CDC
Coronavirus Self-Checker Content and Messages
v66.2

Final Clearance Date: February 23, 2021

Contents

Abbreviations and Terms Used

Abbreviation	Term	Definition
AA	Adult Asymptomatic	refers to an adult without symptoms
AS	Adult Symptomatic	refers to an adult with symptoms
ES	Enter Screening	beginning of screener
MSG	Care Advice Message	recommended actions and resources given at the end of the assessment
PA	Pediatric Asymptomatic	refers to a pediatric user aged 2-17 years without symptoms
PS	Pediatric Symptomatic	refers to a pediatric user aged 2-17 years with symptoms
Q	Question	identifies question number in the assessment
T	Testing Message	recommended testing advice given at the end of the assessment

Technical Notes

This document provides all of the content and messages used in the CDC Self-Checker.

Document format

Answer sets are provided in tables, where column one or two (in some places) corresponds to how the user answered each question or in some cases previous questions as noted, the second to last column gives the response set, and the last column gives a code that is used for all referencing and coding used for programming the Self-Checker (included for reference only). Question numbers correspond to those in the Self-Checker template diagram and do not necessarily indicate order.

Example:

Q8. Do you live in a long-term care facility, nursing home, or homeless shelter?
- *Yes → see table below*
- *No → Go to next question*

Answer to question 8	Answer to question 31	Outcome→Stop triage and give	Position in decision tree
Yes	*Test = Positive*	*MSG7, MSG27, T5, T50*	*AS-21*

Age Specifications:
- ≤ 17 are considered CHILD
- ≥ 18 and ≤ 64 are considered ADULT
- ≥ 65 is considered a HIGH-RISK status

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

Symptom Specifications:

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

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.

Child (Age 2 to 17) symptoms have been classified into three categories:
1. Mild or Moderate Difficulty Breathing or Stomach Ache or Pain in Abdomen or ≥ 2 COVID-19 symptoms
2. One COVID-19 symptom (other than Mild or Moderate Difficulty Breathing or Stomach Ache or Pain in Abdomen)
3. Only "Other Symptoms"

User design

If the user fails to answer any question after being prompted or reminded three times, stop triage and give Message 0 (ES-3 on decision tree).

Endcap
The final message given at the end of the assessment is a reminder for users to take precautions every day to protect themselves and to help stop the spread of COVID-19. If a user fails to consent or abandons the assessment before finishing, give endcap message.

<mark>**Steps to follow every day**</mark>**:**
- **Wear** a mask over your nose and mouth
- **Stay** at least 6 feet away from people who don't live with 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 f**or more information on:**
- COVID-19 symptoms
- When to get tested
- What your test results mean
- Protecting yourself and others from getting sick
- When to quarantine or isolate and for how long
- What to do if you were around someone with COVID-19
- Taking care of yourself when you are sick
- Taking care of someone else who is sick
- Please also see your local area's website: [link to state/territory/city health department website based on their location selection]

Enter Screening
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.

<mark>Ver66.2 (02.23.2021)</mark>

- I agree
- I don't agree

I agree	Intro Messaging	
I don't agree	MSG12 Repeat disclaimer	ES-1
I don't agree (3x)	Stop Triage MSG12	ES-1

If a user does not select "agree" or "I do not agree" to disclaimer message, then give:
Your consent is required to use the Self-Checker.

If a user selects "I do not agree" to disclaimer message, then give:
Please consent to use the Self-Checker.

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. 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.
- **Avoid** crowded areas and poorly ventilated spaces.
- **Wash** your hands often with soap and water, or use hand sanitizer with at least 60% alcohol.

Q0. Are you in the United States or a U.S. territory right now?
- Yes
- No

Yes	Q0A	
No	Q4 Add MSG11, International Testing Message T2 when applicable to other Care Messages at end of assessment.	ES-2

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

Select location	All answers lead to Q34 (does not affect decision tree)	
No response	Display message "Please select a location to keep using the self-checker" and repeat question	
If response is a location that wishes to offramp immediately to their own triage tool at this point	Stop triage MSG 13 (with link to the location's website)	ES-4

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

[   ]

Q4. Are you answering for yourself or someone else?

