderate difficulty breathing
- Sore throat
- Muscle aches or body aches
- Vomiting or diarrhea
- New loss of taste or smell
- Congestion or runny nose
- Other symptoms

7. PED. -CHILD (Age 2 to 17)

- Fever or feeling feverish (such as chills, sweating)
- Cough
- Mild or moderate difficulty breathing (breathing slightly faster than normal, using extra muscles around the chest to help breathe)
- Sore throat
- Muscle aches or body aches
- Vomiting or diarrhea
- Stomach ache or pain in abdomen
- New loss of taste or smell
- Rash
- Red eyes
- Congestion or runny nose
- Other symptoms

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

CDC COVID-19 Adult and Child Self-Assessment Protocol

ADULT (Age 18 and Up)

- ** If any primary COVID-19 symptom (cough, fever, or mild or moderate difficulty breathing) go to Q8.
- ** If only secondary COVID-19 symptoms go to Q11.
- ** If secondary symptoms are present with other symptoms, follow pathway for secondary symptoms.
- ** If only “other symptoms”, stop triage, and (see CARE MESSAGE #10 and TESTING MESSAGE T0).

CHILD (Age 2 to 17)

- ** If Mild or moderate difficulty breathing or Stomach ache or pain in abdomen or ≥ 2 COVID-19 symptoms go to Q8-PED.
- ** If 1 COVID-19 symptom (other than Mild or moderate difficulty breathing or Stomach ache or pain in abdomen) go to Q11-PED.
- ** If only “other symptoms”, stop triage, and (see CARE MESSAGE #10 and TESTING MESSAGE T0).

ADULT – Exposure with any primary COVID-19 symptom[‡]

CHILD – Exposure with mild or moderate difficulty breathing, stomach ache/pain in abdomen, or ≥ 2 COVID-19 symptoms

8. ADULT (Age 18 and Up)

Do you (they) live in a long-term care facility, nursing home, or homeless shelter?

8. PED. -CHILD (Age 2 to 17)

Do you (they) live in a group home or other setting with others (pediatric skilled nursing facility, behavioral health center, juvenile detention center, or homeless shelter)?

- Yes
- No

ADULT (Age 18 and Up)

- ** If yes, stop triage and (SEE CARE MESSAGE #7 and TESTING MESSAGE T2).
- ** If no, continue to Q9.

CHILD (Age 2 to 17)

- ** If yes, stop triage and (SEE CARE MESSAGE #7 and TESTING MESSAGE T2).
- ** If no, continue to Q9-PED.

9. ADULT (18 and Up)

For Adults:

[‡] Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

CDC COVID-19 Adult and Child Self-Assessment Protocol

In the last two weeks, have you (they) worked or volunteered in a healthcare facility or as a first responder? Healthcare facilities include a hospital, medical or dental clinic, long-term care facility, or nursing home.

- Yes
- No

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

** If no, continue to Q10.

CHILD (Age 2 to 17)

In the last two weeks, have you (they) attended or spent time in a group setting (for example school, dormitory, daycare)?

- Yes
- No

**Continue to Q10-PED.

10. Do any of these apply to you (them)? (check any)

ADULT (Age 18 and Up)

- Chronic lung disease, such as moderate to severe asthma, COPD (chronic obstructive pulmonary disease), cystic fibrosis, or pulmonary fibrosis
- Serious heart condition, such as heart failure, cardiomyopathy, heart attack, or blocked arteries to the heart
- Weakened immune system or taking medications that may cause immune suppression
- Obesity
- Diabetes, chronic kidney disease, or liver disease
- High blood pressure
- Cancer
- HIV
- Blood disorder, such as sickle cell disease or thalassemia
- Cerebrovascular disease or neurologic condition, such as stroke or dementia
- Smoking or vaping
- Pregnancy** If female/other gender is selected and age is ≥ 12 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 none and ≥ 65 y (Q2), stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).

