CDC
Coronavirus Self-Checker
Content and Messages
v68

<mark>Final Clearance Date:</mark> June 21, 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>**:**

- **Get a COVID-19 vaccine** as soon as you are eligible. Continue to follow the steps below every day until you are fully vaccinated.*
- **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.

   *Fully vaccinated (at least 2 weeks past your final dose) people can resume activities without wearing a mask or physically distancing, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.

Click the links below f**or more information on:**
- COVID-19 symptoms
- Post-COVID Conditions
- 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
- Learn about COVID-19 Vaccines
- Find COVID-19 vaccine locations near you
- Please also see your local area's website: [link to state/territory/city health department website based on their location selection]

*Endcap for fully vaccinated
- Learn about COVID-19 Vaccines
- How to Protect Yourself and Others When You've Been Fully Vaccinated
- COVID-19 symptoms
- 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.

To continue using this tool, please agree that you have read and understood the contents of this disclaimer.

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- 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:
- **Get a COVID-19 vaccine** as soon as you are eligible. Continue to follow the steps below every day until you are fully vaccinated.*
- **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.

*Fully vaccinated (at least 2 weeks past your final dose) people can resume activities without wearing a mask or physically distancing, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.

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 (If answering for someone else, please answer all questions using their information.)

Q39. Are you fully vaccinated against COVID-19? (You are considered fully vaccinated 2 weeks after your second dose in a two-shot series like Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine such as Janssen (Johnson & Johnson) vaccine.)
- Yes
- No

Yes	Q40 (Fully Vaccinated Pathway)	
No	Go to Q2	

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
   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

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[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

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   Difficulty breathing (such as gasping for air, being unable to walk or talk without catching your breath, severe wheezing, nostrils flaring, grunting, or ribs or stomach moving in and out deeply and rapidly as you breathe)
- 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 MSG4	ES-5
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
- 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	Q31	

| No | | |
| I don't know | | |

Q31. In the last 10 days, have you been tested for the coronavirus that causes COVID-19?
  a. I have been tested in the last 10 days, and my result was positive.
  b. I have been tested in the last 10 days, and my result was negative.
  c. I have been tested in the last 10 days, and I am waiting for my results.
  d. I have not been tested.
  e. I have been tested, but it has been more than 10 days since my last test.

If Q31a-d=TRUE and Q6=Yes or I don't know	Q7 (Adult Symptomatic Exposed)	
If Q31a-d=TRUE and Q6=No	Q14 (Adult Symptomatic Non-Exposed)	
If Q31e=TRUE and Q6=Yes, I don't know, or No	Q201 (Adult Symptomatic >10 days of test)	

Adult Symptomatic Exposed Pathway

Q7. In the last 10 days, have you experienced any of the symptoms listed below? (check all that apply)

a. Fever or feeling feverish (such as chills, sweating)
b. Cough
c. Mild or moderate difficulty breathing (breathing slightly faster than normal, feeling like you can't inhale or exhale, or wheezing, especially during exhaling or breathing out)
d. Sore throat
e. Muscle aches or body aches
f. Unusual fatigue
g. Headache
h. New loss of taste or smell
i. Congestion or runny nose
j. Nausea or vomiting
k. Diarrhea
l. 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	AS-105
Only "Other Symptoms"	Test = Negative	Stop triage MSG10, MSG28, MSG31, T6	AS-106
Only "Other Symptoms"	Test = Pending	Stop triage MSG10, MSG29, MSG31	AS-107
Only "Other Symptoms"	Test = No Test	Stop triage MSG10, T4, MSG31, MSG30	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	AS-21
Yes	Test = Negative	Stop triage MSG7, MSG28, MSG31, T6	AS-22
Yes	Test = Pending	Stop triage MSG7, MSG29, MSG31	AS-23
Yes	Test = No Test	Stop triage MSG7, T4, MSG31, MSG30	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	AS-5
Yes	Test = Negative	Stop triage MSG8, MSG6, MSG28, MSG31, T6	AS-6
Yes	Test = Pending	Stop triage MSG8, MSG6, MSG29, MSG31	AS-7
Yes	Test = No Test	Stop triage MSG8, MSG6, T4, MSG31, MSG30	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
- l. Pregnant or recently pregnant (for at least 42 days following end of 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	AS-9 AS-13
None & < 65	Test = Positive	Stop triage MSG8, MSG27, T5	AS-17
Yes None & ≥ 65	Test = Negative	Stop triage MSG5, MSG28, T6, MSG31	AS-10 AS-14

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[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).