- Myself
- Someone Else

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 < 2	Stop triage MSG19	PS-1
Age ≥ 2 and ≤ 9	Stop triage MSG20	PS-2
Age ≥ 10 and ≤ 12	MSG21 Go to Q5-PED (Pediatric Symptomatic)	PS-3
Age ≥ 13 and ≤ 17	MSG22 Go to Q5-PED (Pediatric Symptomatic)	PS-4
Age ≥ 18	Go to Q5	

Q5. What sex were you assigned at birth, on your original birth certificate?[1,2]
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 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

---

[1] Affects subsequent questions regarding pregnancy (ask only of people who respond Female, Refused or I don't know) as a risk status.
[2] Based on the OMB/Federal Committee on Statistical Methodology recommended terminology of sexual orientation and gender identity survey measures, Updates on Terminology of Sexual Orientation and Gender Identity Survey Measures

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

- Yes
- No

Yes	Stop triage	ES-5
	MSG4	
No	Q3	

Q3. Are you feeling sick?
- Yes
- No

Yes	Q6	
No	Q25 (Adult Asymptomatic)	

Adult Symptomatic

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
- 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**
- provided care at home to someone who is sick with COVID-19 **or**
- had direct physical contact (hugged or kissed) with someone who has COVID-19 **or**
- shared eating or drinking utensils with someone who has COVID-19 **or**
- been sneezed on or coughed on by someone who has COVID-19

- Yes
- No
- I don't know

Yes No I don't know	Q31	

Q31. In the last 10 days, have you tested positive for coronavirus?
a. Yes, tested positive
b. No, tested negative
c. No, waiting for results
d. No, not tested

Yes to Q6 I don't know to Q6	Q7 (Adult Symptomatic Exposed)	
No to Q6	Q14 (Adult Symptomatic Non-Exposed)	

Adult Symptomatic Exposed Pathway

Q7. Do you have any of the following? (check any)

   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.   New loss of taste or smell
   i.   Congestion or runny nose
   j.   Other symptoms

Any primary COVID-19 symptom (cough, fever, or mild or moderate difficulty breathing)		Q8	
Only secondary COVID-19 symptoms and/or "Other Symptoms"		Q11	
Only "Other Symptoms"	Test = Positive	Stop triage MSG10, MSG27, T5, T50	AS-105
Only "Other Symptoms"	Test = Negative	Stop triage MSG10, MSG28, MSG31, T6, T50	AS-106
Only "Other Symptoms"	Test = Pending	Stop triage MSG10, MSG29, MSG31, T50	AS-107
Only "Other Symptoms"	Test = No Test	Stop triage MSG10, T4, MSG31, MSG30, T50	AS-108

Any Primary Symptom

Q8. Do you live in a long-term care facility, nursing home, or homeless shelter?

   •   Yes
   •   No

Yes	Test = Positive	Stop triage MSG7, MSG27, T5, T50	AS-21
Yes	Test = Negative	Stop triage MSG7, MSG28, MSG31, T6, T50	AS-22
Yes	Test = Pending	Stop triage MSG7, MSG29, MSG31, T50	AS-23
Yes	Test = No Test	Stop triage MSG7, T4, MSG31, MSG30, T50	AS-24
No		Q9	

Q9. 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.

- Yes
- No

Yes	Test = Positive	Stop triage MSG8, MSG6, MSG27, T5, T50	AS-5
Yes	Test = Negative	Stop triage MSG8, MSG6, MSG28, MSG31, T6, T50	AS-6
Yes	Test = Pending	Stop triage MSG8, MSG6, MSG29, MSG31, T50	AS-7
Yes	Test = No Test	Stop triage MSG8, MSG6, T4, MSG31, MSG30, T50	AS-8
No		Q10	

Q10. Do any of these apply to you? (check any)
   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[3]
   n. Down syndrome or Down's syndrome

Yes None & ≥ 65	Test = Positive	Stop triage MSG5, MSG27, T5, T50	AS-9 AS-13
None & < 65	Test = Positive	Stop triage MSG8, MSG27, T5, T50	AS-17
Yes None & ≥ 65	Test = Negative	Stop triage MSG5, MSG28, T6, MSG31, T50	AS-10 AS-14
None & < 65	Test = Negative	Stop triage MSG8, MSG28, T6, MSG31, T50	AS-18
Yes None & ≥ 65	Test = Pending	Stop triage MSG5, MSG29, MSG31, T50	AS-11 AS-15
None & < 65	Test = Pending	Stop triage	AS-19

---

[3] Always appears as the last option in the actual tool online. For analysis purposes, additional variables are appended to follow the original chronological order. Down syndrome or Down's syndrome was added in version 66 (January 2021).

