CDC
Coronavirus Self-Checker
Decision Tree
V67

Final Clearance Date: 4/7/2021

Care Messages

CARE MESSAGES

MSG0. <<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.>>

MSG2. [no Care Message 2]

MSG3. [no Care Message 3]

MSG4. <<Based on your symptoms, you may need urgent medical care.>> Please call 911 or go to the nearest emergency department.

MSG5. <<Call your medical provider, clinician advice line, or telemedicine provider as soon as possible.>> You also have medical conditions that may put you at risk of becoming more seriously ill.

MSG6. <<Tell the occupational health provider (or supervisor) in your workplace that you're feeling sick as soon as possible.>>

MSG7. <<Tell a caregiver in your facility that you are sick and need to see a medical provider as soon as possible.>> Stay in your room as much as possible except to get medical care.

MSG8. <<Stay home except to get medical care and take care of yourself.>> Call your medical provider if you start feeling worse.

MSG9. <<Stay home except to get medical care and take care of yourself.>> Call your medical provider, clinician advice line, or telemedicine provider.

MSG10. <<Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing.>> If you develop any of these symptoms or if you start feeling worse, call your medical provider, clinician advice line, or telemedicine provider.

MSG11. <<Please check with your Ministry of Health or local health department for additional information and guidelines 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.

** Insert hyperlink to the state's website if they have their own triage tool.

MSG14. <<If you start to feel sick, tell a medical provider in the care center, nursing home, or shelter where you live.>>

MSG15. <<As soon as possible, tell your occupational health provider (or supervisor) that you may have been in contact with someone with suspected COVID-19.>>

MSG16. <<Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing.>> If you develop any of these symptoms, call your medical provider, clinician advice line, or telemedicine provider.

MSG17. << Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing.>> If you develop any of these symptoms, call your medical provider, clinician advice line, or telemedicine provider.

MSG18. <<Stay home for 14 days from the day you last had contact.>> Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing. If you develop any of these symptoms, call your medical provider, clinician advice line, or telemedicine provider.

MSG19. << This tool is intended for people 2 years or older.>> Please call the child's medical provider, clinician advice line, or telemedicine provider if your child is less than 2 years old and sick.

MSG20. <<Please ask your parent or guardian to help you complete these questions.>>

MSG21. <<Please ask your parent or guardian to answer these questions with you.>>

MSG22. <<Ask a parent or guardian to assist you, or if taking by yourself, share these results with your parent/guardian.>>

MSG23. [no Care Message 23]

MSG24. <<Contact an administrator or nurse at your school or child care as soon as possible.>>

MSG25. <<Tell a caregiver in your facility that you may have been in close contact with someone who may have COVID-19.>>

CARE MESSAGES (con't)

MSG26. << Tell an administrator or nurse at your school or child care that you may have been in contact with someone with suspected COVID-19.>>

MSG27. <<Stay home and away from others until:>>
- it has been 10 days* from when your symptoms first appeared **and**
- you have had no fever for 24 hours without the use of medications **and**
- your other symptoms of COVID-19 are improving* (*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)

* If you have a weakened immune system (immunocompromised) due to a health condition or medication, you might need to stay home and isolate longer than 10 days and possibly 20 days after symptoms begin. In some circumstances, further testing may be needed. Talk to your healthcare provider for more information.

Additional information (*dropdown menu*)
- Please inform your close contacts that they have been potentially exposed to SARS-CoV-2. CDC recommends that all close contacts of people with confirmed or probable COVID-19 should:
  - get tested **and**
  - quarantine for 14 days from the day of their last exposure. You may also receive a call from a contact tracing professional.
- Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, if needed to help you feel better.

Separate yourself from other people. As much as possible, stay in a specific room and away from other people and pets in your home.

MSG28. <<Stay home and away from others until:>>
- it has been 10 days* from when your symptoms first appeared **and**
- you have had no fever for 24 hours without the use of medications **and**
- your other symptoms are improving* (*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)

* If you have a weakened immune system (immunocompromised) due to a health condition or medication, you might need to stay home and isolate longer than 10 days and possibly 20 days after symptoms begin. In some circumstances, further testing may be needed. Talk to your healthcare provider for more information.

<<*Please note>>: It is possible that you were very early in your infection when your sample was collected and that you could test positive later. If your symptoms worsen after testing negative, please contact your healthcare provider.>>

MSG29. <<While waiting for your test results, isolate at home and follow the advice of your health care provider or public health professional.>>

MSG30. <<Stay home and away from others until:>>
- it has been 10 days* from when your symptoms first appeared **and**
- You have had no fever for 24 hours without the use of medications **and**
- Your other symptoms of COVID-19 are improving* (*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)

* If you have a weakened immune system (immunocompromised) due to a health condition or medication, you might need to stay home and isolate longer than 10 days and possibly 20 days after symptoms begin. In some circumstances, further testing may be needed. Talk to your healthcare provider for more information.

MSG31. <<CDC recommends that all close contacts of people with confirmed COVID-19 should quarantine for 14 days from the day of their last exposure.>> Check your local health department's website for information about options in your area to possibly shorten this quarantine period. You may also receive a call from a contact tracing professional.

MSG201. <<If you continue to have no symptoms, you can be around others after: >>
- 10 days have passed since the date you had your positive test.

Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing. If you develop any of these symptoms, call your medical provider, clinician advice line, or telemedicine provider.

MSG202. <<Ask a caregiver in your facility about when you can resume being around other people based on the results of your testing. >>

MSG203. <<Contact the occupational health provider (or supervisor) in your workplace to find out when you can resume being around other people based on the results of your testing.>>

MSG204. <<Contact your healthcare provider to find out when you can resume being around other people based on the results of your testing.>>

CARE MESSAGES (con't)

LATE - [postV63]

MSG205. <<Tell a caregiver in your facility that you are not feeling well and need to see a medical provider as soon as possible.>>

MSG206. <<Tell the occupational health provider (or supervisor) in your workplace about your symptoms as soon as possible.>>

MSG207. [no Care Message 207]

MSG208. <<Call your medical provider, clinician advice line, or telemedicine provider.>> If you start feeling worse, and you think it is an emergency, call 911 or seek medical care immediately.

MSG209. <<Tell a caregiver in your facility that you have developed new symptoms and need to see a medical provider as soon as possible.>>

MSG 210. <<Your symptoms may be caused by COVID-19.>> While most people with recover and return to normal health, some people have symptoms that can last for weeks or months after having COVID-19. It's important to notify your healthcare provider of your symptoms because it could affect your health care needs in the future.

MSG211. <<Stay home and away from others until:>>
- it has been 10 days* from when your symptoms first appeared **and**
- you have had no fever for 24 hours without the use of medications **and**
- your other symptoms of COVID-19 are improving* (*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)

*If you had severe illness from COVID-19 (you were admitted to a hospital and needed oxygen), your healthcare provider may recommend that you stay in isolation for longer than 10 days after your symptoms first appeared (possibly up to 20 days) and you may need to finish your period of isolation at home. Talk to your healthcare provider for more information.

<<Please note:>> While most people recover and return to normal health, some people have symptoms that can last for weeks or months after having COVID-19. It's important to notify your healthcare provider of your symptoms because it could affect your health care needs in the future.