None & < 65	Test = Negative	Stop triage MSG8, MSG28, T6, MSG31	AS-18
Yes None & ≥ 65	Test = Pending	Stop triage MSG5, MSG29, MSG31	AS-11 AS-15
None & < 65	Test = Pending	Stop triage MSG8, MSG29, MSG31	AS-19
Yes None & ≥ 65	Test = No Test	Stop triage MSG5, T4, MSG31, MSG30	AS-12 AS-16
None & < 65	Test = No Test	Stop Triage MSG8, T4, MSG31, MSG30	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	AS-41
Yes	Test = Negative	Stop triage MSG7, MSG28, MSG31, T6	AS-42
Yes	Test = Pending	Stop triage MSG7, MSG29, MSG31	AS-43
Yes	Test = No Test	Stop triage MSG7, T4, MSG31, MSG30	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	AS-25
Yes	Test = Negative	Stop triage MSG8, MSG6, MSG28, MSG31,T6	AS-26
Yes	Test = Pending	Stop triage MSG8, MSG6, MSG29, MSG31	AS-27
Yes	Test = No Test	Stop triage MSG8, MSG6, T4, MSG31, MSG30	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
l. Pregnant or recently pregnant (for at least 42 days following end of 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	Test = Positive	Stop Triage	AS-29
None & ≥ 65		MSG5, MSG27, T5	AS-33
None & < 65	Test = Positive	Stop triage	AS-37
		MSG8, MSG27, T5	
Yes	Test = Negative	Stop triage	AS-30
None & ≥ 65		MSG5, MSG28, T6, MSG31	AS-34
None & < 65	Test = Negative	Stop triage	AS-38
		MSG8, MSG28, T6, MSG31	
Yes	Test = Pending	Stop triage	AS-31
None & ≥ 65		MSG5, MSG29, MSG31	AS-35
None & < 65	Test = Pending	Stop triage	AS-39
		MSG8, MSG29, MSG31	
Yes	Test = No Test	Stop triage	AS-32
None & ≥ 65		MSG5, T4, MSG31, MSG30	AS-36
None & < 65	Test = No Test	Stop triage	AS-40
		MSG8, T4, MSG31, MSG30	

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[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. In the last 10 days, have you experienced any of the symptoms listed below? (check all that apply)

    a. Fever or feeling feverish (such as chills, sweating)
    b. Cough
    c. Mild or moderate difficulty breathing (breathing slightly faster than normal, feeling like you can't inhale or exhale, or wheezing, especially during exhaling or breathing out)
    d. Sore throat
    e. Muscle aches or body aches
    f. Unusual fatigue
    g. Headache
    h. New loss of taste or smell
    i. Congestion or runny nose
    j. Nausea or vomiting
    k. Diarrhea
    l. 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	AS-109
Only "Other Symptoms"	Test = Negative	Stop triage MSG10, MSG28, T6	AS-110
Only "Other Symptoms"	Test = Pending	Stop triage MSG10, MSG29	AS-111
Only "Other Symptoms"	Test = No Test	Stop triage MSG10, T4, MSG30	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	AS-61
Yes	Test = Negative	Stop triage MSG7, MSG28, T6	AS-62
Yes	Test = Pending	Stop triage MSG7, MSG29	AS-63
Yes	Test = No Test	Stop triage	AS-64

		MSG7, T4, MSG30	
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	A-45
Yes	Test = Negative	Stop triage MSG8, MSG6, MSG28, T6	AS-46
Yes	Test = Pending	Stop triage MSG8, MSG6, MSG29	AS-47
Yes	Test = No Test	Stop triage MSG8, MSG6, T4, MSG30	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
l. Pregnant or recently pregnant (for at least 42 days following end of 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	Test = Positive	Stop triage	AS-49
None & ≥ 65		MSG5, MSG27, T5	AS-53
None & < 65	Test = Positive	Stop triage MSG8, MSG27, T5	AS-57

