CDC COVID-19 Online Self-Checker [65.1]

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.

ver65.1 (2020-12-23)

** 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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

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 CARE MESSAGE #20
For Age 10 to 12 – provide CARE MESSAGE #21 then continue assessment.
For Age 13 to 17 – provide CARE 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

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

** Affects subsequent questions regarding pregnancy (ask only of people who respond Female and Other) as a risk status.

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

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

** If no, continue to Q25.
** If yes, continue to Q6.

Symptomatic Pathway

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

You (they) have been in close contact if you (they) 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
   - I don't know

   ADULT (18 and Up)
     ** ALL ADULT (18 and up), continue to Q31.

   CHILD (Age 2 to 17)
     ** If yes or I don't know, continue to Q7.
     ** If no, continue to Q14.

31. In the last 10 days, have you (they) tested positive for coronavirus?
   - Yes, tested positive
   - No, tested negative
   - No, waiting for results
   - No, not tested

   ADULT (18 and Up)
     ** If yes or I don't know to Q6, continue to Q7
     ** If no to Q6, continue to Q14

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

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
- Headache
- Vomiting or diarrhea
- New loss of taste or smell
- Congestion or runny nose
- Other symptoms

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 T3).

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
- Headache
- 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, headache, vomiting or diarrhea, new loss of taste or smell, 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.

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 T3).

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)

Q8=yes		
**If yes	test=positive	stop triage and (SEE CARE MESSAGE #7, CARE MESSAGE #27, TESTING MESSAGE T5, and TESTING MESSAGE 50)
**If yes	test=negative	stop triage and (SEE CARE MESSAGE #7, CARE MESSAGE #28, CARE MESSAGE #31, TESTING MESSAGE T6, and TESTING MESSAGE 50).
** If yes	test=pending	stop triage and (SEE CARE MESSAGE #7 and CARE MESSAGE #29, CARE MESSAGE #31, and TESTING MESSAGE 50).
**If yes	test=no test	stop triage and (SEE CARE MESSAGE #7, TESTING MESSAGE T4, CARE MESSAGE #31, CARE MESSAGE #30, and TESTING MESSAGE 50).

** If no, continue to Q9.

CHILD (Age 2 to 17)
** If yes, stop triage and (SEE CARE MESSAGE #7, CARE MESSAGE #31, TESTING MESSAGE T4, CARE
MESSAGE #29, and TESTING MESSAGE 50).
** If no, continue to Q9-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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

9.   ADULT (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

Q9=yes		
**If yes	test=positive	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #6, CARE MESSAGE #27, TESTING MESSAGE T5, and TESTING MESSAGE 50)
**If yes	test=negative	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #6, CARE MESSAGE 28, CARE MESSAGE #31, TESTING MESSAGE T6, and TESTING MESSAGE 50)
** If yes	test=pending	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #6, CARE MESSAGE #29, CARE MESSAGE #31, and TESTING MESSAGE 50).
**If yes	test=no test	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #6, TESTING MESSAGE T4, CARE MESSAGE #31,CARE MESSAGE #30, and TESTING MESSAGE 50)

** If no, continue to Q10.

9. 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, child care, sporting event)?

- Yes
- No

**Continue to Q10-PED.

10. 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

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

        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

All respondents with primary and/or secondary symptoms		
**If yes **If none & > 65y	test=positive	stop triage and (SEE CARE MESSAGE #5, CARE MESSAGE #27, TESTING MESSAGE T5, and TESTING MESSAGE 50).
**If none & < 65y	test=positive	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #27, TESTING MESSAGE T5, and TESTING MESSAGE 50).
**If yes **If none & > 65y	test=negative	stop triage and (SEE CARE MESSAGE #5, CARE MESSAGE #28, TESTING MESSAGE T6, CARE MESSAGE #31, and TESTING MESSAGE 50).
**If none & < 65y	test=negative	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #28, TESTING MESSAGE T6, CARE MESSAGE #31, and TESTING MESSAGE 50).
**If yes **If none & > 65y	test=pending	stop triage and (SEE CARE MESSAGE #5, CARE MESSAGE #29, CARE MESSAGE #31, and TESTING MESSAGE 50).
**If none & < 65y	test=pending	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #29, CARE MESSAGE #31, and TESTING MESSAGE 50).
**If yes **If none & > 65y	test=no test	stop triage and (SEE CARE MESSAGE #5, TESTING MESSAGE T4, CARE MESSAGE #30, CARE MESSAGE #31, and TESTING MESSAGE 50).
**If none & < 65y	test=no test	stop triage and (SEE CARE MESSAGE #8, TESTING MESSAGE T4, CARE MESSAGE #30, CARE MESSAGE #31, and TESTING MESSAGE 50).

