

CDC

Coronavirus Self-Checker

Content and Messages

v66

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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 (they) 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. 1 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 3x, Stop triage and give Message 0 (ES-3 on decision tree). You (they) adjusts for people answering by proxy. The brackets can be eliminated by coding each question to match Question 4.

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.

Ver66 (01-21-2021)

- 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.

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.

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. <i>Note: International T2 is different than domestic T2 message</i>	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?¹

- Myself
- Someone Else

Q2. 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+

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	

¹ This question determines whether the remainder of questions and response messages should be worded in 2nd or 3rd person

Q5. What sex were you (they) assigned at birth, on your (their) original birth certificate?^{2,3}

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

Q35. How do you (they) currently describe yourself (themselves)?

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

Q36. Are you (they) 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. What is your (their) 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 (they) have any of these life-threatening symptoms?

- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone
- Severe and constant pain or pressure in the chest
- Extreme difficulty breathing (such as gasping for air, being unable to talk without catching your (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)
- Yes
- No

² Affects subsequent questions regarding pregnancy (ask only of people who respond Female, Refused or I don't know) as a risk status.

³ 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

Yes	Stop triage MSG4	ES-5
No	Q3	

Q3. Are you (they) feeling sick?

- Yes
- No

Yes	Q6	
No	Q25 (Adult Asymptomatic)	

Adult Symptomatic

Q6. 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

- 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	
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Q31. In the last 10 days, have you (they) 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 (they) 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"	Stop triage MSG10, T3	AS-3

Any Primary Symptom

Q8. Do you (they) 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 (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

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 (them)? (check any)

- Chronic lung disease, such as moderate to severe asthma, COPD (chronic obstructive pulmonary disease), cystic fibrosis, or pulmonary fibrosis
- Serious heart condition, such as heart failure, cardiomyopathy, heart attack, or blocked arteries to the heart
- Weakened immune system or taking medications that may cause immune suppression
- Obesity
- Diabetes, chronic kidney disease, or liver disease
- High blood pressure
- Cancer
- HIV
- Blood disorder, such as sickle cell disease or thalassemia
- Cerebrovascular disease or neurologic condition, such as stroke or dementia
- Smoking or vaping
- Pregnancy** If female/other gender is selected and age is ≥ 12 and < 60 years, then include [question on pregnancy](#)
- None of the above⁴
- Down syndrome or Down's syndrome

Yes	Test = Positive	Stop triage	AS-9
None & ≥ 65		MSG5 , MSG27 , T5 , T50	AS-13
None & < 65	Test = Positive	Stop triage	AS-17
		MSG8 , MSG27 , T5 , T50	
Yes	Test = Negative	Stop triage	AS-10
None & ≥ 65		MSG5 , MSG28 , T6 , MSG31 , T50	AS-14
None & < 65	Test = Negative	Stop triage	AS-18
		MSG8 , MSG28 , T6 , MSG31 , T50	
Yes	Test = Pending	Stop triage	AS-11
None & ≥ 65		MSG5 , MSG29 , MSG31 , T50	AS-15
None & < 65	Test = Pending	Stop triage	AS-19
		MSG8 , MSG29 , MSG31 , T50	
Yes	Test = No Test	Stop triage	AS-12
None & ≥ 65		MSG5 , T4 , MSG31 , MSG30 , T50	AS-16
None & < 65	Test = No Test	Stop Triage	AS-20
		MSG8 , T4 , MSG31 , MSG30 , T50	

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).

Only Secondary Symptoms and/or Other Symptoms

Q11. Do you (they) 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 (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

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 (them)? (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 above⁵
- 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

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).

Adult Symptomatic Non-Exposed Pathway

Q14. Do you (they) 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"	Stop triage MSG10, T0, T50	AS-4

1 Primary Symptom

Q15. Do you (they) 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 (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

Yes	Test = Positive	Stop triage MSG8, MSG6, MSG27, T5, T50	A-45
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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 (them)? (check any)

- Chronic lung disease, such as moderate to severe asthma, COPD (chronic obstructive pulmonary disease), cystic fibrosis, or pulmonary fibrosis
- Serious heart condition, such as heart failure, cardiomyopathy, heart attack, or blocked arteries to the heart
- Weakened immune system or taking medications that may cause immune suppression
- Obesity
- Diabetes, chronic kidney disease, or liver disease
- High blood pressure
- Cancer
- HIV
- Blood disorder, such as sickle cell disease or thalassemia
- Cerebrovascular disease or neurologic condition, such as stroke or dementia
- Smoking or vaping
- Pregnancy** If female/other gender is selected and age is ≥ 12 and < 60 years, then include question on pregnancy
- None of the above⁶
- 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
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

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).