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[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 = Negative	Stop triage MSG5, MSG28, T6	AS-50 AS-54
None & < 65	Test = Negative	Stop triage MSG8, MSG28, T6	AS-58
Yes None & ≥ 65	Test = Pending	Stop triage MSG5, MSG29	AS-51 AS-55
None & < 65	Test = Pending	Stop triage MSG8, MSG29	AS-59
Yes None & ≥ 65	Test = No Test	Stop triage MSG5, T4, MSG30	AS-52 AS-56
None & < 65	Test = No Test	Stop triage MSG8, T4, MSG30	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	AS-81
Yes	Test = Negative	Stop triage MSG7, MSG28, T6	AS-82
Yes	Test = Pending	Stop triage MSG7, MSG29	AS-83
Yes	Test = No Test	Stop triage MSG7, T4, MSG30	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	AS-65
Yes	Test = Negative	Stop triage MSG9, MSG6, MSG28, T6	AS-66
Yes	Test = Pending	Stop triage MSG9, MSG6, MSG29	AS-67
Yes	Test = No Test	Stop triage MSG9, MSG6, T4, MSG30	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
l. Pregnant or recently pregnant (for at least 42 days following end of 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	AS-69 AS-73
None & < 65	Test = Positive	Stop triage MSG8, MSG27, T5	AS-77
Yes None & ≥ 65	Test = Negative	Stop triage MSG5, MSG28, T6	AS-70 AS-74
None & < 65	Test = Negative	Stop triage MSG8, MSG28, T6	AS-78
Yes None & ≥ 65	Test = Pending	Stop triage MSG5, MSG29	AS-71 AS-75
None & < 65	Test = Pending	Stop triage MSG8, MSG29	AS-79
Yes None & ≥ 65	Test = No Test	Stop triage MSG5, T4, MSG30	AS-72 AS-76
None & < 65	Test = No Test	Stop triage MSG8, T4, MSG30	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	AS-101

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[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).

		MSG7, MSG27, T5	
Yes	Test = Negative	Stop triage MSG7, MSG28, T6	AS-102
Yes	Test = Pending	Stop triage MSG7, MSG29	AS-103
Yes	Test = No Test	Stop triage MSG7, T4, MSG30	AS-104
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	AS-85
Yes	Test = Negative	Stop triage MSG8, MSG6, MSG28, T6	AS-86
Yes	Test = Pending	Stop triage MSG8, MSG6, MSG29	AS-87
Yes	Test = No Test	Stop triage MSG8, MSG6, T4, MSG30	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
l. Pregnant or recently pregnant (for at least 42 days following end of 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	AS-89 AS-93
None & < 65	Test = Positive	Stop triage MSG8, MSG27, T5	AS-97
Yes None & ≥ 65	Test = Negative	Stop triage MSG5, MSG28, T6	AS-90 AS-94
None & < 65	Test = Negative	Stop triage MSG8, MSG28, T6	AS-98
Yes None & ≥ 65	Test = Pending	Stop triage MSG5, MSG29	AS-91 AS-95
None & < 65	Test = Pending	Stop triage MSG8, MSG29	AS-99
Yes None & ≥ 65	Test = No Test	Stop triage MSG5, T4, MSG30	AS-92 AS-96
None & < 65	Test = No Test	Stop triage MSG8, T4, MSG30	AS-100

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[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).

Adult Symptomatic >10 days of test

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

Q201a=TRUE	Q202 (Positive test result)	
Q201b=TRUE	Q208 (Negative test result)	

Positive Test Result

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

Q203. What symptoms, if any, have you had since testing positive for COVID-19? (check all that apply)
   a.   Fever or feeling feverish (such as chills, sweating)
   b.   Cough
   c.   Mild or moderate difficulty breathing (breathing slightly faster than normal, feeling like you can't inhale or exhale, or wheezing, especially during exhaling or breathing out)
   d.   Sore throat
   e.   Muscle aches or body aches
   f.   Headache
   g.   Vomiting or diarrhea
   h.   Loss of taste or smell
   i.   Congestion or runny nose
   j.   New rash
   k.   Unusual fatigue
   l.   Joint pain
   m.   Unusual chest pain or tightness in the chest
   n.   Difficulty thinking or concentrating (sometimes referred to as "brain fog")
   o.   Depression, anxiety, changes in mood
   p.   Fast-beating or pounding heart (also known as heart palpitations)
   q.   Other symptoms
   r.   No symptoms

Q203=only "No symptoms" and Q6=No	Q202a-e=TRUE	Stop triage T100, T105	AS-113
Q203=only "No symptoms" and	Q202a-e=TRUE	Stop triage T107, MSG212, T105	AS-114

Q6= Yes or I don't know			

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

Q205. Do you live in a long-term care facility, nursing home, or homeless shelter?
   - Yes
   - No