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

10. Do any of these apply to you (them)? (check any)
CHILD (Age 2 to 17)
        a.   Lung disease, such as moderate to severe asthma or cystic fibrosis

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

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, TESTING MESSAGE T4, CARE MESSAGE #29, CARE MESSAGE #31, and TESTING MESSAGE 50).
** If Q9-PED-Yes and Q10-PED-Yes stop triage and (SEE CARE MESSAGE #9, CARE MESSAGE #24, TESTING MESSAGE T4, CARE MESSAGE #29, CARE MESSAGE #31, and TESTING MESSAGE 50).
** If Q9-PED-No and Q10-PED-None stop triage and (SEE CARE MESSAGE #9, TESTING MESSAGE T4, CARE MESSAGE #29, CARE MESSAGE #31, and TESTING MESSAGE 50).
** If Q9-PED-Yes and Q10-PED-None stop triage and (SEE CARE MESSAGE #9, CARE MESSAGE #24, TESTING MESSAGE T4, CARE MESSAGE #29, CARE MESSAGE #31, and TESTING MESSAGE 50).
** 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

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

ADULT (18 and Up)

Q11=yes		
**If yes	test=positive	stop triage and (SEE CARE MESSAGE #7, CARE MESSAGE #27,TESTING MESSAGE T5, and TESTING MESSAGE 50)
**If yes	test=negative	stop triage and (SEE CARE MESSAGE #7, CARE MESSAGE #28, TESTING MESSAGE T6, CARE MESSAGE #31, and TESTING MESSAGE 50).
** If yes	test=pending	stop triage and (SEE CARE MESSAGE #7, CARE MESSAGE #29, CARE MESSAGE #31, and TESTING MESSAGE 50).
**If yes	test=no test	stop triage and (SEE CARE MESSAGE #7, TESTING MESSAGE T4, CARE MESSAGE #30, CARE MESSAGE #31, and TESTING MESSAGE 50).

** If no, continue to Q12.

CHILD (Age 2 to 17)
    ** If yes, stop triage and (SEE CARE MESSAGE #7, TESTING MESSAGE T4, CARE MESSAGE #29, CARE MESSAGE #31, and TESTING MESSAGE 50).
    ** 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

Q12=yes		
**If Q12=yes	test=positive	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #6, CARE MESSAGE #27, TESTING MESSAGE T5, and TESTING MESSAGE 50).
**If Q12=yes	test=negative	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #6, CARE MESSAGE #28, TESTING MESSAGE T6, CARE MESSAGE #31, and TESTING MESSAGE 50).
** If Q12= yes	test=pending	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #6, CARE MESSAGE #29, CARE MESSAGE #31, and TESTING MESSAGE 50).
**If Q12=yes	test=no test	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #6, TESTING MESSAGE T4, CARE MESSAGE #30, CARE MESSAGE #31, and TESTING MESSAGE 50).

    ** If no, continue to Q13.

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

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, child care, sporting event, sporting event)?

- Yes
- No

**Continue to Q13-PED.

13.   ADULT (Age 18 and Up) 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

All respondents with secondary symptoms		
**If yes, any **If none & > 65y	test=positive	stop triage and (SEE CARE MESSAGE #5, SEE CARE MESSAGE #27, TESTING MESSAGE T5, and TESTING MESSAGE 50).
**If none & < 65y	test=positive	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #27, TESTING MESSAGE T5, and TESTING MESSAGE 50).
**If yes **If none & > 65y	test=negative	stop triage and (SEE CARE MESSAGE #5, CARE MESSAGE #28, and TESTING MESSAGE T6, CARE MESSAGE #31, and TESTING MESSAGE 50).
**If none & < 65y	test=negative	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #28, TESTING MESSAGE T6, CARE MESSAGE #31, and TESTING MESSAGE 50).