** If none and < 65 y (Q2), stop triage and (SEE CARE MESSAGE #8 and TESTING MESSAGE T2).

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

CHILD (Age 2 to 17)

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

CDC COVID-19 Adult and Child Self-Assessment Protocol

- a. Lung disease, such as moderate to severe asthma or cystic fibrosis
- b. Born premature
- c. Serious heart condition, such as congenital heart defect
- d. Weakened immune system or taking medications that may cause immune suppression
- e. Obesity
- f. Diabetes, kidney disease, or liver disease
- g. Cancer
- h. HIV
- i. Blood disorder, such as sickle cell disease or thalassemia
- j. Neurologic condition, such as cerebral palsy
- k. Smoking or vaping
- l. Pregnancy** If female/other gender is selected and age is ≥ 12 and < 60 years, then include question on pregnancy
- m. None of the above

** If Q9-PED-No and Q10-PED-Yes stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).

** If Q9-PED-Yes and Q10-PED-Yes stop triage and (SEE CARE MESSAGE #9, MESSAGE #24 and TESTING MESSAGE T2).

** If Q9-PED-No and Q10-PED-None stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).

** If Q9-PED-Yes and Q10-PED-None stop triage and (SEE CARE MESSAGE #9, MESSAGE #24 and TESTING MESSAGE T2).

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

ADULT – Exposure with only secondary COVID-19 symptoms[‡]

CHILD – Exposure with only 1 COVID-19 symptom, other than mild or moderate difficulty breathing or stomach ache/pain in abdomen

11. ADULT (Age 18 and Up) Do you (they) live in a long-term care facility, nursing home, or homeless shelter?

11. PED. -CHILD (Age 2 to 17) Do you (they) live in a group home or other setting with others (pediatric skilled nursing facility, behavioral health center, juvenile detention center, or homeless shelter)?

- Yes
- No

ADULT (18 and Up)

** If yes, stop triage and (SEE CARE MESSAGE #7 and TESTING MESSAGE T2).

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

CDC COVID-19 Adult and Child Self-Assessment Protocol

** If no, continue to Q12.

CHILD (Age 2 to 17)

** If yes, stop triage and (SEE CARE MESSAGE #7 and TESTING MESSAGE T2).

** If no, continue to Q12-PED.

12. ADULT (Age 18 and Up)

In the last two weeks, have you (they) worked or volunteered in a healthcare facility or as a first responder? Healthcare facilities include a hospital, medical or dental clinic, long-term care facility, or nursing home.

- Yes
- No

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

** If no, continue to Q13.

12. PED. -CHILD (Age 2 to 17)

In the last two weeks, have you (they) attended or spent time in a group setting (for example school, dormitory, daycare)?

- Yes
- No

**Continue to Q13-PED.

13. Do any of these apply to you (them)? (check any)

ADULT (Age 18 and Up)

- Chronic lung disease, such as moderate to severe asthma, COPD (chronic obstructive pulmonary disease), cystic fibrosis, or pulmonary fibrosis
- Serious heart condition, such as heart failure, cardiomyopathy, heart attack, or blocked arteries to the heart
- Weakened immune system or taking medications that may cause immune suppression
- Obesity
- Diabetes, chronic kidney disease, or liver disease
- High blood pressure
- Cancer
- HIV
- Blood disorder, such as sickle cell disease or thalassemia
- Cerebrovascular disease or neurologic condition, such as stroke or dementia
- Smoking or vaping
- Pregnancy** If female/other gender is selected and age is ≥ 12 and < 60 years, then include question on pregnancy

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

CDC COVID-19 Adult and Child Self-Assessment Protocol

m. None of the above

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

** If none and $\geq 65y$ (Q2), stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).

** If none and $< 65y$ (Q2), stop triage and (SEE CARE MESSAGE #8 and TESTING MESSAGE T2).

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

CHILD (Age 2 to 17)

a. Lung disease, such as moderate to severe asthma or cystic fibrosis

b. Born premature

c. Serious heart condition, such as congenital heart defect

d. Weakened immune system or taking medications that may cause immune suppression

e. Obesity

f. Diabetes, kidney disease, or liver disease

g. Cancer

h. HIV

i. Blood disorder, such as sickle cell disease or thalassemia

j. Neurologic condition, such as cerebral palsy

k. Smoking or vaping

l. Pregnancy** If female/other gender is selected and age is ≥ 12 and < 60 years, then include question on pregnancy

m. None of the above

** If Q12-PED-No and Q13-PED-Yes stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).

** If Q12-PED-Yes and Q13-PED-Yes stop triage and (SEE CARE MESSAGE #9, MESSAGE #24 and TESTING MESSAGE T2).

** If Q12-PED-No and Q13-PED-None stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).

** If Q12-PED-Yes and Q13-PED-None stop triage and (SEE CARE MESSAGE #9, MESSAGE #24 and TESTING MESSAGE T2).

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

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

Non-Exposure pathway

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

ADULT (Age 18 and Up)