MSG212. <<Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing.>> If you develop any symptoms, contact your healthcare provider to ask about retesting, and stay home and away from others until:
- it has been 10 days from when your symptoms first appeared **and**
- you have had no fever for 24 hours without the use of medications **and**
- your other symptoms of COVID-19 are improving* (*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)

MSG213. <<Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing.>> If you develop any symptoms, contact your healthcare provider, and stay home and away from others until:
- it has been 10 days from when your symptoms first appeared **and**
- you have had no fever for 24 hours without the use of medications **and**
- your other symptoms of COVID-19 are improving* (*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)

MSG214. <<As soon as possible, tell your occupational health provider (or supervisor) that you may have been in contact with someone with suspected COVID-19.>>

MSG215. <<While waiting for your test results, isolate at home and follow the advice of your health care provider or public health professional.>>

MSG216. <<Tell a caregiver in your facility that you may have been in close contact with someone who may have COVID-19.>>

CDC SELF-CHECKER TEMPLATE - [postV63]

Testing Messages and Appendix

TESTING MESSAGES

T0. << Based on the answers given, you do not need to get tested unless recommended or required by your healthcare provider, employer, or public health official.>>

T1. [no testing message T1]

T2-Domestic [no testing message T2-Domestic]

T2-International << You may be eligible for COVID-19 testing.>> Contact your local emergency services for more information.

T3. <<CDC recommends that all close contacts of people with confirmed COVID-19 should:>>
- get tested **and**
- quarantine for 14 days from the day of their last exposure. Check your local health department's website for information about options in your area to possibly shorten this quarantine period. You may also receive a call from a contact tracing professional.

T4. <<Regardless of vaccination status or prior infection, CDC recommends that anyone with symptoms of COVID-19 should get tested and follow the advice of your healthcare provider.>> Contact your local or state health department to find a testing location near you.

T5. <<Further testing is not needed unless a healthcare provider recommends it.>>

T6. <<Further testing may not be needed at this time, unless recommended by a provider.>>

T50. <<Because some of the symptoms of flu and COVID-19 are similar, you may want to consider asking your provider about testing or treatment for influenza.>> See this CDC webpage for more information about COVID-19 and influenza.

T100. <<You do not need to quarantine or get tested as long as you do not develop new symptoms.>> Ask your healthcare provider about getting tested again if you have been in close contact with another person who has tested positive for COVID-19 in the last 14 days

T101. <<Ask your healthcare provider about getting tested again>>
- if you have been in close contact with another person who has tested positive for COVID-19 in the last 14 days **or**
- if you develop new symptoms.

T102. <<You may continue to test positive for three months or more without being contagious to others.>> Talk with your healthcare provider about your test result and the type of test you took to understand what your results mean.

T103. <<Regardless of vaccination status or prior infection, you may need to be tested again if there is no other cause identified for your symptoms.>> Ask your healthcare provider about getting tested again for SARS-CoV-2 infection to consider the possibility of reinfection.

T104. <<Ask your healthcare provider about getting tested again, especially if you have been in close contact with another person who has tested positive for COVID-19 in the last 14 days.>>

T105. <<Talk with your healthcare provider about your test result and the type of test you took to understand what your results mean.>>

T106. <<If there is no other cause identified for your symptoms. Ask your healthcare provider about getting tested again.>> Talk with your healthcare provider about your test result and the type of test you took to understand what your results mean.

T107. <<If you have been a close contact of another person who has tested positive for COVID-19 in the last 14 days, you should quarantine for 14 days from the day of your last exposure.>>

T108. <<If you have been a close contact of another person who has tested positive for COVID-19 in the last 14 days, you should:>>
- get tested **and**
- quarantine for 14 days from the day of your last exposure. Based on local testing availability, local authorities may have options to reduce the time people spend in quarantine. You may also receive a call from a contact tracing professional.

T109: <<Based on the answers given, you do not need to get tested unless recommended or required by your healthcare provider, employer, or public health official.>>

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.

Intro Message:
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. If answering for someone else, please respond to all questions as if you are them. If you need to start over, refresh the page and start again.

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.

CDC recommends these steps to reduce your risk of getting and spreading COVID-19:
- **Wear** a mask over your nose and mouth.
- **Stay** at least 6 feet away from people who don't live with you.
- **Get** a COVID-19 vaccine when it is available to you.
- **Avoid** crowded areas and poorly ventilated spaces.
- **Wash** your hands often with soap and water, or use hand sanitizer with at least 60% alcohol.

Endcap Message:
CDC recommends these steps to reduce your risk of getting and spreading COVID-19:
- **Wear** a mask over your nose and mouth.
- **Stay** at least 6 feet away from people who don't live with you.
- **Get** a COVID-19 vaccine when it is available to you.
- **Avoid** crowded areas and poorly ventilated spaces.
- **Wash** your hands often with soap and water, or use hand sanitizer with at least 60% alcohol.

Click the links below for more information on:
- [COVID-19 symptoms](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)
- [Symptoms you may have after recovering from COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html)
- [What your test results mean](https://www.cdc.gov/coronavirus/2019-ncov/downloads/What-Your-Test-Results-Mean.pdf)
- [Protecting yourself and others from getting sick](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html)
- [When to quarantine or isolate and for how long](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html)
- [What to do if you were around someone with COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html)
- [Taking care of yourself when you are sick](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html)
- [Taking care of someone else who is sick](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html)

Notes

Previously used Identifiers (**do not reuse**):

Q32
Q33

AA-1
AA-2
AA-3
AA-4
AA-5
AS-1
AS-2
AS-3
AS-4

PS-8
PS-9
PS-10
PS-11
PS-12
PS-13
PS-14
PS-15
PS-16
PS-17
PS-18
PS-19
PS-20
PS-21
PS-22
PS-23

Enter Screening

CDC SELF-CHECKER TEMPLATE - [postV63]

ENTER SCREENING
INTRO messaging: purpose, disclaimer/agree to move forward

I don't agree (3x) → ES-1 / MSG12

Agree

Q0: Are you in the United States or a U.S. territory right now?

No → Note for International Users

ES-2

Given to every user in their first care message if not from United States or U.S. territory.

MSG11.
T2-International .

Yes

Q0A: Where in the United States or in which U.S. territory are you currently located?

Location wishes to offramp → ES-4 / MSG13

Q34. What is your ZIP code? (optional) for US users only

Q4: Are you answering for yourself or someone else?

Note

If the user fails to answer a question 3X, then stop triage and MSG0:

ES-3

MSG0

Q2: What is your age?
a. Younger than 2 years old
b. 2 - 4 years
c. 5 - 9
d. 10 - 12
e. 13-17
f. 18-29
g. 30-39
h. 40-49
i. 50-59
j. 60-64
k. 65-69
l. 70-79
m. 80+

AGE <18 years old → Go to Pediatric - Enter Screening

Age ≥ 18 years old

*Defining COVID-19 symptoms for bot (Adult)

- Primary COVID-19 symptoms = fever, cough, mild or moderate difficulty breathing
- Secondary COVID-19 symptoms = sore throat, muscle aches or body aches, headache, vomiting or diarrhea, stomach ache or pain in abdomen, new loss of taste or smell, rash, red eye, and congestion or runny nose
- Symptoms have been labeled as primary (classic COVID-19 symptoms) and secondary (additional COVID-19 symptoms) to simplify communication in this decision tree.