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

**If yes **If none & $\geq$ 65y	test=pending	stop triage and (SEE CARE MESSAGE #5, CARE MESSAGE #29, CARE MESSAGE #31, and TESTING MESSAGE 50).
**If none & < 65y	test=pending	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #29,CARE MESSAGE #31, and TESTING MESSAGE 50).
**If yes **If none & $\geq$ 65y	test=no test	stop triage and (SEE CARE MESSAGE #5, TESTING MESSAGE T4, CARE MESSAGE #30, CARE MESSAGE #31, and TESTING MESSAGE 50).
**If none & < 65y	test=no test	stop triage and (SEE CARE MESSAGE #8, TESTING MESSAGE T4, CARE MESSAGE #30, CARE MESSAGE #31, and TESTING MESSAGE 50).

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

13. CHILD (Age 2 to 17) Do any of these apply to you (them)? (check any)

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, TESTING MESSAGE T4, CARE MESSAGE #29, CARE MESSAGE #31, and TESTING MESSAGE 50).
** If Q12-PED-Yes and Q13-PED-Yes stop triage and (SEE CARE MESSAGE #9, CARE MESSAGE #24, TESTING MESSAGE T4, CARE MESSAGE #29, CARE MESSAGE #31, and TESTING MESSAGE 50).
** If Q12-PED-No and Q13-PED-None stop triage and (SEE CARE MESSAGE #9, TESTING MESSAGE T4, CARE MESSAGE #29, CARE MESSAGE #31, and TESTING MESSAGE 50).

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

** If Q12-PED-Yes and Q13-PED-None stop triage and ([SEE CARE MESSAGE #9](#), [CARE MESSAGE #24](#), [TESTING MESSAGE T4](#), [CARE MESSAGE #29](#), [CARE MESSAGE #31, and TESTING MESSAGE 50](#)).

** 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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

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
- Headache
- 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
- Headache
- 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,TESTING MESSAGE T0, and TESTING MESSAGE 50)

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

CHILD (Age 2 to 17)
    ** If Mild or moderate difficulty breathing or ≥2 COVID-19 symptoms go to Q15-PED
    ** 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,TESTING MESSAGE T0, and TESTING MESSAGE 50)

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)

Q15=yes		
**If Q15= yes	test=positive	stop triage and (SEE CARE MESSAGE #7, CARE MESSAGE #27,TESTING MESSAGE T5, and TESTING MESSAGE 50)
**If Q15= yes	test=negative	stop triage and (SEE CARE MESSAGE #7, CARE MESSAGE #28, TESTING MESSAGE T6, and TESTING MESSAGE 50).
** If Q15= yes	test=pending	stop triage and (SEE CARE MESSAGE #7, CARE MESSAGE #29, and TESTING MESSAGE 50).
**If Q15=yes	test=no test	stop triage and (SEE CARE MESSAGE #7, TESTING MESSAGE T4, CARE MESSAGE #30, and TESTING MESSAGE 50).

        ** If no, continue to Q16.
CHILD (Age 2 to 17)
        ** If yes, stop triage and (SEE CARE MESSAGE #7, TESTING MESSAGE T4, CARE MESSAGE #29, and TESTING MESSAGE 50).
        ** If no, continue to Q16-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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

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 Q16=yes		
** If Q16=yes	test=positive	stop triage and SEE CARE MESSAGE #8, CARE MESSAGE #6, SEE CARE MESSAGE #27, TESTING MESSAGE T5, and TESTING MESSAGE 50).
** If Q16=yes	test=negative	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #6, CARE MESSAGE #28, TESTING MESSAGE T6, and TESTING MESSAGE 50)
** If Q16=yes	test=pending	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #6, CARE MESSAGE #29, and TESTING MESSAGE 50)
** If Q16=yes	test=no test	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #6, TESTING MESSAGE T4, CARE MESSAGE #30, and TESTING MESSAGE 50)

** 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, child care, sporting event)?

- Yes
- No

**Continue to Q17-PED

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

ADULT (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

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

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

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

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)

