

CDC COVID-19 Adult and Pediatric Online Self-Checker [61]

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.

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.

**** 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 right 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 right now?

**** If no, stop triage and CARE MESSAGE #11.**

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

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

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

**** If no response, then display message "please select a location to keep using the self-checker" and repeat question.**

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

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** 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?

- a. Myself
- b. Someone else

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

Assess for life-threatening emergency

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

- 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)
- Severe and constant dizziness or lightheadedness
- Serious disorientation (acting confused)
- Unconscious or very difficult to wake up
- Slurred speech (new or worsening)
- Seizures
- Signs of low blood pressure (too weak to stand, light headed, feeling cold, pale, clammy skin)

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

** If no life-threatening symptoms, continue to Q2.

2. What is your (their) age?

- Under 18 years old
- 18-29
- 30-39
- 40-49
- 50-59
- 60-64
- 65-69
- 70-79
- 80+

** If age <18, stop triage and (SEE CARE MESSAGE #3)

** If age 18+, continue to Q3.

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

3. Are you (they) feeling ill?

- a. Yes

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b. No

** If no, continue to Q25.

** If yes, continue to Q5.

Symptomatic Pathway

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.

6. In the two weeks before you (they) felt sick, did you (they) have contact with someone 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)

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

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

Exposure with any primary COVID-19 symptom[‡]

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

- Yes

[‡] 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, new loss of taste or smell.

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- No

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

** If no, continue to Q9.

9. In the last two weeks, have you (they) worked or volunteered in a healthcare facility or as a first responder? Facilities include a hospital, other medical setting, or long-term care facility.

- Yes
- No

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

** If no, continue to Q10

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

- Chronic lung disease, moderate to severe asthma
- Serious heart conditions
- Weakened immune system or taking medications that may cause immune suppression
- Severe obesity
- Diabetes, renal (kidney) failure, or liver disease
- Pregnancy** If female/other gender is selected and age is ≥ 10 and < 60 years, then include question on pregnancy
- None of the above

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

Exposure with only secondary COVID-19 symptoms[‡]

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, continue to Q12.

12. In the last two weeks, have you (they) worked or volunteered or in a healthcare facility or as a first responder? Facilities include a hospital, other medical setting, or long-term care facility.

- Yes
- No

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

** If no, continue to Q13.

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

- Chronic lung disease, moderate to severe asthma

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- Serious heart conditions
- Weakened immune system or taking medications that may cause immune suppression
- Severe obesity
- Diabetes, renal (kidney) failure, or liver disease
- Pregnancy** If female/other gender is selected and age is ≥ 10 and < 60 years, then include question on pregnancy
- None of the above

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

** If 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.

Non-Exposure pathway

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

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

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

No exposure with only one primary COVID-19 symptom[†]

15. 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, continue to Q16.

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

- Yes
- No

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

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** If no, continue to Q17.

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

- a. Chronic lung disease, moderate to severe asthma
- b. Serious heart conditions
- c. Weakened immune system or taking medications that may cause immune suppression
- d. Severe obesity
- e. Diabetes, renal (kidney) failure, or liver disease
- f. Pregnancy** If female/other is selected and age is ≥ 10 and < 60 years, then include question on pregnancy
- g. None of the above

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

** If none, 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.

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

18. 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, continue to Q19.

19. In the last two weeks, have you (they) worked or volunteered at a healthcare facility or as a first responder? Facilities include a hospital, other medical setting, or long-term care facility.

- Yes
- No

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

** If no, continue to Q20.

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

- a. Chronic lung disease, moderate to severe asthma
- b. Serious heart conditions
- c. Weakened immune system or taking medications that may cause immune suppression
- d. Severe obesity
- e. Diabetes, renal (kidney) failure, or liver disease
- f. Pregnancy** If female/other is selected and age is ≥ 10 and < 60 years, then include question on pregnancy
- g. None of the above

** 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).

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

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

21. 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, continue to Q22.

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

- Yes
- 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)

- Chronic lung disease, moderate to severe asthma
- Serious heart conditions
- Weakened immune system or taking medications that may cause immune suppression
- Severe obesity
- Diabetes, renal (kidney) failure, or liver disease
- Pregnancy** If female/other gender is selected and age is ≥ 10 and < 60 years, then include question on pregnancy
- None of the above

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

** If 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).

Asymptomatic pathway

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

- Yes
- No
- I don't know

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

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

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

- Yes
- No

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

** If no, continue to Q27.

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

- Yes
- No

** If yes, continue to Q28.

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

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

- 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).

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CARE ADVICE MESSAGES

0. **<<Please make a selection so I can help give you care advice.>>**
You have not made a selection. Please start again and select options for each question so that I can help give you advice.
1. **<<Sounds like you are feeling ok >>**
Learn more about COVID-19 and what you can do to stay safe on the [CDC website](#).
2. *[no care message 2]*
3. **<<This Coronavirus Self-Checker is for people who are at least 18 years old>>**
Visit the [CDC website](#) to get information on COVID-19 and younger people.
4. **<< Urgent medical attention may be needed. Please call 911 or go to the Emergency Department>>**
Based on your 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 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 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 [telehealth services](#).
 - Learn how to [take care of yourself](#) or [someone else who is sick](#).
 - Take these steps to help [protect others from getting sick](#).
6. **<<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 possible.
7. **<<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 [protect others from getting sick](#):

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- 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 not feeling well. Your symptoms may be related to COVID-19.

- Stay 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 steps to help [protect others from getting sick](#).

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

Sorry you're 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 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 think this is an emergency, seek medical care.
- Find [telehealth services](#)
- 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're feeling ill. Stay at home and monitor your symptoms. Call your provider if you get worse>>

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

Here are some steps that may help you feel better:

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

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

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

12. Please 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.](#)

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14. If you start to feel ill, tell a healthcare provider in the long-term care facility where you live.
15. **<<Contact the occupational health provider at your workplace.>>**
Tell your occupational health provider (or supervisor) that you have been in contact with someone diagnosed with COVID-19. You may be asked to wear a mask to protect yourself and those around you.
- Check your temperature twice a day for 14 days.
 - Watch for [COVID-19 symptoms](#). 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 develop symptoms, call your healthcare provider, clinician advice line, or telemedicine provider.
Learn more about COVID-19 and steps you can take to protect yourself and others on the [CDC website](#).
17. **<<Monitor for symptoms, wear a mask.>>**
Watch for [COVID-19 symptoms](#). If you develop symptoms, call your occupational health provider as well as your healthcare provider, clinician advice line, or telemedicine provider. Since you work or volunteer in a healthcare facility, you may be asked to wear a mask to protect yourself and those around you.
18. **<<Monitor for symptoms, stay at home.>>**
- Stay home for 14 days
 - 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 [CDC guidance](#).

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.
- T1. *[no testing message T1]*
- T2. **<< You may be eligible for COVID-19 testing>>**
Visit your health department's website or talk to your healthcare provider for more information.
To find a testing location near you, visit the [HHS website](#).

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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]

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