		MSG8, MSG29, MSG31, T50	
Yes None & ≥ 65	Test = No Test	Stop triage MSG5, T4, MSG31, MSG30, T50	AS-12 AS-16
None & < 65	Test = No Test	Stop Triage MSG8, T4, MSG31, MSG30, T50	AS-20

Only Secondary Symptoms and/or Other Symptoms

Q11. Do you live in a long-term care facility, nursing home, or homeless shelter?
- Yes
- No

Yes	Test = Positive	Stop triage MSG7, MSG27, T5, T50	AS-41
Yes	Test = Negative	Stop triage MSG7, MSG28, T6, MSG31, T50	AS-42
Yes	Test = Pending	Stop triage MSG7, MSG29, MSG31, T50	AS-43
Yes	Test = No Test	Stop triage MSG7, T4, MSG31, MSG30, T50	AS-44
No		Q12	

Q12. 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.
- Yes
- No

Yes	Test = Positive	Stop triage MSG8, MSG6, MSG27, T5, T50	AS-25
Yes	Test = Negative	Stop triage MSG8, MSG6, MSG28, T6, MSG31, T50	AS-26
Yes	Test = Pending	Stop triage MSG8, MSG6, MSG29, MSG31, T50	AS-27
Yes	Test = No Test	Stop triage MSG8, MSG6, T4, MSG31, MSG30, T50	AS-28
No		Q13	

Q13. Do any of these apply to you? (check any)
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[4]
n.   Down syndrome or Down's syndrome

Yes None & ≥ 65	Test = Positive	Stop Triage MSG5, MSG27, T5, T50	AS-29 AS-33
None & < 65	Test = Positive	Stop triage MSG8, MSG27, T5, T50	AS-37
Yes None & ≥ 65	Test = Negative	Stop triage MSG5, MSG28, T6, MSG31, T50	AS-30 AS-34
None & < 65	Test = Negative	Stop triage MSG8, MSG28, T6, MSG31, T50	AS-38
Yes None & ≥ 65	Test = Pending	Stop triage MSG5, MSG29, MSG31, T50	AS-31 AS-35
None & < 65	Test = Pending	Stop triage MSG8, MSG29, MSG31, T50	AS-39
Yes None & ≥ 65	Test = No Test	Stop triage MSG5, T4, MSG31, MSG30, T50	AS-32 AS-36
None & < 65	Test = No Test	Stop triage MSG8, T4, MSG31, MSG30, T50	AS-40

---

[4] Always appears as the last option in the actual tool online. For analysis purposes, additional variables are appended to follow the original chronological order. Down syndrome or Down's syndrome was added in version 66 (January 2021).

Adult Symptomatic Non-Exposed Pathway

Q14. Do you have any of the following? (check any)

   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. New loss of taste or smell
   i. Congestion or runny nose
   j. Other symptoms

Only 1 primary COVID-19 symptom (cough, fever, or mild or moderate difficulty breathing)		Q15	
≥ 2 primary COVID-19 symptom (cough, fever, or mild or moderate difficulty breathing)		Q18	
Only secondary COVID-19 symptoms and/or "Other Symptoms"		Q21	
Only "Other Symptoms"	Test = Positive	Stop triage MSG10, MSG27, T5, T50	AS-109
Only "Other Symptoms"	Test = Negative	Stop triage MSG10, MSG28, T6, T50	AS-110
Only "Other Symptoms"	Test = Pending	Stop triage MSG10, MSG29, T50	AS-111
Only "Other Symptoms"	Test = No Test	Stop triage MSG10, T4, MSG30, T50	AS-112

1 Primary Symptom

Q15. Do you live in a long-term care facility, nursing home or homeless shelter?

   • Yes
   • No

Yes	Test = Positive	Stop triage MSG7, MSG27, T5, T50	AS-61
Yes	Test = Negative	Stop triage MSG7, MSG28, T6, T50	AS-62
Yes	Test = Pending	Stop triage MSG7, MSG29, T50	AS-63
Yes	Test = No Test	Stop triage MSG7, T4, MSG30, T50	AS-64
No		Q16	

Q16. In the last two weeks, have you 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

Yes	Test = Positive	Stop triage MSG8, MSG6, MSG27, T5, T50	A-45
Yes	Test = Negative	Stop triage MSG8, MSG6, MSG28, T6, T50	AS-46
Yes	Test = Pending	Stop triage MSG8, MSG6, MSG29, T50	AS-47
Yes	Test = No Test	Stop triage MSG8, MSG6, T4, MSG30, T50	AS-48
No		Q17	

Q17. Do any of these apply to you? (check any)
  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[5]
  n. Down syndrome or Down's syndrome

Yes None & ≥ 65	Test = Positive	Stop triage MSG5, MSG27, T5, T50	AS-49 AS-53
None & < 65	Test = Positive	Stop triage MSG8, MSG27, T5, T50	AS-57
Yes None & ≥ 65	Test = Negative	Stop triage MSG5, MSG28, T6, T50	AS-50 AS-54
None & < 65	Test = Negative	Stop triage MSG8, MSG28, T6, T50	AS-58

---

[5] Always appears as the last option in the actual tool online. For analysis purposes, additional variables are appended to follow the original chronological order. Down syndrome or Down's syndrome was added in version 66 (January 2021).