All respondents with primary and/or secondary symptoms		
**If yes ** If none and ≥65y	test=positive	stop triage and (SEE CARE MESSAGE #5, CARE MESSAGE #27, TESTING MESSAGE T5, and TESTING MESSAGE 50).
** If none and <65y	test=positive	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #27, TESTING MESSAGE T5, and TESTING MESSAGE 50).
**If yes ** If none and ≥65y	test=negative	stop triage and (SEE CARE MESSAGE #5, CARE MESSAGE #28, TESTING MESSAGE T6, and TESTING MESSAGE 50).
** If none and <65y	test=negative	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #28, TESTING MESSAGE T6, and TESTING MESSAGE 50).
**If yes ** If none and ≥65y	test=pending	stop triage and (SEE CARE MESSAGE #5,CARE MESSAGE #29, and TESTING MESSAGE 50).
** If none and <65y	test=pending	stop triage and (SEE CARE MESSAGE #8,CARE MESSAGE #29, and TESTING MESSAGE 50).
**If yes ** If none and ≥65y	test=no test	stop triage and (SEE CARE MESSAGE #5, TESTING MESSAGE T4, CARE MESSAGE #30, and TESTING MESSAGE 50).

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

** If none and <65y	test=no test	stop triage and (SEE CARE MESSAGE #8, TESTING MESSAGE T4, CARE MESSAGE #30, and TESTING MESSAGE 50).

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

CHILD (Age 2 to 17)

     ** If Q16-PED-No and Q17-PED-Yes stop triage and (SEE CARE MESSAGE #9, TESTING MESSAGE T4, CARE MESSAGE #29, and TESTING MESSAGE 50).

     ** If Q16-PED-Yes and Q17-PED-Yes stop triage and (SEE CARE MESSAGE #9, CARE MESSAGE #24, TESTING MESSAGE T4, CARE MESSAGE #29, and TESTING MESSAGE 50).

     ** If Q16-PED-No and Q17-PED-None stop triage and (SEE CARE MESSAGE #9, TESTING MESSAGE T4, CARE MESSAGE #29, and TESTING MESSAGE 50).

     ** If Q16-PED-Yes and Q17-PED-None stop triage and (SEE CARE MESSAGE #9, CARE MESSAGE #24, TESTING MESSAGE T4, CARE MESSAGE #29, and TESTING MESSAGE 50)

     ** 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)

Q18=yes		
**If Q18=yes	test=positive	stop triage and (SEE CARE MESSAGE #7, CARE MESSAGE #27, TESTING MESSAGE T5, and TESTING MESSAGE 50)
**If Q18=yes	test=negative	stop triage and (SEE CARE MESSAGE #7, CARE MESSAGE #28, TESTING MESSAGE T6, and TESTING MESSAGE 50).
** If Q18= yes	test=pending	stop triage and (SEE CARE MESSAGE #7, CARE MESSAGE #29, and TESTING MESSAGE 50).

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, headache, vomiting or diarrhea, new loss of taste or smell, 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.

**If Q18= yes	test=no test	stop triage and (SEE CARE MESSAGE #7, TESTING MESSAGE T4, CARE MESSAGE #30, and TESTING MESSAGE 50)

      ** If no, continue to Q19.

CHILD (Age 2 to 17)

      ** If yes, stop triage and (SEE CARE MESSAGE #7, TESTING MESSAGE T4, CARE MESSAGE #29, and TESTING MESSAGE 50).

      **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

Q19=yes		
**If Q19=yes	test=positive	stop triage and (SEE CARE MESSAGE #9, CARE MESSAGE #6, CARE MESSAGE #27,TESTING MESSAGE T5, and TESTING MESSAGE 50)
**If Q19=yes	test=negative	stop triage and (SEE CARE MESSAGE #9, CARE MESSAGE #6, CARE MESSAGE #28, TESTING MESSAGE T6, and TESTING MESSAGE 50).
** If Q19= yes	test=pending	stop triage and (SEE CARE MESSAGE #9, CARE MESSAGE #6, CARE MESSAGE #29, and TESTING MESSAGE 50).
**If Q19=yes	test=no test	stop triage and (SEE CARE MESSAGE #9, CARE MESSAGE #6, TESTING MESSAGE T4, CARE MESSAGE #30, and TESTING MESSAGE 50).