Q5. What sex were you assigned at birth, on your original birth certificate?
a. Male
b. Female
c. I prefer not to say
d. I don't know

Q35. How do you currently describe yourself?
a. Male
b. Female
c. Transgender
d. I prefer not to say

Q36. Are you of Hispanic, Latino, or of Spanish origin?
*This question is optional. We are using this information to evaluate government programs to ensure that they fairly and equitably serve the needs of all racial groups and to monitor compliance with antidiscrimination laws, regulation, and policies.
a. Yes
b. No
c. I prefer not to say

Q37. What is your race? (please select all that apply)
*This question is optional. We are using this information to evaluate government programs to ensure that they fairly and equitably serve the needs of all racial groups and to monitor compliance with antidiscrimination laws, regulation, and policies.
a. White
b. Black or African American
c. American Indian or Alaska Native
d. Asian
e. Native Hawaiian or Other Pacific Islander
f. I prefer not to say

Q1: Do you have any of these life-threatening symptoms?
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone
- Severe and constant pain or pressure in the chest
- Extreme difficulty breathing (such as gasping for air, being unable to talk without catching your 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)

Yes → ES-5 / MSG4

No

Q3: Are you feeling sick?

Yes

Q6: In the two weeks before you felt sick, have you been in close contact with someone who has COVID-19? —excluding people who have had COVID-19 within the past 3 months.

You have been in close contact if you have
a. been within 6 feet of someone who has COVID-19 for a combined total of 15 minutes or more over a 24 hour period or
b. provided care at home to someone who is sick with COVID-19 or
c. had direct physical contact (hugged or kissed) with someone who has COVID-19 or
d. shared eating or drinking utensils with someone who has COVID-19 or
e. been sneezed on or coughed on by someone who has COVID-199

Yes, No or I don't know

Q31. In the last 10 days, have you been tested for COVID-19 (coronavirus)?

a. I have been tested in the last 10 days, and my result was positive.
b. I have been tested in the last 10 days, and my result was negative.
c. I have been tested in the last 10 days, and I am waiting for my results.
d. I have never been tested.
e. I have been tested, but it has been more than 10 days since my last test.

Q6 = Yes or I don't know, Q31 = a, b, c, d → Go to Adult Symptomatic Exposed

Q6 = No, Q31 = a, b, c, d → Go to Adult Symptomatic Non-Exposed

Q6 = Yes, No, I don't know, Q31 = e → Adult Symptomatic > 10 days of test

No

Q25: In the last two weeks, have you been in close contact with someone who has COVID-19? — excluding people who have had COVID-19 within the past 3 months.

You have been in close contact if you have
a. been within 6 feet of someone who has COVID-19 for a combined total of 15 minutes or more over a 24 hour period or
b. provided care at home to someone who is sick with COVID-19 or
c. had direct physical contact (hugged or kissed) with someone who has COVID-19 or
d. shared eating or drinking utensils with someone who has COVID-19 or
e. been sneezed on or coughed on by someone who has COVID-19

Yes, No or I don't know

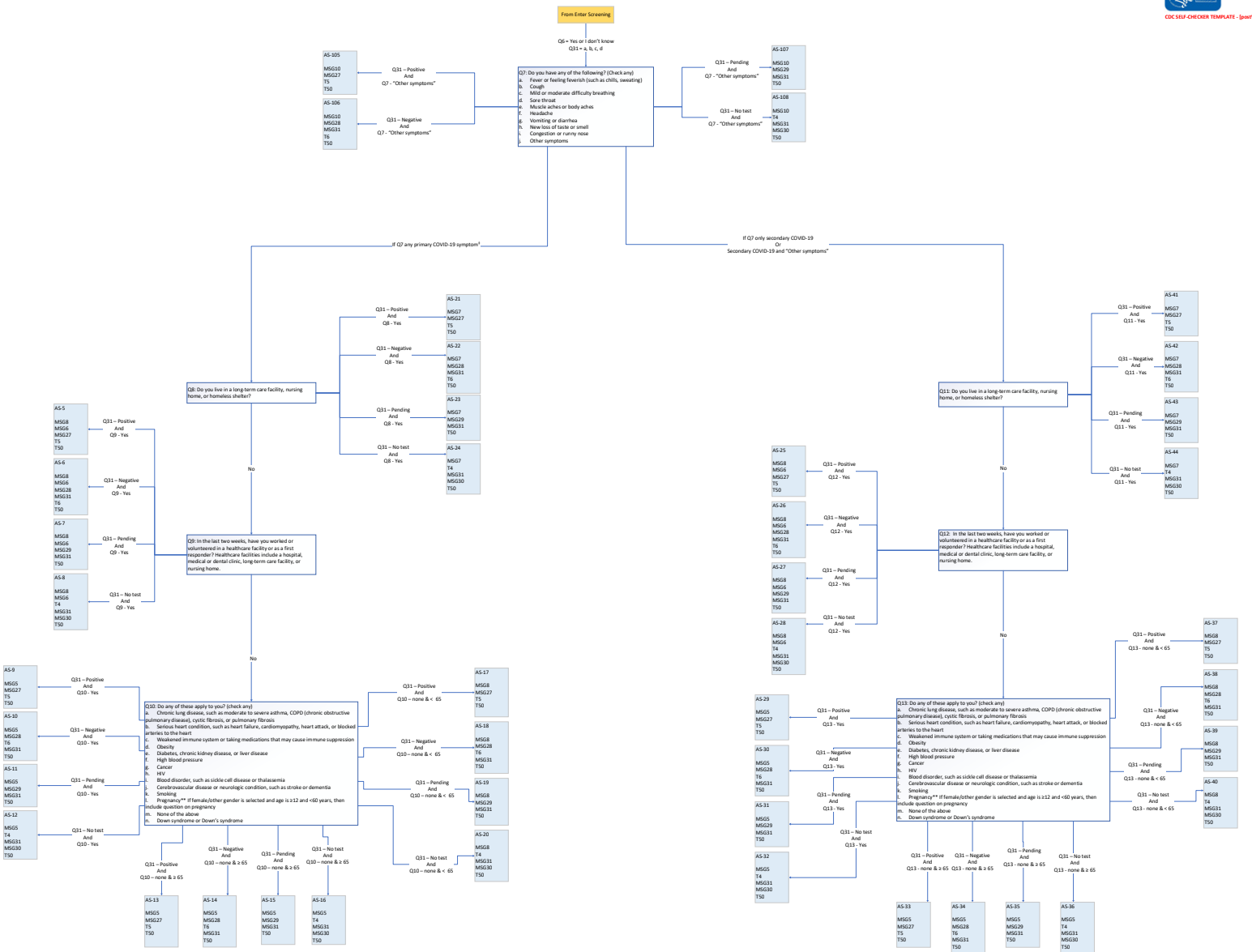
Q38. In the last 14 days, have you been tested for COVID-19 (coronavirus)?

a. I have been tested in the last 14 days, and my result was positive.
b. I have been tested in the last 14 days, and my result was negative
c. I have been tested in the last 14 days, and I am waiting for my results.
d. I have never been tested.
e. I have been tested, but it has been more than 14 days since my last test.