- Fever or feeling feverish (such as chills, sweating)
- Cough
- Mild or moderate difficulty breathing
- Sore throat
- Muscle aches or body aches
- Vomiting or diarrhea
- New loss of taste or smell
- Congestion or runny nose
- Other symptoms

CHILD (Age 2 to 17)

- Fever or feeling feverish (such as chills, sweating)
- Cough
- Mild or moderate difficulty breathing (breathing slightly faster than normal, using extra muscles around the chest to help breathe)
- Sore throat
- Muscle aches or body aches
- Vomiting or diarrhea
- Stomach ache or pain in abdomen
- New loss of taste or smell
- Rash
- Red eyes
- Congestion or runny nose
- Other symptoms

ADULT (Age 18 and Up)

** If only one primary COVID-19 symptom[†] (fever, cough, or mild or moderate difficulty breathing), continue to Q15.

** If two or more primary COVID-19 symptoms[†] (fever, cough, and/or mild difficulty breathing), continue to Q18.

** If only secondary COVID-19 symptoms[‡], continue to Q21.

** If secondary symptoms is present with other it should follow secondary symptoms

** If only "other symptoms" stop triage and (SEE CARE MESSAGE #10 and TESTING MESSAGE T0)

CHILD (Age 2 to 17)

** If Mild or moderate difficulty breathing or ≥ 2 COVID-19 symptoms go to Q15-PED

For Adults:

[†] Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

CDC COVID-19 Adult and Child Self-Assessment Protocol

- ** If 1 COVID-19 symptom (other than Mild or moderate difficulty breathing) go to Q18-PED
- ** If only “other symptoms”, stop triage, and (see CARE MESSAGE #10 and TESTING MESSAGE T0)

ADULT – No exposure with only one primary COVID-19 symptom[‡]

CHILD – No exposure with mild or moderate difficulty breathing or ≥2 COVID-19 symptoms

15. ADULT (Age 18 and Up)

Do you (they) live in a long-term care facility, nursing home or homeless shelter?

15. PED -CHILD (Age 2 to 17)

Do you (they) live in a group home or other setting with others (pediatric skilled nursing facility, behavioral health center, juvenile detention center, or homeless shelter)?

- Yes
- No

ADULT (Age 18 and Up)

** If yes, stop triage and (SEE CARE MESSAGE #7 and TESTING MESSAGE T2).

** If no, continue to Q16.

CHILD (Age 2 to 17)

** If yes, stop triage and (SEE CARE MESSAGE #7 and TESTING MESSAGE T2).

** If no, continue to Q16-PED.

16. ADULT (Age 18 and Up)

In the last two weeks, have you (they) worked or volunteered in any healthcare facility or as a first responder? Healthcare facilities include a hospital, medical or dental clinic, long-term care facility, or nursing home.

- Yes
- No

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

** If no, continue to Q17.

16. PED. -CHILD (Age 2 to 17)

In the last two weeks, have you (they) attended or spent time in a group setting (for example school, dormitory, daycare)?

- Yes
- No

**Continue to Q17-PED

17. Do any of these apply to you (them)? (check any)

ADULT (18 and Up)

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

CDC COVID-19 Adult and Child Self-Assessment Protocol

- a. Chronic lung disease, such as moderate to severe asthma, COPD (chronic obstructive pulmonary disease), cystic fibrosis, or pulmonary fibrosis
- b. Serious heart condition, such as heart failure, cardiomyopathy, heart attack, or blocked arteries to the heart
- c. Weakened immune system or taking medications that may cause immune suppression
- d. Obesity
- e. Diabetes, chronic kidney disease, or liver disease
- f. High blood pressure
- g. Cancer
- h. HIV
- i. Blood disorder, such as sickle cell disease or thalassemia
- j. Cerebrovascular disease or neurologic condition, such as stroke or dementia
- k. Smoking or vaping
- l. Pregnancy** If female/other gender is selected and age is ≥ 12 and < 60 years, then include question on pregnancy
- m. None of the above

CHILD (Age 2 to 17)