      ** 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, child care, sporting event)?

- 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

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

      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)

All respondents with primary and/or secondary symptoms		
**If any ** If none and ≥65y	test=positive	stop triage and (SEE CARE MESSAGE #5, CARE MESSAGE #27,TESTING MESSAGE T5, and TESTING MESSAGE 50).
** If none and <65y	test=positive	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #27, TESTING MESSAGE T5, and TESTING MESSAGE 50).
**If any ** If none and ≥65y	test=negative	stop triage and (SEE CARE MESSAGE #5, CARE MESSAGE #28, TESTING MESSAGE T6, and TESTING MESSAGE 50).
** If none and <65y	test=negative	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #28, TESTING MESSAGE T6, and TESTING MESSAGE 50).
**If any ** If none and ≥65y	test=pending	stop triage and (SEE CARE MESSAGE #5,CARE MESSAGE #29, and TESTING MESSAGE 50).
** If none and <65y	test=pending	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #29, and TESTING MESSAGE 50).
**If any ** If none and ≥65y	test=no test	stop triage and (SEE CARE MESSAGE #5, TESTING MESSAGE T4, CARE MESSAGE #30, and TESTING MESSAGE 50).
** If none and <65y	test=no test	stop triage and (SEE CARE MESSAGE #8, TESTING MESSAGE T4, CARE MESSAGE #30, and TESTING MESSAGE 50).

    ** 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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

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

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

CHILD (Age 2 to 17)

** If Q19-PED-No and Q20-PED-Yes stop triage and SEE CARE MESSAGE #9, TESTING MESSAGE T4, CARE MESSAGE #29, and TESTING MESSAGE 50).

** If Q19-PED-Yes and Q20-PED-Yes stop triage and ((SEE CARE MESSAGE #9, CARE MESSAGE #24, TESTING MESSAGE T4, CARE MESSAGE #29, and TESTING MESSAGE 50).

** If Q19-PED-No and Q20-PED-None stop triage and SEE CARE MESSAGE #8, TESTING MESSAGE T4, CARE MESSAGE #29, and TESTING MESSAGE 50).

** If Q19-PED-Yes and Q20-PED-None stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #24, TESTING MESSAGE T4, CARE MESSAGE #29, and TESTING MESSAGE 50).

** 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)

Q21=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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

**If Q19=yes	test=positive	stop triage and (SEE CARE MESSAGE #7, CARE MESSAGE #27, TESTING MESSAGE T5, and TESTING MESSAGE 50)
**If Q19=yes	test=negative	stop triage and (SEE CARE MESSAGE #7, CARE MESSAGE #28, TESTING MESSAGE T6, and TESTING MESSAGE 50).
** If Q19= yes	test=pending	stop triage and (SEE CARE MESSAGE #7, CARE MESSAGE #29, and TESTING MESSAGE 50).
**If Q19=yes	test=no test	stop triage and (SEE CARE MESSAGE #7, TESTING MESSAGE T4, CARE MESSAGE #30, and TESTING MESSAGE 50).

** 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
- No

Q22=yes		
**If Q22=yes	test=positive	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #6, CARE MESSAGE #27, TESTING MESSAGE T5, and TESTING MESSAGE 50).
**If Q22=yes	test=negative	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #6, CARE MESSAGE #28, TESTING MESSAGE T6, and TESTING MESSAGE 50).
** If Q22=yes	test=pending	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #6, CARE MESSAGE #29, and TESTING MESSAGE 50).
**If Q22=yes	test=no test	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #6, TESTING MESSAGE T4, CARE MESSAGE #30, and TESTING MESSAGE 50).

** If no, continue to Q23.

23. 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

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

     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

All respondents with primary and/or secondary symptoms		
**If any ** If none and ≥65y	test=positive	stop triage and (SEE CARE MESSAGE #5, CARE MESSAGE #27, TESTING MESSAGE T5, and TESTING MESSAGE 50).
** If none and <65y	test=positive	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #27, TESTING MESSAGE T5, and TESTING MESSAGE 50).
**If any ** If none and ≥65y	test=negative	stop triage and (SEE CARE MESSAGE #5, CARE MESSAGE #28, TESTING MESSAGE T6, and TESTING MESSAGE 50).
** If none and <65y	test=negative	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #28, TESTING MESSAGE T6, and TESTING MESSAGE 50).
**If any ** If none and ≥65y	test=pending	stop triage and (SEE CARE MESSAGE #5, CARE MESSAGE #29, and TESTING MESSAGE 50).
** If none and <65y	test=pending	stop triage and (SEE CARE MESSAGE #8, CARE MESSAGE #29, and TESTING MESSAGE 50).
**If any ** If none and ≥65y	test=no test	stop triage and (SEE CARE MESSAGE #5, TESTING MESSAGE T4, CARE MESSAGE #30, and TESTING MESSAGE 50).
** If none and <65y	test=no test	stop triage and (SEE CARE MESSAGE #8, TESTING MESSAGE T4, CARE MESSAGE #30, and TESTING MESSAGE 50).