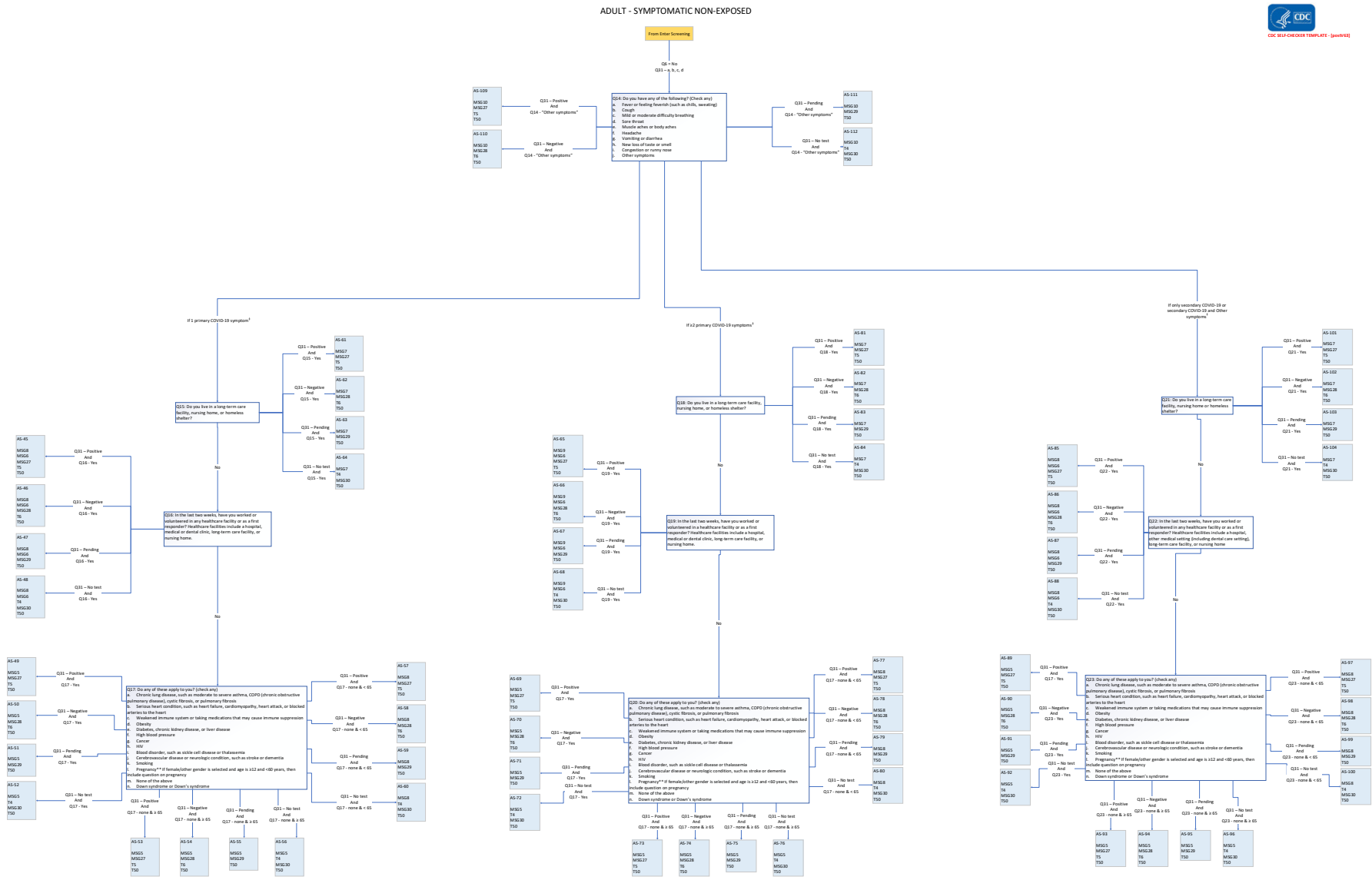
→ Adult Asymptomatic

ADULT - SYMPTOMATIC EXPOSED

CDC SELF-CHECKER TEMPLATE - [postV63]



ADULT - SYMPTOMATIC NON-EXPOSED



CDC SELF-CHECKER TEMPLATE - [post1/23]

Adult Symptomatic > 10 days of test

CDC SELF-CHECKER TEMPLATE - [postV63]

From Enter Screening

Q6 = Yes, No or I don't know
Q11 = e

Q201: What was the result of your test?
a. The test showed that I **did** have COVID-19 (positive test)
b. The test showed that I **did not** have COVID-19 (negative test)

Q201 = a

Q202: How long has it been since your most recent test for COVID-19?
a. less than 1 month
b. at least 1 month but less than 3 months
c. at least 3 months but less than 6 months
d. at least 6 months but less than 1 year
e. 1 year or more

Q203: What symptoms, if any, have you had since testing positive for COVID-19? (check all that apply)
a. Fever or feeling feverish (such as chills, sweating)
b. Cough
c. Mild or moderate difficulty breathing
d. Sore throat
e. Muscle aches or body aches
f. Headache
g. Vomiting or diarrhea
h. Loss of taste or smell
i. Congestion or runny nose
j. New rash
k. Unusual fatigue
l. Joint pain
m. Unusual chest pain or tightness in the chest
n. Difficulty thinking or concentrating (sometimes referred to as "brain fog")
o. Depression, anxiety, changes in mood
p. Fast-beating or pounding heart (also known as heart palpitations)
q. Other symptoms
r. No symptoms

AS-113
T100
T105

Q5 = No
Q202 = a, b, c, d, e
Q203 = r

AS-114
T107
MSG212
T105

Q6 = Yes or I don't know
Q202 = a, b, c, d, e
Q203 = r

Q204: How are you feeling now?
a. I have recovered, and I no longer have symptoms.
b. I am feeling better, but I still have symptoms.
c. I am not feeling better, and I have new symptoms.

AS-115
MSG202
T102

Q6 = No
Q205 = Yes
Q202 = a, b
Q204 = a

AS-116
MSG202
T102

Q6 = No
Q205 = Yes
Q202 = c, d, e
Q204 = a

AS-117
MSG205
MSG210
T103

Q6 = No
Q205 = Yes
Q202 = a, b
Q204 = b

AS-118
MSG205
MSG211
T103

Q6 = No
Q205 = Yes
Q202 = c, d, e
Q204 = b

AS-119
MSG209
MSG211
T103

Q6 = No
Q205 = Yes
Q202 = a, b
Q204 = c

AS-120
MSG209
MSG211
T103

Q6 = No
Q205 = Yes
Q202 = c, d, e
Q204 = c

Q205: Do you live in a long-term care facility, nursing home, or homeless shelter?