Yes None & ≥ 65	Test = Pending	Stop triage MSG5, MSG29, T50	AS-51 AS-55
None & < 65	Test = Pending	Stop triage MSG8, MSG29, T50	AS-59
Yes None & ≥ 65	Test = No Test	Stop triage MSG5, T4, MSG30, T50	AS-52 AS-56
None & < 65	Test = No Test	Stop triage MSG8, T4, MSG30, T50	AS-60

≥ 2 Primary Symptoms

Q18. Do you live in a long-term care facility, nursing home or homeless shelter?
- Yes
- No

Yes	Test = Positive	Stop triage MSG7, MSG27, T5, T50	AS-81
Yes	Test = Negative	Stop triage MSG7, MSG28, T6, T50	AS-82
Yes	Test = Pending	Stop triage MSG7, MSG29, T50	AS-83
Yes	Test = No Test	Stop triage MSG7, T4, MSG30, T50	AS-84
No		Q19	

Q19. 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.

Yes	Test = Positive	Stop triage MSG9, MSG6, MSG27, T5, T50	AS-65
Yes	Test = Negative	Stop triage MSG9, MSG6, MSG28, T6, T50	AS-66
Yes	Test = Pending	Stop triage MSG9, MSG6, MSG29, T50	AS-67
Yes	Test = No Test	Stop triage MSG9, MSG6, T4, MSG30, T50	AS-68
No		Q20	

Q20. Do any of these apply to you? (check any)
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[6]
n. Down Syndrome or Down's Syndrome

Yes None & ≥ 65	Test = Positive	Stop triage MSG5, MSG27, T5, T50	AS-69 AS-73
None & < 65	Test = Positive	Stop triage MSG8, MSG27, T5, T50	AS-77
Yes None & ≥ 65	Test = Negative	Stop triage MSG5, MSG28, T6, T50	AS-70 AS-74
None & < 65	Test = Negative	Stop triage MSG8, MSG28, T6, T50	AS-78
Yes None & ≥ 65	Test = Pending	Stop triage MSG5, MSG29, T50	AS-71 AS-75
None & < 65	Test = Pending	Stop triage MSG8, MSG29, T50	AS-79
Yes None & ≥ 65	Test = No Test	Stop triage MSG5, T4, MSG30, T50	AS-72 AS-76
None & < 65	Test = No Test	Stop triage MSG8, T4, MSG30, T50	AS-80

Only Secondary Symptoms and/or Other Symptoms

Q21. Do you live in a long-term care facility, nursing home, or homeless shelter?

- Yes
- No

Yes	Test = Positive	Stop triage MSG7, MSG27, T5, T50	AS-101
Yes	Test = Negative	Stop triage MSG7, MSG28, T6, T50	AS-102
Yes	Test = Pending	Stop triage MSG7, MSG29, T50	AS-103
Yes	Test = No Test	Stop triage MSG7, T4, MSG30, T50	AS-104

---

[6] Always appears as the last option in the actual tool online. For analysis purposes, additional variables are appended to follow the original chronological order. Down syndrome or Down's syndrome was added in version 66 (January 2021).

No		Q22	

Q22. In the last two weeks, have you 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

Yes	Test = Positive	Stop triage MSG8, MSG6, MSG27, T5, T50	AS-85
Yes	Test = Negative	Stop triage MSG8, MSG6, MSG28, T6, T50	AS-86
Yes	Test = Pending	Stop triage MSG8, MSG6, MSG29, T50	AS-87
Yes	Test = No Test	Stop triage MSG8, MSG6, T4, MSG30, T50	AS-88
No		Q23	

Q23. Do any of these apply to you? (check any)
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[7]
n. Down Syndrome or Down's Syndrome

Yes None & ≥ 65	Test = Positive	Stop triage MSG5, MSG27, T5, T50	AS-89 AS-93
None & < 65	Test = Positive	Stop triage MSG8, MSG27, T5, T50	AS-97
Yes None & ≥ 65	Test = Negative	Stop triage MSG5, MSG28, T6, T50	AS-90 AS-94

---

[7] Always appears as the last option in the actual tool online. For analysis purposes, additional variables are appended to follow the original chronological order. Down syndrome or Down's syndrome was added in version 66 (January 2021).