≥ 2 Primary Symptoms

Q18. Do you (they) 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 (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	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 (them)? (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 above⁷
- 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 (they) 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
No		Q22	

Q22. 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

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).

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 (them)? (check any)

- Chronic lung disease, such as moderate to severe asthma, COPD (chronic obstructive pulmonary disease), cystic fibrosis, or pulmonary fibrosis
- Serious heart condition, such as heart failure, cardiomyopathy, heart attack, or blocked arteries to the heart
- Weakened immune system or taking medications that may cause immune suppression
- Obesity
- Diabetes, chronic kidney disease, or liver disease
- High blood pressure
- Cancer
- HIV
- Blood disorder, such as sickle cell disease or thalassemia
- Cerebrovascular disease or neurologic condition, such as stroke or dementia
- Smoking or vaping
- Pregnancy** If female/other gender is selected and age is ≥ 12 and < 60 years, then include question on pregnancy
- None of the above⁸
- Down Syndrome or Down's Syndrome

Yes	Test = Positive	Stop triage MSG5 , MSG27 , T5 , T50	AS-89
None & ≥ 65			AS-93
None & < 65	Test = Positive	Stop triage MSG8 , MSG27 , T5 , T50	AS-97
Yes	Test = Negative	Stop triage MSG5 , MSG28 , T6 , T50	AS-90
None & ≥ 65			AS-94
None & < 65	Test = Negative	Stop triage MSG8 , MSG28 , T6 , T50	AS-98
Yes	Test = Pending	Stop triage MSG5 , MSG29 , T50	AS-91
None & ≥ 65			AS-95
None & < 65	Test = Pending	Stop triage MSG8 , MSG29 , T50	AS-99
Yes	Test = No Test	Stop triage	AS-92

⁸ 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		MSG5 , T4 , MSG30 , T50	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 (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

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

Q26. Do you (they) live in a long-term care facility, nursing home, or homeless shelter?

- Yes
- No

Yes	Stop triage MSG25, T3	AA-2
No	Q27	

Q27. 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

Yes	Q28	
No	Stop triage MSG18, T3	AA-3

Q28. 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

Yes	Stop triage	AA-4
-----	-------------	------

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

Pediatric Symptomatic

Q5-PED. What sex were you (they) assigned at birth, on your (their) original birth certificate?⁹

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

Q35-PED. How do you (they) currently describe yourself (themselves)?

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

Q36-PED. Are you (they) 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 (their) 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 (they) 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 (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
-
- ☐ Yes

⁹ 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 (they) feeling sick?

- Yes
- No

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

Q6-PED. 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

- 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	Q31-PED	
No		
I don't know		

Q31-PED. 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

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 (they) have any of the following? (check any)

- 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

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"	Stop triage MSG10, T3	PS-8

Difficulty Breathing/Stomach Pain or ≥ 2 Symptoms

Q8-PED. 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

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 MSG7, MSG29, MSG31, T50	PS-26
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 (they) attended or spent time in a group setting (for example school, dormitory, child care, or sporting event)?

- Yes
- No

Yes	Q10-PED	
No		

Q10-PED. Do any of these apply to you (them)? (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 above¹⁰
- 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 Q10-PED = Yes	Test = Positive	Stop triage MSG5 , MSG24 , MSG27 , T5 , T50	PS-32
	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

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).

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 (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

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 (they) attended or spent time in a group setting (for example school, dormitory, child care, or sporting event)?

- Yes
- No

Yes	Q13-PED	
No		

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

- Lung disease, such as moderate to severe asthma or cystic fibrosis
- Born premature
- 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 above¹¹
- 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
	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	PS-62

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).

		MSG9 , MSG24 , MSG29 , MSG31 , T50	
	Test = No Test	Stop triage MSG9 , MSG24 , T4 , MSG31 , MSG30 , T50	PS-63

Pediatric Symptomatic Non-Exposed Pathway

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

- 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

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"	Stop triage MSG10, T0, T50	PS-16

Difficulty Breathing or ≥ 2 Symptoms

Q15-PED. 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

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 (they) attended or spent time in a group setting (for example school, dormitory, child care, or sporting event)?