Q6 = Yes or I don't know
Q205 = Yes
Q202 = a, b
Q204 = a

AS-121
MSG216
T101
T102

Q6 = Yes or I don't know
Q205 = Yes
Q202 = c, d, e
Q204 = a

AS-122
MSG216
T101
T102

Q6 = Yes or I don't know
Q205 = Yes
Q202 = a, b
Q204 = b

AS-123
MSG205
MSG210
T103

Q6 = Yes or I don't know
Q205 = Yes
Q202 = c, d, e
Q204 = b

AS-124
MSG205
MSG211
T103

Q6 = Yes or I don't know
Q205 = Yes
Q202 = a, b
Q204 = c

AS-125
MSG209
MSG211
T103

Q6 = Yes or I don't know
Q205 = Yes
Q202 = c, d, e
Q204 = c

AS-126
MSG209
MSG211
T103

Q206: In the last two weeks, have you 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.

AS-127
MSG203
T102

Q6 = No
Q206 = Yes
Q202 = a, b
Q204 = a

AS-128
MSG203
T102

Q6 = No
Q206 = Yes
Q202 = c, d, e
Q204 = a

AS-129
MSG206
MSG210
T103

Q6 = No
Q206 = Yes
Q202 = a, b
Q204 = b

AS-130
MSG206
MSG211
T103

Q6 = No
Q206 = Yes
Q202 = c, d, e
Q204 = b

AS-131
MSG206
MSG211
T103

Q6 = No
Q206 = Yes
Q202 = a, b
Q204 = c

AS-132
MSG206
MSG211
T103

Q6 = No
Q206 = Yes
Q202 = c, d, e
Q204 = c

AS-133
MSG214
T107
T101
T102

Q6 = Yes or I don't know
Q206 = Yes
Q202 = a, b
Q204 = a

AS-134
MSG214
T107
T101
T102

Q6 = Yes or I don't know
Q206 = Yes
Q202 = c, d, e
Q204 = a

AS-135
MSG214
MSG210
T107
T103

Q6 = Yes or I don't know
Q206 = Yes
Q202 = a, b
Q204 = b

AS-136
MSG214
MSG211
T107
T103

Q6 = Yes or I don't know
Q206 = Yes
Q202 = c, d, e
Q204 = b

AS-137
MSG214
MSG211
T107
T103

Q6 = Yes or I don't know
Q206 = Yes
Q202 = a, b
Q204 = c

AS-138
MSG214
MSG211
T107
T103

Q6 = Yes or I don't know
Q206 = Yes
Q202 = c, d, e
Q204 = c

Q6 = No
Q206 = No
Q202 = a, b
Q204 = a

AS-139
T109
T102

Q6 = No
Q206 = No
Q202 = c, d, e
Q204 = a

AS-140
T109
T102

Q6 = No
Q206 = No
Q202 = a, b
Q204 = b

AS-141
MSG210
T103

Q6 = No
Q206 = No
Q202 = c, d, e
Q204 = b

AS-142
MSG211
T103

Q6 = No
Q206 = No
Q202 = a, b
Q204 = c

AS-143
MSG208
MSG211
T103

Q6 = No
Q206 = No
Q202 = c, d, e
Q204 = c

AS-144
MSG208
MSG211
T103

Q6 = Yes or I don't know
Q206 = No
Q202 = a, b
Q204 = a

AS-145
T107
T101
T102

Q6 = Yes or I don't know
Q206 = No
Q202 = c, d, e
Q204 = a

AS-146
T107
T101
T102

Q6 = Yes or I don't know
Q206 = No
Q202 = a, b
Q204 = b

AS-147
MSG210
T107
T103

Q6 = Yes or I don't know
Q206 = No
Q202 = c, d, e
Q204 = b

AS-148
MSG211
T107
T103

Q6 = Yes or I don't know
Q206 = No
Q202 = a, b
Q204 = c

AS-149
MSG208
MSG211
T107
T103

Q6 = Yes or I don't know
Q206 = No
Q202 = c, d, e
Q204 = c

AS-150
MSG208
MSG211
T107
T103

Q208: How long has it been since your most recent test for COVID-19?
a. less than 1 month
b. at least 1 month but less than 3 months
c. at least 3 months but less than 6 months
d. at least 6 months but less than 1 year
e. 1 year or more

Q209: What symptoms, if any, have you had since testing negative for COVID-19 (check all that apply)
a. Fever or feeling feverish (such as chills, sweating)
b. Cough
c. Mild or moderate difficulty breathing
d. Sore throat
e. Muscle aches or body aches
f. Headache
g. Vomiting or diarrhea
h. Loss of taste or smell
i. Congestion or runny nose
j. New rash
k. Unusual fatigue
l. Joint pain
m. Unusual chest pain or tightness in the chest
n. Difficulty thinking or concentrating (sometimes referred to as "brain fog")
o. Depression, anxiety, changes in mood
p. Fast-beating or pounding heart (also known as heart palpitations)
q. Other symptoms
r. No symptoms

Q209 = r

AS-151
T101
T105

Q210: How are you feeling now?
a. I have recovered, and I no longer have symptoms.
b. I am feeling better, but I still have symptoms.
c. I am not feeling better, and I have new symptoms.

AS-152
MSG202
T105

Q6 = No
Q211 = Yes
Q208 = a, b
Q210 = a

AS-153
MSG202
T105

Q6 = No
Q211 = Yes
Q208 = c, d, e
Q210 = a

AS-154
MSG205
MSG210
T105

Q6 = No
Q211 = Yes
Q208 = a, b
Q210 = b

AS-155
MSG205
MSG211
T105

Q6 = No
Q211 = Yes
Q208 = c, d, e
Q210 = b

AS-156
MSG209
MSG211
T103

Q6 = No
Q211 = Yes
Q208 = a, b
Q210 = c

AS-157
MSG209
MSG211
T103

Q6 = No
Q211 = Yes
Q208 = c, d, e
Q210 = c

Q211: Do you live in a long-term care facility, nursing home, or homeless shelter?

Q6 = Yes or I don't know
Q211 = Yes
Q208 = a, b
Q210 = a

AS-158
MSG216
T107
T104
T105

Q6 = Yes or I don't know
Q211 = Yes
Q208 = c, d, e
Q210 = a

AS-159
MSG216
T107
T104
T105

Q6 = Yes or I don't know
Q211 = Yes
Q208 = a, b
Q210 = b

AS-160
MSG216
T107
T104
T105

Q6 = Yes or I don't know
Q211 = Yes
Q208 = c, d, e
Q210 = b

AS-161
MSG216
T107
T104
T105

Q6 = Yes or I don't know
Q211 = Yes
Q208 = a, b
Q210 = c

AS-162
MSG209
T107
T103

Q6 = Yes or I don't know
Q211 = Yes
Q208 = c, d, e
Q210 = c

AS-163
MSG209
T107
T103

Q212: In the last two weeks, have you 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.