ADULT/CHILD - Asymptomatic pathway

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

You (they) have been in close contact if you (they) 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

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

- 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 CARE MESSAGE #16 and TESTING MESSAGE T0)

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 T3).

    ** If no, continue to Q27.

CHILD (Age 2 to 17)

    ** If yes, stop triage and (SEE CARE MESSAGE #25 and TESTING MESSAGE T3).

    **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 T3)

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, child care, sporting event)?

- Yes
- No

** If Yes, stop triage (see CARE MESSAGE #17, CARE MESSAGE #26,and TESTING MESSAGE T3).
** If No, stop triage (see CARE MESSAGE #18 and TESTING MESSAGE T3).

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

28. Did you (they) wear personal protective equipment (gown, mask or respirator, goggles or face shield, and gloves) while working or volunteering at the healthcare facility?

- Yes
- No

** If yes, stop triage and (see CARE MESSAGE #17 and TESTING MESSAGE T3).
** If no, stop triage, and (see CARE MESSAGE #15 and TESTING MESSAGE T3).

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

CARE ADVICE MESSAGES[1, 2]

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.
    - If you (they) feel worse, and you (they) think it is an emergency, call 911 or seek medical care immediately.
    - Stay home (keep them home) except to get medical care.
        - o Do not go to work, school, or public areas including grocery stores, pharmacies, or restaurants. Consider delivery options for food and medicine.
        - o Do not use public transportation or ride sharing
        - o Wash your hands often with soap and water.
        - o Cover your coughs and sneezes with a tissue.
        - o Avoid close contact with other people. Stay at least 6 feet away from other people.
        - o Wear a mask when around others.
    - Consider using [telehealth services if available](#).

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[1] References were added for Care Messages 27-31 which are new additions to version 64. This is a new process and, for now, only applies to new content, starting with version 64 and going forward.

[2] If international; replace messages Care Messages 27-31 with message 11, and replace Testing Messages T3-T6 with message T2-International. T50 given in all symptomatic scenarios for international users.

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

- 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.

- **Follow any additional guidelines from public health officials**

7. **<<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) 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 .
- 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.
  - o Do not go to work, school, or public areas including grocery stores, pharmacies, or restaurants. Consider delivery options for food and medicine.
  - o Do not use public transportation or ride sharing.
- Cover your coughs and sneezes with a tissue.
- 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.
- If you (they) feel worse, and you (they) 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.

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

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.
   - Cover your coughs and sneezes with a tissue.
   - 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.
   - 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 (they) get worse.>>**

    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 with a tissue
    - 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.

For Adults:

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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.

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 (their) 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.>>**

- Stay home for 14 days from the day you (they) last had contact.To determine when to start and end isolation, follow CDC guidance.
- 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 if your child is less than 2 years old and sick.

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.>>**

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

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.
- 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 child care as soon as possible.>>**
Tell the administrator or nurse at your (their) school or child care 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.
- 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 child care.>>**
Tell an administrator or nurse at your (their) school or child care 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](#).

For Adults:

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27. **<<If you (they) test positive for SARS-CoV-2 infection:>>**

Stay home and away from others until[1]

- it has been 10 days since symptoms first appeared **and**
- 24 hours with no fever without the use of fever-reducing medications **and**
- 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)

- Please inform your (their) close contacts that they have been potentially exposed to SARS-CoV-2.[2] CDC recommends that all close contacts of people with confirmed or probable COVID should[2]:
  - get tested **and**
  - quarantine for 14 days from the day of their last exposure. You (they) may also receive a call from a contact tracing professional – see this video for more information.
- Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, if needed to help you (them) feel better.[3]
- Separate yourself (them) from other people. As much as possible, stay in a specific room and away from other people and pets in your (their) home.[3]

28. **<<If you (they) test negative for SARS-CoV-2 infection: >>**

- It is possible that you (they) were very early in your (their) infection when your (their) sample was collected and that you (they) could test positive later.[4]
- If your (their) symptoms worsen after testing negative, please contact your (their) healthcare provider.[5]

29. **<<While waiting for your (their) results, isolate at home:>>**

- You (they) should isolate at home pending test results and follow the advice of your (their) health care provider or a public health professional.[6]