- a. Lung disease, such as moderate to severe asthma or cystic fibrosis
- b. Born premature
- c. Serious heart condition, such as congenital heart defect
- d. Weakened immune system or taking medications that may cause immune suppression
- e. Obesity
- f. Diabetes, kidney disease, or liver disease
- g. Cancer
- h. HIV
- i. Blood disorder, such as sickle cell disease or thalassemia
- j. Neurologic condition, such as cerebral palsy
- k. Smoking or vaping
- l. Pregnancy** If female/other gender is selected and age is ≥ 12 and < 60 years, then include question on pregnancy
- m. None of the above

ADULT (Age 18 and Up)

- ** If yes, stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).
- ** If none and ≥ 65 y (Q2), stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).
- ** If none and < 65 y (Q2), stop triage and (SEE CARE MESSAGE #8 and TESTING MESSAGE T2).
- ** If submit with no selection, message should read "Please select an option to continue" and repeat question.

CHILD (Age 2 to 17)

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

CDC COVID-19 Adult and Child Self-Assessment Protocol

** If Q16-PED-No and Q17-PED-Yes stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).

** If Q16-PED-Yes and Q17-PED-Yes stop triage and (SEE CARE MESSAGE #9, MESSAGE #24 and TESTING MESSAGE T2).

** If Q16-PED-No and Q17-PED-None stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).

** If Q16-PED-Yes and Q17-PED-None stop triage and (SEE CARE MESSAGE #9, MESSAGE #24 and TESTING MESSAGE T2).

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

ADULT – No exposure with ≥ 2 primary COVID-19 symptoms[‡]

CHILD – No exposure with 1 COVID-19 symptom, other than mild or moderate difficulty breathing

18. ADULT (Age 18 and Up)

Do you (they) live in a long-term care facility, nursing home or homeless shelter?

18. PED. -CHILD (Age 2 to 17)

Do you (they) live in a group home or other setting with others (pediatric skilled nursing facility, behavioral health center, juvenile detention center, or homeless shelter)?

- Yes
- No

ADULT (Age 18 and Up)

** If yes, stop triage and (SEE CARE MESSAGE #7 and TESTING MESSAGE T2).

** If no, continue to Q19.

CHILD (Age 2 to 17)

** If yes, stop triage and (SEE CARE MESSAGE #7 and TESTING MESSAGE T2).

** If no, continue to Q19-PED.

19. ADULT (Age 18 and Up)

In the last two weeks, have you (they) worked or volunteered in a healthcare facility or as a first responder? Healthcare facilities include a hospital, medical or dental clinic, long-term care facility, or nursing home.

- Yes
- No

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

CDC COVID-19 Adult and Child Self-Assessment Protocol

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

** If no, continue to Q20.

19. PED. -CHILD (Age 2 to 17)

In the last two weeks, have you (they) attended or spent time in a group setting (for example school, dormitory, daycare)?

- Yes
- No

**Continue to Q20-PED

20. Do any of these apply to you (them)? (check any)

ADULT (Age 18 and Up)

- a. Chronic lung disease, such as moderate to severe asthma, COPD (chronic obstructive pulmonary disease), cystic fibrosis, or pulmonary fibrosis
- b. Serious heart condition, such as heart failure, cardiomyopathy, heart attack, or blocked arteries to the heart
- c. Weakened immune system or taking medications that may cause immune suppression
- d. Obesity
- e. Diabetes, chronic kidney disease, or liver disease
- f. High blood pressure
- g. Cancer
- h. HIV
- i. Blood disorder, such as sickle cell disease or thalassemia
- j. Cerebrovascular disease or neurologic condition, such as stroke or dementia
- k. Smoking or vaping
- l. Pregnancy** If female/other gender is selected and age is ≥ 12 and < 60 years, then include question on pregnancy
- m. None of the above

ADULT (Age 18 and Up)

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

** If none and ≥ 65 y (Q2), stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).

** If none and < 65 y (Q2), stop triage and (SEE CARE MESSAGE #8 and TESTING MESSAGE T2).

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

CHILD (Age 2 to 17)

- a. Lung disease, such as moderate to severe asthma or cystic fibrosis
- b. Born premature
- c. Serious heart condition, such as congenital heart defect
- d. Weakened immune system or taking medications that may cause immune suppression