AS-164
MSG203
T105

Q6 = No
Q212 = Yes
Q208 = a, b
Q210 = a

AS-165
MSG203
T105

Q6 = No
Q212 = Yes
Q208 = c, d, e
Q210 = a

AS-166
MSG206
MSG210
T105

Q6 = No
Q212 = Yes
Q208 = a, b
Q210 = b

AS-167
MSG206
MSG211
T105

Q6 = No
Q212 = Yes
Q208 = c, d, e
Q210 = b

AS-168
MSG206
MSG211
T103

Q6 = No
Q212 = Yes
Q208 = a, b
Q210 = c

AS-169
MSG206
MSG211
T103

Q6 = No
Q212 = Yes
Q208 = c, d, e
Q210 = c

Q6 = Yes or I don't know
Q212 = Yes
Q208 = a, b
Q210 = a

AS-170
MSG203
T107
T104
T105

Q6 = Yes or I don't know
Q212 = Yes
Q208 = c, d, e
Q210 = a

AS-171
MSG203
T107
T104
T105

Q6 = Yes or I don't know
Q212 = Yes
Q208 = a, b
Q210 = b

AS-172
MSG206
T107
T104
T105

Q6 = Yes or I don't know
Q212 = Yes
Q208 = c, d, e
Q210 = b

AS-173
MSG206
T107
T104
T105

Q6 = Yes or I don't know
Q212 = Yes
Q208 = a, b
Q210 = c

AS-174
MSG206
T107
T103

Q6 = Yes or I don't know
Q212 = Yes
Q208 = a, b
Q210 = c

AS-175
MSG206
T107
T103

Q6 = Yes or I don't know
Q212 = Yes
Q208 = c, d, e
Q210 = c

Q6 = No
Q212 = No
Q208 = a, b
Q210 = a

AS-176
T109
T105

Q6 = No