None & < 65	Test = Negative	Stop triage MSG8, MSG28, T6, T50	AS-98
Yes None & ≥ 65	Test = Pending	Stop triage MSG5, MSG29, T50	AS-91 AS-95
None & < 65	Test = Pending	Stop triage MSG8, MSG29, T50	AS-99
Yes None & ≥ 65	Test = No Test	Stop triage MSG5, T4, MSG30, T50	AS-92 AS-96
None & < 65	Test = No Test	Stop triage MSG8, T4, MSG30, T50	AS-100

Adult Asymptomatic

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
- 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**
- provided care at home to someone who is sick with COVID-19 **or**
- had direct physical contact (hugged or kissed) with someone who has COVID-19 **or**
- shared eating or drinking utensils with someone who has COVID-19 **or**
- been sneezed on or coughed on by someone who has COVID-19

- Yes
- No
- I don't know

Yes	Q26	
I don't know		
No	Stop triage	AA-1
	MSG1, MSG16, T0	

Q26. Do you live in a long-term care facility, nursing home, or homeless shelter?
- Yes
- No

Yes	Stop triage	AA-2
	MSG25, T3	
No	Q27	

Q27. In the last two weeks, have you 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

Yes	Q28	
No	Stop triage	AA-3
	MSG18, T3	

Q28. Did you wear personal protective equipment (gown, mask or respirator, goggles or face shield, and gloves) while working or volunteering at the healthcare facility?
- Yes
- No

Yes	Stop triage MSG17, T3	AA-4
No	Stop triage MSG15, T3	AA-5

Pediatric Symptomatic

Q5-PED. What sex were you assigned at birth, on your original birth certificate?[8]

    a) Male
    b) Female
    c) I prefer not to say.
    d) I don't know.

Q35-PED. How do you currently describe yourself?

    a. Male
    b. Female
    c. Transgender
    d. I prefer not to say.

Q36-PED. Are you of Hispanic, Latino, or 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-PED. 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-PED.   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 walk or talk without catching your 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

- Yes

---

[8] Affects subsequent questions regarding pregnancy (ask only of people who respond Female, Refused or I don't know) as a risk status.

- No

Yes	Stop triage MSG4	PS-7
No	Q3-PED	

Q3-PED. Are you feeling sick?
- Yes
- No

Yes	Q6-PED	
No	Q25-PED (Pediatric Asymptomatic)	

Q6-PED. 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
- 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**
- provided care at home to someone who is sick with COVID-19 **or**
- had direct physical contact (hugged or kissed) with someone who has COVID-19 **or**
- shared eating or drinking utensils with someone who has COVID-19 **or**
- been sneezed on or coughed on by someone who has COVID-19

- Yes
- No
- I don't know

Yes No I don't know	Q31-PED	

Q31-PED. In the last 10 days, have you tested positive for coronavirus?
a. Yes, tested positive
b. No, tested negative
c. No, waiting for results
d. No, not tested

Yes to Q6-PED I don't know to Q6-PED	Q7-PED (Pediatric Symptomatic Exposed)	
No to Q6-PED	Q14-PED (Pediatric Symptomatic Non-Exposed)	

Pediatric Symptomatic Exposed Pathway

Q7-PED. Do you have any of the following? (check any)

    a. Fever or feeling feverish (such as chills, sweating)
    b. Cough
    c. Mild or moderate difficulty breathing (breathing slightly faster than normal, using extra muscles around the chest to help breathe)
    d. Sore throat
    e. Muscle aches or body aches
    f. Headache
    g. Vomiting or diarrhea
    h. Stomach ache or pain in abdomen
    i. New loss of taste or smell
    j. New rash
    k. Red eyes
    l. Congestion or runny nose
    m. Other symptoms

Mild or moderate difficulty breathing or Stomach ache or Pain in abdomen or ≥ 2 COVID-19 symptoms		Q8-PED	
1 COVID-19 symptoms (other than Mild or moderate difficulty breathing or Stomach ache or Pain in abdomen)		Q11-PED	
Only "Other Symptoms"	Test = Positive	Stop triage MSG10, MSG27, T5, T50	PS-104
Only "Other Symptoms"	Test = Negative	Stop triage MSG10, MSG28, MSG31, T6, T50	PS-105
Only "Other Symptoms"	Test = Pending	Stop triage MSG10, MSG29, MSG31, T50	PS-106
Only "Other Symptoms"	Test = No Test	Stop triage MSG10, T4, MSG31, MSG30, T50	PS-107