- Yes
- No

Yes	Q17-PED	
No		

Q17-PED. Do any of these apply to you (them)? (check any)

- Lung disease, such as moderate to severe asthma or cystic fibrosis
- Born premature
- Serious heart condition, such as congenital heart defect
- Weakened immune system or taking medications that may cause immune suppression
- Obesity
- Diabetes, kidney disease, or liver disease
- Cancer
- HIV
- Blood disorder, such as sickle cell disease or thalassemia
- Neurologic condition, such as cerebral palsy
- Smoking or vaping
- Pregnancy** If female/other gender is selected and age is ≥ 12 and < 60 years, then include question on pregnancy
- None of the above¹²
- 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 MSG5 , MSG24 , T4 , MSG30 , T50	PS-75
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

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 = 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 (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

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 (they) attended or spent time in a group setting (for example school, dormitory, child care, or sporting event)?

- Yes
- No

Yes	Q20-PED	
No		

Q20-PED. Do any of these apply to you (them)? (check any)

- Lung disease, such as moderate to severe asthma or cystic fibrosis
- Born premature
- Serious heart condition, such as congenital heart defect
- Weakened immune system or taking medications that may cause immune suppression
- Obesity
- Diabetes, kidney disease, or liver disease
- Cancer
- HIV
- 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 above¹³
- 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
	Test = Pending	Stop triage MSG9 , MSG24 , MSG29 , T50	PS-102
	Test = No Test	Stop triage MSG9 , MSG24 , T4 , MSG30 , T50	PS-103

¹³ 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).

Pediatric Asymptomatic

Q25-PED. 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

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

Q26-PED. 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

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

Q27-PED. In the last two weeks, have you (they) 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^{14,15,16}

MSG0. <<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.

MSG1. <<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](#).

MSG2. [no Care Message 2]

MSG3. [no Care Message 3]

MSG4. <<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.

MSG5. <<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.
 - 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
 - Wash your hands often with soap and water.
 - Cover your coughs and sneezes with a tissue.
 - Avoid close contact with other people. Stay at least 6 feet away from other people.
 - Wear a [mask](#) when around others.
- Consider using [telehealth services if available](#).
- Learn how to [take care of yourself](#) or [someone else who is sick](#).
- Take these steps to help [protect others from getting sick](#).

MSG6. <<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](#)**

¹⁴ *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]

¹⁵ If international; replace MSG27-MSG31 with MSG11, and replace T3-T6 with T2-International. T50 given in all symptomatic scenarios for international users.

¹⁶ References were added for Care Messages 27-31 and Testing Messages T3-T6 and T50 which are new additions in version 64. This is a new process and, for now, only applies to new content, starting with version 64 and going forward.

MSG7. <<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.

MSG8. << Stay home (keep them home) and take care of yourself (them). Call your (their) medical provider if you get worse.>>

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

- Stay home (keep them home) except to get medical care.
 - Do not go to work, school, or public areas including grocery stores, pharmacies, or restaurants. Consider delivery options for food and medicine.
 - Do not use public transportation or ride sharing.
- 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](#).

MSG9. << 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](#).

MSG10. <<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.

MSG11. <<Please check with your Ministry of Health or local health department for additional information and guidelines about COVID-19 in your location.>>

MSG12. Please consent to use the Coronavirus Self-Checker. Refresh the page to start again.

MSG13. Thanks! Your location has its own self-assessment tool. Please click here to be directed to it.**

****** [Insert hyperlink to the state's website if they have their own triage tool.](#)

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

MSG15. <<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](#).

MSG16. <<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](#).

MSG17. <<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.

MSG18. <<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](#).

MSG19. <<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.

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. <<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.

MSG24. <<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.

MSG25. <<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.

MSG26. <<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 and mouth to protect you (them) 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](#).

MSG27. <<If you (they) test positive for SARS-CoV-2 infection:>>

Stay home and away from others until¹⁷

- 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-2¹⁸. CDC recommends that all close contacts of people with confirmed or probable COVID-19 should:
 - get tested **and**
 - [quarantine](#) for 14 days from the day of their last exposure. You (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.
- 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.¹⁹

MSG28. <<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.²⁰
- If your (their) symptoms worsen after testing negative, please contact your (their) healthcare provider.²¹

MSG29. <<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.

MSG30. <<If you do not get tested, you (they) should:>>

¹⁷ "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>

¹⁸ "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>

¹⁹ "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>

²⁰ "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>

²¹ Recommended by SMEs

- Stay home and away from others until²²
 - 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)

MSG31. <<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 should²³:
 - [quarantine](#)²⁴ 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.

²² “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>

²³ “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>

²⁴ Technically, this could say isolate, but we are staying consistent with CDC’s practice of using quarantine which is associated with 14 day.

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-International <<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 should²⁵:
 - 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.
- 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](#)²⁶. [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.²⁷>>

²⁵ "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>

²⁶ "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>

²⁷ "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](#)

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.