Q212 = No
Q208 = c, d, e
Q210 = a

AS-177
T109
T105

Q6 = No
Q212 = No
Q208 = a, b
Q210 = b

AS-178
MSG210
T105

Q6 = No
Q212 = No
Q208 = c, d, e
Q210 = b

AS-179
MSG210
T105

Q6 = No
Q212 = No
Q208 = a, b
Q210 = c

AS-180
MSG208
T103

Q6 = No
Q212 = No
Q208 = c, d, e
Q210 = c

AS-181
MSG208
T103

Q6 = Yes or I don't know
Q212 = No
Q208 = a, b
Q210 = a

AS-182
T107
T104
T105

Q6 = Yes or I don't know
Q212 = No
Q208 = c, d, e
Q210 = a

AS-183
T107
T104
T105

Q6 = Yes or I don't know
Q212 = No
Q208 = a, b
Q210 = b

AS-184
T107
T104
T105

Q6 = Yes or I don't know
Q212 = No
Q208 = c, d, e
Q210 = b

AS-185
T107
T104
T105

Q6 = Yes or I don't know
Q212 = No
Q208 = a, b
Q210 = c

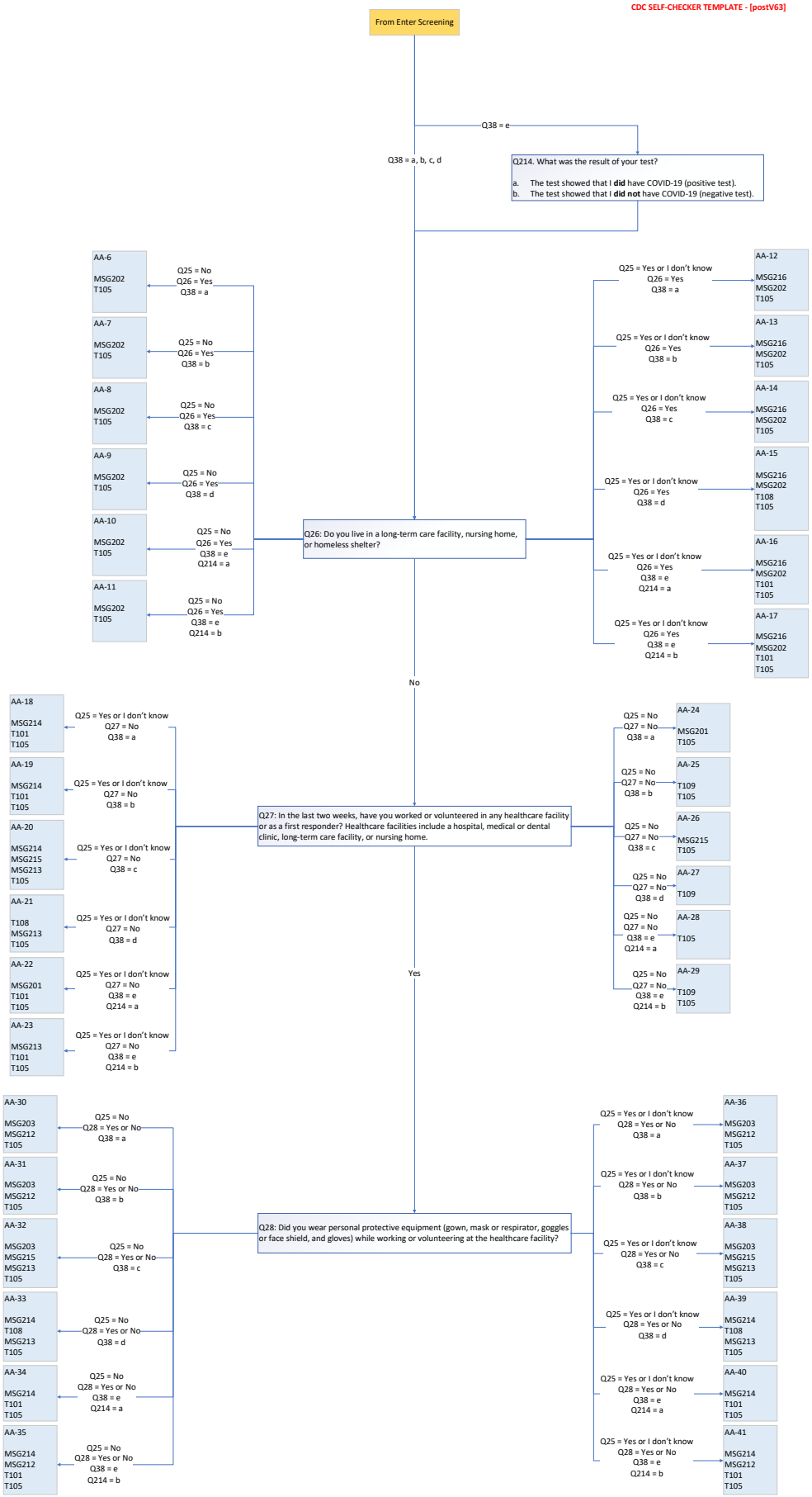
AS-186
MSG208
T107
T103

Q6 = Yes or I don't know
Q212 = No
Q208 = c, d, e
Q210 = c

AS-187
MSG208
T107
T103

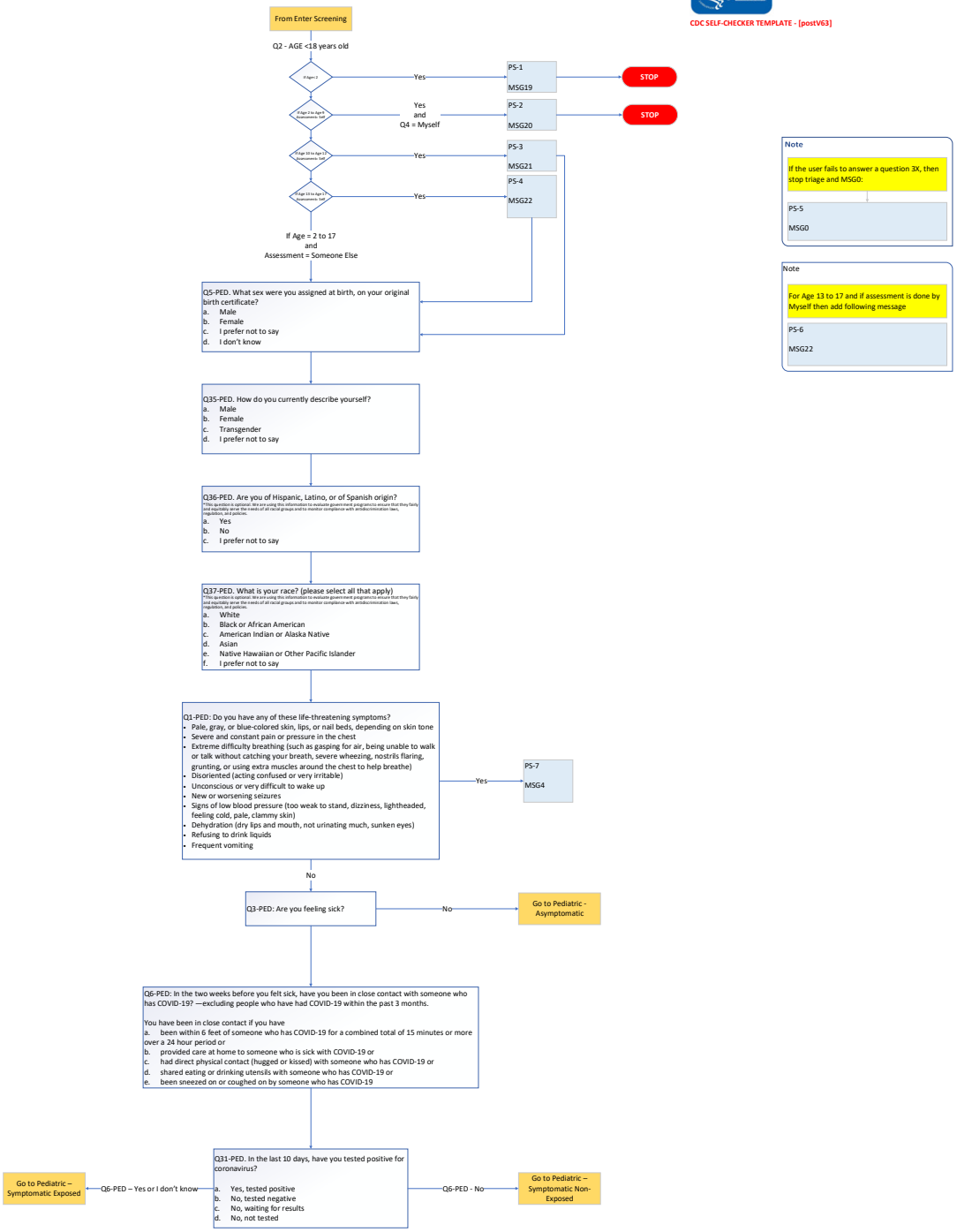
ADULT - ASYMPTOMATIC PATHWAY

CDC SELF-CHECKER TEMPLATE - [postV63]



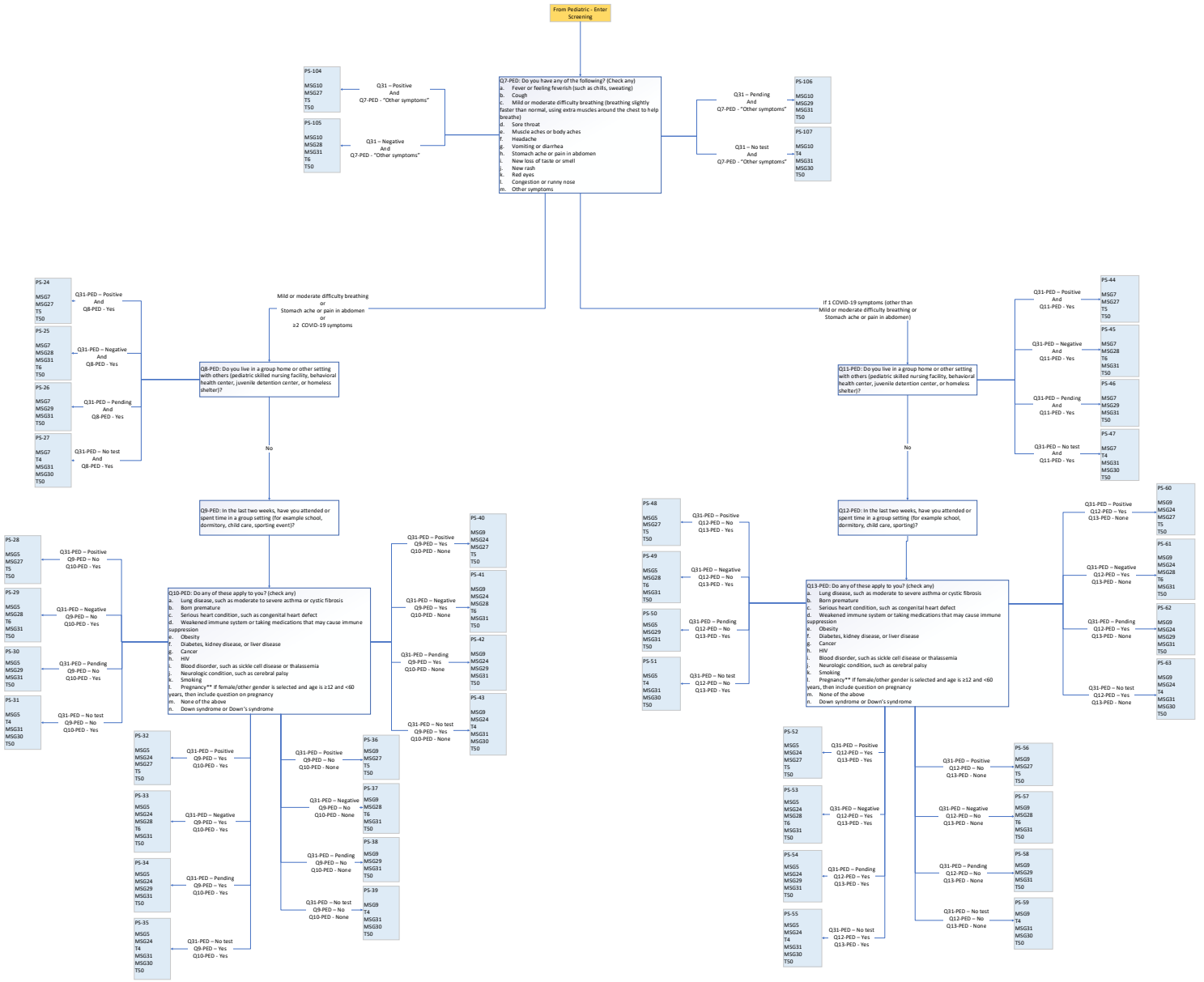
Pediatric – Enter Screening

CDC SELF-CHECKER TEMPLATE - [postV63]