Difficulty Breathing/Stomach Pain or ≥ 2 Symptoms

Q8-PED. Do you 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

Yes	Test = Positive	Stop triage MSG7, MSG27, T5, T50	PS-24
Yes	Test = Negative	Stop triage MSG7, MSG28, MSG31, T6, T50	PS-25
Yes	Test = Pending	Stop triage	PS-26

		MSG7, MSG29, MSG31, T50	
Yes	Test = No Test	Stop triage MSG7, T4, MSG31, MSG30, T50	PS-27
No		Q9-PED	

Q9-PED. In the last two weeks, have you attended or spent time in a group setting (for example school, dormitory, child care, or sporting event)?
- Yes
- No

Yes No	Q10-PED	

Q10-PED. Do any of these apply to you? (check any)
    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[9]
    n. Down Syndrome or Down's Syndrome

Q9-PED = No And Q10-PED = Yes	Test = Positive	Stop triage MSG5, MSG27, T5, T50	PS-28
	Test = Negative	Stop triage MSG5, MSG28, T6, MSG31, T50	PS-29
	Test = Pending	Stop triage MSG5, MSG29, MSG31, T50	PS-30
	Test = No Test	Stop triage MSG5, T4, MSG31, MSG30, T50	PS-31
Q9-PED = Yes And	Test = Positive	Stop triage MSG5, MSG24, MSG27, T5, T50	PS-32

---

[9] Always appears as the last option in the actual tool online. For analysis purposes, additional variables are appended to follow the original chronological order. Down syndrome or Down's syndrome was added in version 66 (January 2021).

Q10-PED = Yes	Test = Negative	Stop triage MSG5, MSG24, MSG28, T6, MSG31, T50	PS-33
	Test = Pending	Stop triage MSG5, MSG24, MSG29, MSG31, T50	PS-34
	Test = No Test	Stop triage MSG5, MSG24, T4, MSG31, MSG30, T50	PS-35
Q9-PED = No And Q10-PED = None	Test = Positive	Stop triage MSG9, MSG27, T5, T50	PS-36
	Test = Negative	Stop triage MSG9, MSG28, T6, MSG31, T50	PS-37
	Test = Pending	Stop triage MSG9, MSG29, MSG31, T50	PS-38
	Test = No Test	Stop triage MSG9, T4, MSG31, MSG30, T50	PS-39
Q9-PED = Yes And Q10-PED = None	Test = Positive	Stop triage MSG9, MSG24, MSG27, T5, T50	PS-40
	Test = Negative	Stop triage MSG9, MSG24, MSG28, T6, MSG31, T50	PS-41
	Test = Pending	Stop triage MSG9, MSG24, MSG29, MSG31, T50	PS-42
	Test = No Test	Stop triage MSG9, MSG24, T4, MSG31, MSG30, T50	PS-43

1 Symptom (other than Difficulty Breathing/Stomach Pain)

Q11-PED. Do you 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

Yes	Test = Positive	Stop triage MSG7, MSG27, T5, T50	PS-44
Yes	Test = Negative	Stop triage MSG7, MSG28, T6, MSG31, T50	PS-45
Yes	Test = Pending	Stop triage MSG7, MSG29, MSG31, T50	PS-46
Yes	Test = No Test	Stop triage MSG7, T4, MSG31, MSG30, T50	PS-47
No		Q12-PED	

Q12-PED. In the last two weeks, have you attended or spent time in a group setting (for example school, dormitory, child care, or sporting event)?
- Yes
- No

Yes No	Q13-PED	

Q13-PED Do any of these apply to you? (check any)

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[10]
n. Down Syndrome or Down's Syndrome

Q12-PED = No And Q13-PED = Yes	Test = Positive	Stop triage MSG5, MSG27, T5, T50	PS-48
	Test = Negative	Stop triage MSG5, MSG28, T6, MSG31, T50	PS-49
	Test = Pending	Stop triage MSG5, MSG29, MSG31, T50	PS-50
	Test = No Test	Stop triage MSG5, T4, MSG31, MSG30, T50	PS-51
Q12-PED = Yes And Q13-PED = Yes	Test = Positive	Stop triage MSG5, MSG24, MSG27, T5, T50	PS-52
	Test = Negative	Stop triage MSG5, MSG24, MSG28, T6, MSG31, T50	PS-53
	Test = Pending	Stop triage MSG5, MSG24, MSG29, MSG31, T50	PS-54
	Test = No Test	Stop triage MSG5, MSG24, T4, MSG31, MSG30, T50	PS-55
Q12-PED = No And Q13-PED = None	Test = Positive	Stop triage MSG9, MSG27, T5, T50	PS-56
	Test = Negative	Stop triage MSG9, MSG28, T6, MSG31, T50	PS-57
	Test = Pending	Stop triage MSG9, MSG29, MSG31, T50	PS-58