30**. <<If you do not get tested, you (they) should:>>**

- Stay home and away from others until[7]
  - it has been 10 days since symptoms first appeared **and**
  - 24 hours with no fever without the use of fever-reducing medications **and**

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[1] "When you can be around others"- Updated Oct. 27, 2020. Retrieved on Nov. 13, 2020 from https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html

[2] "Contact Tracing for COVID-19"- Updated Oct. 21, 2020. Retrieved on Nov. 13, 2020 from https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html

[3] "What your results mean" Updated Oct. 21, 2020. Retrieved on Nov. 13, 2020 from https://www.cdc.gov/coronavirus/2019-ncov/downloads/What-Your-Test-Results-Mean.pdf, source page https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html

[4] "What your results mean" - Updated Oct. 21, 2020. Retrieved on Nov. 13, 2020 from https://www.cdc.gov/coronavirus/2019-ncov/downloads/What-Your-Test-Results-Mean.pdf, source page https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html

[5] Recommended by SMEs

[6] "Testing Overview" (Considerations for who should get tested) – Updated Oct. 21, 2020. Retrieved on Nov. 13, 2020 from https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html

[7] "When you can be around others" - Updated Oct. 27, 2020. Retrieved on Nov. 13, 2020 from https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html

For Adults:

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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.

    o   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)

31. **<<If you (they) have been in close contact with someone with confirmed COVID-19:>>**
- CDC recommends that all close contacts of people with confirmed COVID-19 should[8]:
    - [quarantine][9] for 14 days from the day of their last exposure. You (they) may also receive a call from a contact tracing professional – see this [video] for more information.
    - follow the recommendations of your local public health department.
- Based on local SARS-CoV-2 testing availability, there are options to reduce the time people spend in quarantine. See this [page] for more information.

TESTING MESSAGES

T0**. <<No COVID-19 testing needed at this time.>>**
- Based on the answers given, you (they) do not need to get tested unless recommended or required by your (their) healthcare provider, employer, or public health official.

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 emergency services for more information.

T3. **-<<You (they) need to be tested for COVID-19.>>**
Based on the answers given, you (they) are a close contact of a person with COVID-19.
- CDC recommends that all close contacts of people with confirmed COVID-19 should[10]:
    - get tested **and**
    - [quarantine] for 14 days from the day of their last exposure. You (they) may also receive a call from a contact tracing professional – see this [video] for more information.
    - follow the recommendations of your local public health department.

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[8] "Contact Tracing for COVID-19"- Updated Oct. 21, 2020. Retrieved on Nov. 13, 2020 from https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html

[9] Technically, this could say isolate, but we are staying consistent with CDC's practice of using quarantine which is associated with 14 day.

[10] "Contact Tracing for COVID-19"- Updated Oct. 21, 2020. Retrieved on Nov. 13, 2020 from https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html

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, headache, vomiting or diarrhea,new loss of taste or smell, 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.

- Based on local SARS-CoV-2 testing availability, there are options to reduce the time people spend in quarantine. See this page for more information.

T4. <<Sounds like you (they) may have symptoms of COVID-19. You (they) should get tested for COVID-19.>>

- CDC recommends that anyone with symptoms of COVID-19 should get tested and follow the advice of your (their) healthcare provider. For more information on when to test, visit the CDC website.[11] Contact your local or state health department to find a testing location near you.
- If you (they) have symptoms of COVID-19 and are not tested, it is important to stay home. Find out what to do if you (they) are sick.

T5. <<No further COVID-19 testing needed at this time unless recommended by a provider.>>

T6. <<Further COVID-19 testing may not be needed at this time, unless recommended by a provider.>>

T50. <<You (they) may want to consider asking your (their) provider about testing and treatment for influenza.[12]>>

Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing may be needed to help confirm a diagnosis. See this CDC webpage for more information about COVID-19 and influenza.

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.

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[11] "Test for Current Infection" (Considerations for who should get tested) – Updated Oct. 21, 2020. Retrieved on Nov. 13, 2020 from https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html#who-should-get-tested

[12] "Similarities and Differences between Flu and COVID-19—Last Reviewed Oct. 6, 2020. Retrieved on Nov. 30, 2020 from Similarities and Differences between Flu and COVID-19 | CDC

For Adults:

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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.