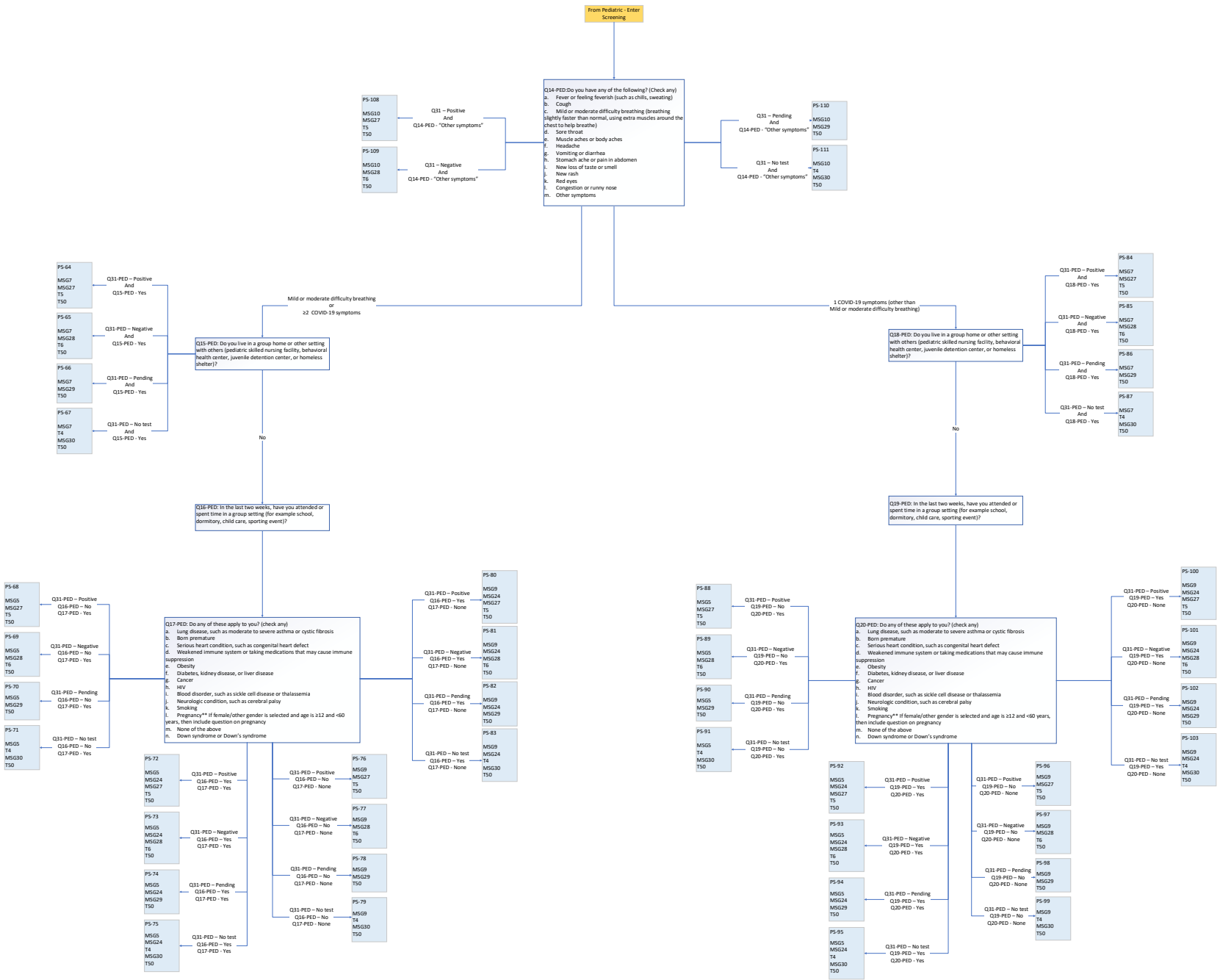
Pediatric - Symptomatic Exposed

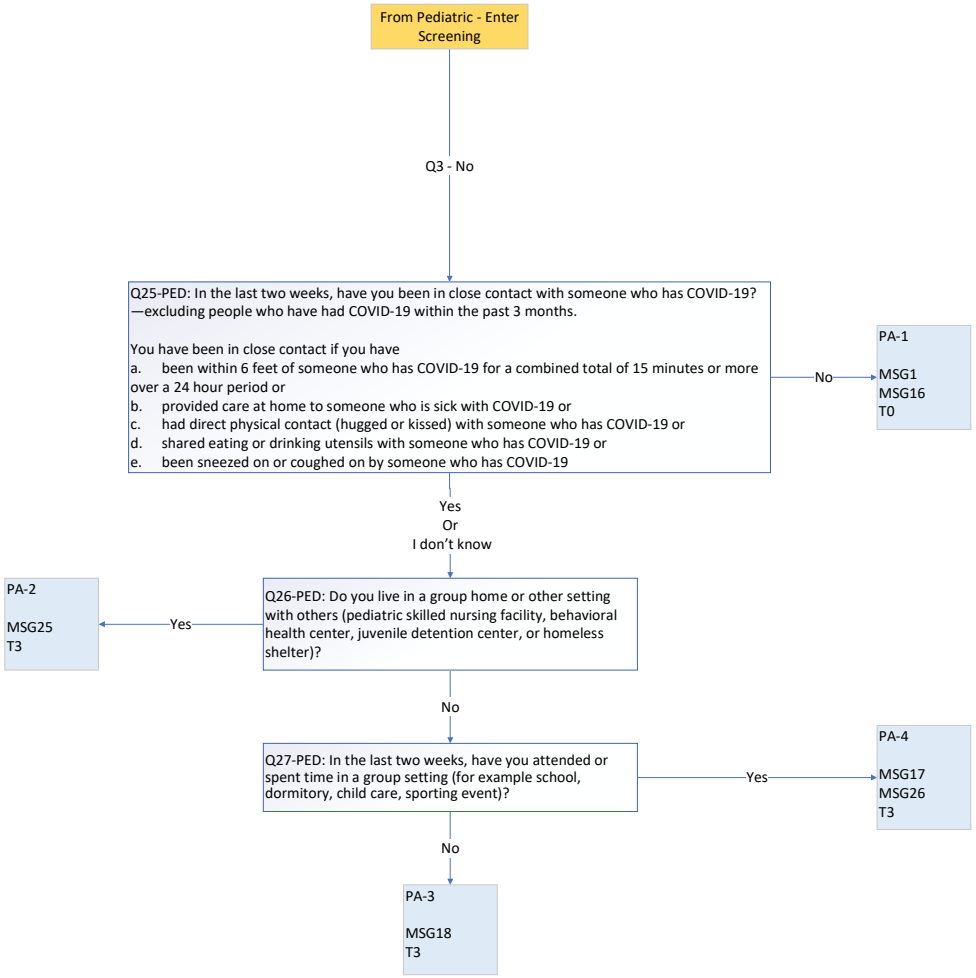
CDC SELF-CHECKER TEMPLATE - [postV63]



Pediatric - Symptomatic Non-Exposed

CDC SELF-CHECKER TEMPLATE - [postV63]



PEDIATRIC - ASYMPTOMATIC PATHWAY

CDC SELF-CHECKER TEMPLATE - [postV63]