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

CDC COVID-19 Adult and Child Self-Assessment Protocol

- e. Obesity
- f. Diabetes, kidney disease, or liver disease
- g. Cancer
- h. HIV
- i. Blood disorder, such as sickle cell disease or thalassemia
- j. Neurologic condition, such as cerebral palsy
- k. Smoking or vaping
- l. Pregnancy** If female/other gender is selected and age is ≥ 12 and < 60 years, then include question on pregnancy
- m. None of the above

CHILD (Age 2 to 17)

- ** If Q19-PED-No and Q20-PED-Yes stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).
- ** If Q19-PED-Yes and Q20-PED-Yes stop triage and (SEE CARE MESSAGE #9, MESSAGE #24 and TESTING MESSAGE T2).
- ** If Q19-PED-No and Q20-PED-None stop triage and (SEE CARE MESSAGE #8 and TESTING MESSAGE T2).
- ** If Q19-PED-Yes and Q20-PED-None stop triage and (SEE CARE MESSAGE #8, MESSAGE #24 and TESTING MESSAGE T2).
- ** If submit with no selection, message should read "Please select an option to continue" and repeat question.
- ** If submit with no selection, message should read "Please select an option to continue" and repeat question.

ADULT – No exposure with only secondary COVID-19 symptoms[‡]

21. Do you (they) live in a long-term care facility, nursing home, or homeless shelter? ** For age 18 and up
- Yes
 - No

ADULT (Age 18 and Up)

- ** If yes, stop triage and (SEE CARE MESSAGE #7 and TESTING MESSAGE T2).
- ** If no, continue to Q22.

22. ADULT (Age 18 and Up)

In the last two weeks, have you (they) worked or volunteered in any healthcare facility or as a first responder? Healthcare facilities include a hospital, other medical setting (including dental care setting), long-term care facility, or nursing home.

- Yes

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

CDC COVID-19 Adult and Child Self-Assessment Protocol

- No

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

** If no, continue to Q23.

23. Do any of these apply to you (them)? (check any)

ADULT (Age 18 and Up)

- Chronic lung disease, such as moderate to severe asthma, COPD (chronic obstructive pulmonary disease), cystic fibrosis, or pulmonary fibrosis
- Serious heart condition, such as heart failure, cardiomyopathy, heart attack, or blocked arteries to the heart
- Weakened immune system or taking medications that may cause immune suppression
- Obesity
- Diabetes, chronic kidney disease, or liver disease
- High blood pressure
- Cancer
- HIV
- Blood disorder, such as sickle cell disease or thalassemia
- Cerebrovascular disease or neurologic condition, such as stroke or dementia
- Smoking or vaping
- Pregnancy** If female/other gender is selected and age is ≥ 12 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 none and ≥ 65 y (Q2), stop triage and (SEE CARE MESSAGE #9 and TESTING MESSAGE T2).

** If none and < 65 y (Q2), stop triage and (SEE CARE MESSAGE #8 and TESTING MESSAGE T2).

ADULT/CHILD - Asymptomatic pathway

25. In the last two weeks, did you (they) care for or have close contact (within 6 feet of an infected person for at least 15 minutes) with someone with symptoms of COVID-19, tested for COVID-19, or diagnosed with COVID-19?

- Yes
- No
- I don't know

** If yes or I don't know, continue to Q26.

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

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

CDC COVID-19 Adult and Child Self-Assessment Protocol

26. ADULT (Age 18 and Up) Do you (they) live in a long-term care facility, nursing home, or homeless shelter?

26. PED -CHILD (Age 2 to 17)

Do you (they) live in a group home or other setting with others (pediatric skilled nursing facility, behavioral health center, juvenile detention center, or homeless shelter)?

- Yes
- No

ADULT (Age 18 and Up)

** If yes, stop triage and (see CARE MESSAGE #25 and TESTING MESSAGE T2).

** If no, continue to Q27.

CHILD (Age 2 to 17)

** If yes, stop triage and (SEE CARE MESSAGE #25 and TESTING MESSAGE T2).

**If no, continue to Q27-PED.

27. ADULT (Age 18 and Up)

In the last two weeks, have you (they) worked or volunteered in any healthcare facility or as a first responder? Healthcare facilities include a hospital, medical or dental clinic, long-term care facility, or nursing home.

- Yes
- No

** If Yes - continue to Q28

** If No – stop triage (See CARE MESSAGE #18 and TESTING MESSAGE #T0)

27. PED -CHILD (Age 2 to 17)

In the last two weeks, have you (they) attended or spent time in a group setting (for example school, dormitory, daycare)?