---

[10] Always appears as the last option in the actual tool online. For analysis purposes, additional variables are appended to follow the original chronological order. Down syndrome or Down's syndrome was added in version 66 (January 2021).

	Test = No Test	Stop triage MSG9, T4, MSG31, MSG30, T50	PS-59
Q12-PED = Yes And Q13-PED = None	Test = Positive	Stop triage MSG9, MSG24, MSG27, T5, T50	PS-60
	Test = Negative	Stop triage MSG9, MSG24, MSG28, T6, MSG31, T50	PS-61
	Test = Pending	Stop triage MSG9, MSG24, MSG29, MSG31, T50	PS-62
	Test = No Test	Stop triage MSG9, MSG24, T4, MSG31, MSG30, T50	PS-63

Pediatric Symptomatic Non-Exposed Pathway

Q14-PED. Do you have any of the following? (check any)

    a. Fever or feeling feverish (such as chills, sweating)
    b. Cough
    c. Mild or moderate difficulty breathing (breathing slightly faster than normal, using extra muscles around the chest to help breathe)
    d. Sore throat
    e. Muscle aches or body aches
    f. Headache
    g. Vomiting or diarrhea
    h. Stomach ache or pain in abdomen
    i. New loss of taste or smell
    j. New rash
    k. Red eyes
    l. Congestion or runny nose
    m. Other symptoms

Mild or moderate difficulty breathing or ≥ 2 COVID-19 symptoms		Q15-PED	
1 COVID-19 symptoms (other than Mild or moderate difficulty breathing)		Q18-PED	
Only "Other Symptoms"	Test = Positive	Stop triage MSG10, MSG27, T5, T50	PS-108
Only "Other Symptoms"	Test = Negative	Stop triage MSG10, MSG28, T6, T50	PS-109
Only "Other Symptoms"	Test = Pending	Stop triage MSG10, MSG29, T50	PS-110
Only "Other Symptoms"	Test = No Test	Stop triage MSG10, T4, MSG30, T50	PS-111

Difficulty Breathing or ≥ 2 Symptoms

Q15-PED. Do you 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

Yes	Test = Positive	Stop triage MSG7, MSG27, T5, T50	PS-64
Yes	Test = Negative	Stop triage MSG7, MSG28, T6, T50	PS-65
Yes	Test = Pending	Stop triage MSG7, MSG29, T50	PS-66
Yes	Test = No Test	Stop triage MSG7, T4, MSG30, T50	PS-67
No		Q16-PED	

Q16-PED. In the last two weeks, have you attended or spent time in a group setting (for example school, dormitory, child care, or sporting event)?
- Yes
- No

Yes No	Q17-PED	

Q17-PED. Do any of these apply to you? (check any)
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[11]
n. Down Syndrome or Down's Syndrome

Q16-PED = No And Q17-PED = Yes	Test = Positive	Stop triage MSG5, MSG27, T5, T50	PS-68
	Test = Negative	Stop triage MSG5, MSG28, T6, T50	PS-69
	Test = Pending	Stop triage MSG5, MSG29, T50	PS-70
	Test = No Test	Stop triage MSG5, T4, MSG30, T50	PS-71
Q16-PED = Yes And Q17-PED = Yes	Test = Positive	Stop triage MSG5, MSG24, MSG27, T5, T50	PS-72
	Test = Negative	Stop triage MSG5, MSG24, MSG28, T6, T50	PS-73
	Test = Pending	Stop triage MSG5, MSG24, MSG29, T50	PS-74
	Test = No Test	Stop triage	PS-75

---

[11] Always appears as the last option in the actual tool online. For analysis purposes, additional variables are appended to follow the original chronological order. Down syndrome or Down's syndrome was added in version 66 (January 2021).