- Yes
- No

** If Yes, stop triage (see CARE MESSAGE #17, MESSAGE #26 and TESTING MESSAGE T2).

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

28. Did you (they) wear personal protective equipment (N95 or surgical mask, gown, eye protection) while working or volunteering at the healthcare facility?

- Yes
- No

** If yes, stop triage and (see CARE MESSAGE #17 and TESTING MESSAGE T2).

** If no, stop triage, and (see CARE MESSAGE #15 and TESTING MESSAGE T2).

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

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 advice.

1. **<<Sounds like you (they) are feeling ok.>>**

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

2. *[no care message 2]*

3. *[no care message 3]*

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

Based on your (their) symptoms, you may need urgent medical care. 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.

5. **<<Call a medical provider.>>**

Sorry you (they) are not feeling well. Your (their) symptoms may be related to COVID-19. You (they) also have medical conditions that may put you (them) at risk of becoming more seriously ill.

- Call your (their) medical provider, clinician advice line, or telemedicine provider.
- Stay home (keep them home) except to get medical care.
 - Do not go to work, school, or public areas including grocery stores, pharmacies, or restaurants. Consider delivery options for food and medicine.
 - Do not use public transportation or ride sharing
- If you (they) feel worse, and you think it is an emergency, call 911 or seek medical care immediately.
- Consider using [telehealth services if available](#).
- Learn how to [take care of yourself](#) or [someone else who is sick](#).
- Take these steps to help [protect others from getting sick](#).

6. ADULT (Age 18 and Up)

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

Tell the occupational health provider (or supervisor) in your workplace that you're feeling sick as soon as possible.

7. **<<Contact a medical provider in the care center, nursing home, or homeless shelter where you (they) live.>>**

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

CDC COVID-19 Adult and Child Self-Assessment Protocol

Tell a caregiver in your (their) facility that you (they) 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 (them) at a higher risk for severe illness.

Help [protect others from getting sick](#):

- Stay in your room as much as possible except to get medical care.
- Cover your coughs and sneezes with a tissue or the inside of your elbow.
- Wash your hands often with soap and water.
- Avoid close contact with other people. Stay at least 6 feet away from other people.
- Wear a mask when around others.
- Clean and disinfect frequently touched surfaces in your room.
- Monitor your health and notify a medical provider if you think you are getting sicker.

8. << Stay home (keep them home) and take care of yourself (them). Call your (their) medical provider if you get worse.>>

Sorry you are (or your child is) not feeling well. Your symptoms may be related to COVID-19.

- Stay home (keep them home) except to get medical care.
 - Do not go to work, school, or public areas including grocery stores, pharmacies, or restaurants. Consider delivery options for food and medicine.
 - Do not use public transportation or ride sharing.
- If you (they) feel worse, and you think it is an emergency, call 911 or seek medical care immediately.
- Learn how to [take care of yourself](#) or [someone else who is sick](#).
- Take steps to help [protect others from getting sick](#).

9. << Stay home (keep them home) and take care of yourself (them). Call your (their) medical provider.>>

Sorry you (they) are not feeling well. Your (their) symptom(s) may be related to COVID-19.

- Call your (their) medical provider, clinician advice line, or telemedicine provider.
- Stay home (keep them home) except to get medical care.
 - Do not go to work, school, or public areas including grocery stores, pharmacies, or restaurants. Consider delivery options for food and medicine.
 - Do not use public transportation or ride sharing.
- If you (they) feel worse, and you think it is an emergency, call 911 or seek medical care immediately.
- Consider using [telehealth services](#) if available.
- Learn how to [take care of yourself](#) or [someone else who is sick](#).
- Take steps to help [protect others from getting sick](#).

10. <<Sorry you (they) are feeling sick. Stay home (keep them home) and monitor your (their) symptoms. Call your (their) medical provider if you get worse.>>

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

CDC COVID-19 Adult and Child Self-Assessment Protocol

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

Here are some steps that may help you (them) 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.
- Wash your hands often with soap and water.

11. <<Please check with your Ministry of Health or local health department for additional information and guidelines about COVID-19 in your location.>>

12. Please consent 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.

14. If you start to feel sick, tell a medical provider in the care center, nursing home, or shelter where you live.

15. <<Contact the occupational health provider at your workplace.>>

Tell your occupational health provider (or supervisor) that you may have been in contact with someone with suspected COVID-19. You may be asked to wear a mask over your nose and mouth 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](#).

16. <<Monitor for symptoms.>>

Watch for [COVID-19 symptoms](#). If you (they) develop symptoms, call your (their) medical provider, clinician advice line, or telemedicine provider.

Learn more about COVID-19 and steps you (they) can take to protect yourself (themselves) and others on the [CDC website](#).

17. <<Monitor for symptoms, wear a mask.>>

Watch for COVID-19 symptoms. If you (they) develop symptoms, call your medical provider, clinician advice line, or telemedicine provider. When around other people, you (they) will be asked to wear a mask over your (their) nose and mouth to protect yourself (themselves) and those around you (them). Masks should not be used for anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask on their own.

18. <<Monitor for symptoms, stay at home.>>

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

CDC COVID-19 Adult and Child Self-Assessment Protocol

- Stay home for 14 days.
- Take your (their) 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 (they) develop symptoms, follow [CDC guidance](#).

19. <<Contact a medical provider.>>

This tool is intended for people 2 years or older. Please call the child's medical provider, clinician advice line, or telemedicine provider.

20. <<Please ask your parent or guardian to help you complete these questions.>>

21. <<Please ask your parent or guardian to answer these questions with you.>>

22. <<Ask a parent or guardian to assist you, or if taking by yourself, share these results with your parent/guardian.>>

23. <<Contact a medical provider if you (they) get sick.>>

Help [protect others from getting sick](#):

- Stay in your room as much as possible except to get medical care.
- Cover your coughs and sneezes with a tissue or the inside of your elbow.
- Wash your hands often with soap and water.
- Avoid close contact with other people. Stay at least 6 feet away from other people.
- Wear a mask when around others.
- Clean and disinfect frequently touched surfaces in your room.
- Monitor your health and notify a medical provider if you think you are getting sicker.

24. <<Contact an administrator or nurse at your (their) school or daycare as soon as possible.>>

Tell the administrator or nurse at your (their) school or daycare that you (they) are feeling sick.

25. <<Contact a medical provider in the care center, nursing home, or homeless shelter where you (they) live.>>

Tell a caregiver in your (their) facility that you (they) may have been in close contact with someone who may have COVID-19. They can help prevent infections at your (their) facility or shelter.

Help [protect others from getting sick](#):

- Stay in your room as much as possible except to get medical care.
- Cover your coughs and sneezes with a tissue or the inside of your elbow.

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

CDC COVID-19 Adult and Child Self-Assessment Protocol

- Clean your hands often.
- Avoid close contact with other people. Stay at least 6 feet away from other people.
- Wear a mask when around others, if possible.
- Monitor your health and notify a medical provider if you start to feel sick.

26. <<Contact an administrator or nurse at your (their) school or daycare.>>

Tell an administrator or nurse at your (their) school or daycare that you (they) may have been in contact with someone with suspected COVID-19.

- Wear a mask over your (their) nose (their) and mouth to protect you (they) and those around you (them).
- Check your (their) temperature twice a day for 14 days.
- Watch for [COVID-19 symptoms](#). Learn more about COVID-19 and how you (they) can protect yourself (themselves) and others on the [CDC website](#).

TESTING MESSAGES

T0. <<No COVID-19 testing needed at this time.>>

Based on the answers given, you (they) do not need to get tested for COVID-19 at this time.

T1. *[no testing message T1]*

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

Visit your health department's website or talk to your medical provider for more information. To find a testing location near you, visit the [HHS website](#).

T2. (for non-U.S. respondents) <<You (they) may be eligible for COVID-19 testing.>>

Contact your local health department or your medical provider for more information.

Appendix

Do not agree to disclaimer message:

Your consent is required to use the Self-Checker.

Do not consent:

Please consent to use the Self-Checker.

Given to every user in their first care message: Please also see your local area's website: [link to state/territory/city health department website based on their location selection]

For Age 13 to 17 and if assessment is done by Myself then MSG22 at the end.

For Adults:

‡ Primary COVID-19 symptoms: fever, cough, and mild or moderate difficulty breathing. Secondary COVID-19 symptoms: sore throat, muscle aches or body aches, vomiting or diarrhea, and new loss of taste or smell.

Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.