		MSG5, MSG24, T4, MSG30, T50	
Q16-PED = No And Q17-PED = None	Test = Positive	Stop triage MSG9, MSG27, T5, T50	PS-76
	Test = Negative	Stop triage MSG9, MSG28, T6, T50	PS-77
	Test = Pending	Stop triage MSG9, MSG29, T50	PS-78
	Test = No Test	Stop triage MSG9, T4, MSG30, T50	PS-79
Q16-PED = Yes And Q17-PED = None	Test = Positive	Stop triage MSG9, MSG24, MSG27, T5, T50	PS-80
	Test = Negative	Stop triage MSG9, MSG24, MSG28, T6, T50	PS-81
	Test = Pending	Stop triage MSG9, MSG24, MSG29, T50	PS-82
	Test = No Test	Stop triage MSG9, MSG24, T4, MSG30, T50	PS-83

1 COVID-19 Symptom (other than Difficulty Breathing)

Q18-PED. Do you 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

Yes	Test = Positive	Stop triage MSG7, MSG27, T5, T50	PS-84
Yes	Test = Negative	Stop triage MSG7, MSG28, T6, T50	PS-85
Yes	Test = Pending	Stop triage MSG7, MSG29, T50	PS-86
Yes	Test = No Test	Stop triage MSG7, T4, MSG30, T50	PS-87
No		Q19-PED	

Q19-PED. In the last two weeks, have you attended or spent time in a group setting (for example school, dormitory, child care, or sporting event)?

- Yes
- No

Yes No	Q20-PED	

Q20-PED. Do any of these apply to you? (check any)
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[12]
n. Down syndrome or Down's syndrome

Q19-PED = No And Q20-PED = Yes	Test = Positive	Stop triage MSG5, MSG27, T5, T50	PS-88
	Test = Negative	Stop triage MSG5, MSG28, T6, T50	PS-89
	Test = Pending	Stop triage MSG5, MSG29, T50	PS-90
	Test = No Test	Stop triage MSG5, T4, MSG30, T50	PS-91
Q19-PED = Yes And Q20-PED = Yes	Test = Positive	Stop triage MSG5, MSG24, MSG27, T5, T50	PS-92
	Test = Negative	Stop triage MSG5, MSG24, MSG28, T6, T50	PS-93
	Test = Pending	Stop triage MSG5, MSG24, MSG29, T50	PS-94
	Test = No Test	Stop triage MSG5, MSG24, T4, MSG30, T50	PS-95
Q19-PED = No And Q20-PED = None	Test = Positive	Stop triage MSG9, MSG27, T5, T50	PS-96
	Test = Negative	Stop triage MSG9, MSG28, T6, T50	PS-97
	Test = Pending	Stop triage MSG9, MSG29, T50	PS-98
	Test = No Test	Stop triage MSG9, T4, MSG30, T50	PS-99
Q19-PED = Yes And Q20-PED = None	Test = Positive	Stop triage MSG9, MSG24, MSG27, T5, T50	PS-100
	Test = Negative	Stop triage MSG9, MSG24, MSG28, T6, T50	PS-101

---

[12] Always appears as the last option in the actual tool online. For analysis purposes, additional variables are appended to follow the original chronological order. Down syndrome or Down's syndrome was added in version 66 (January 2021).

	Test = Pending	Stop triage MSG9, MSG24, MSG29, T50	PS-102
	Test = No Test	Stop triage MSG9, MSG24, T4, MSG30, T50	PS-103

Pediatric Asymptomatic

Q25-PED. 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
- o 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**
- o provided care at home to someone who is sick with COVID-19 **or**
- o had direct physical contact (hugged or kissed) with someone who has COVID-19 **or**
- o shared eating or drinking utensils with someone who has COVID-19 **or**
- o been sneezed on or coughed on by someone who has COVID-19

- Yes
- No
- I don't know

Yes I don't know	Q26-PED	
No	Stop triage MSG1, MSG16, T0	PA-1

Q26-PED. Do you 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

Yes	Stop triage MSG25, T3	PA-2
No	Q27-PED	

Q27-PED. In the last two weeks, have you attended or spent time in a group setting (for example school, dormitory, child care, or sporting event)?
- Yes
- No

Yes	Stop triage MSG17, MSG26, T3	PA-4
No	Stop triage MSG18, T3	PA-3

Care Advice Messages[13,14]

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.

---

[13] ***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]

[14] If international; replace MSG27-MSG31 with MSG11, and replace T3-T6 with T2-International. T50 given in all symptomatic scenarios for international users.

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.>>

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)

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:

- o get tested **and**
  - o 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)

<<*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)

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.>> Based on local testing availability, local health authorities may have options to reduce the time people spend in quarantine. You may also receive a call from a contact tracing professional.

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. 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.

T4. <<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.