	Q202a-b=TRUE (<90 days since test) Q204a=TRUE (fully recovered)	Stop triage MSG202, T102	AS-115
	Q202c-e=TRUE (>90 days since test) Q204a=TRUE (fully recovered)	Stop triage MSG202, T102	AS-116
Q205=Yes and Q6=No	Q202a-b=TRUE (<90 days since test) Q204b=TRUE (partial recovery)	Stop triage MSG205, MSG210, T103	AS-117
	Q202c-e=TRUE (>90 days since test) Q204b=TRUE (partial recovery)	Stop triage MSG205, MSG211, T103	AS-118
	Q202a-b=TRUE (<90 days since test) Q204c=TRUE (not recovered)	Stop triage MSG209, MSG211, T103	AS-119
	Q202c-e=TRUE (>90 days since test) Q204c=TRUE (not recovered)	Stop triage MSG209, MSG211, T103	AS-120
Q205=Yes and Q6=Yes or I don't know	Q202a-b=TRUE (<90 days since test) Q204a=TRUE (fully recovered)	Stop triage MSG216, T101, T102	AS-121
	Q202c-e=TRUE(>90 days since test) Q204a=TRUE (fully recovered)	Stop triage MSG216, T107, T101, T102	AS-122
	Q202a-b=TRUE (<90 days since test) Q204b=TRUE (partial recovery)	Stop triage MSG205, MSG210, T103	AS-123
	Q202c-e=TRUE(>90 days since test) Q204b=TRUE (partial recovery)	Stop triage MSG205, MSG211, T107, T103	AS-124
	Q202a-b=TRUE(<90 days since test) Q204c=TRUE (not recovered)	Stop triage MSG209, MSG211, T103	AS-125
	Q202c-e=TRUE(>90 days since test) Q204c=TRUE (not recovered)	Stop triage MSG209, MSG211, T107, T103	AS-126
Q205=No		Q206	

Q206. In the last two weeks, have you worked or volunteered in a healthcare facility or as a first responder? Healthcare facilities include a hospital, medical or dental clinic, long-term care facility, or nursing home.
   - Yes
   - No

Q206=Yes and Q6=No	Q202a-b=TRUE (<90 days since test) Q204a=TRUE (fully recovered)	Stop triage MSG203, T102	AS-127
	Q202c-e=TRUE (>90 days since test) Q204a=TRUE (fully recovered)	Stop triage MSG203, T102	AS-128
	Q202a-b=TRUE (<90 days since test) Q204b=TRUE (partial recovery)	Stop triage MSG206, MSG210, T103	AS-129
	Q202c-e=TRUE (>90 days since test) Q204b=TRUE (partial recovery)	Stop triage MSG206, MSG211, T103	AS-130
	Q202a-b=TRUE (<90 days since test) Q204c=TRUE (not recovered)	Stop triage MSG206, MSG211, T103	AS-131
	Q202 c-e =TRUE (>90 days since test) Q204c=TRUE (not recovered)	Stop triage MSG206, MSG211, T103	AS-132
Q206=Yes and Q6=Yes or I don't know	Q202a-b=TRUE (<90 days since test) Q204a=TRUE (fully recovered)	Stop triage MSG214,, T101, T102	AS-133
	Q202c-e=TRUE (>90 days since test) Q204a=TRUE (fully recovered)	Stop triage MSG214, T107, T101, T102	AS-134
	Q202a-b=TRUE (<90 days since test) Q204b=TRUE (partial recovery)	Stop triage MSG214, MSG210, T103	AS-135
	Q202c-e=TRUE (>90 days since test) Q204b=TRUE (partial recovery)	Stop triage MSG214, MSG211, T107, T103	AS-136
	Q202a-b=TRUE (<90 days since test) Q204c=TRUE (not recovered)	Stop triage MSG214, MSG211, T103	AS-137
	Q202 c-e =TRUE (>90 days since test) Q204c=TRUE (not recovered)	Stop triage MSG214, MSG211, T107, T103	AS-138
Q206=No and Q6=No	Q202a-b=TRUE (<90 days since test) Q204a=TRUE (fully recovered)	Stop triage T109, T102	AS-139
	Q202c-e=TRUE (>90 days since test) Q204a=TRUE (fully recovered)	Stop triage T109, T102	AS-140
	Q202a-b=TRUE (<90 days since test) Q204b=TRUE (partial recovery)	Stop triage MSG210, T103	AS-141

	Q202c-e=TRUE (>90 days since test) Q204b=TRUE (partial recovery)	Stop triage MSG211, T103	AS-142
	Q202a-b=TRUE (<90 days since test) Q204c=TRUE (not recovered)	Stop triage MSG208, MSG211, T103	AS-143
	Q202a-b=TRUE (>90 days since test) Q204c=TRUE (not recovered)	Stop triage MSG208, MSG211, T103	AS-144
Q206=No and Q6=Yes or I don't know	Q202a-b=TRUE (<90 days since test) Q204a=TRUE (fully recovered)	Stop triage T101, T102	AS-145
	Q202c-e=TRUE (>90 days since test) Q204a=TRUE (fully recovered)	Stop triage T107, T101, T102	AS-146
	Q202a-b=TRUE (<90 days since test) Q204b=TRUE (partial recovery)	Stop triage MSG210, T103	AS-147
	Q202c-e=TRUE (>90 days since test) Q204b=TRUE (partial recovery)	Stop triage MSG211, T107, T103	AS-148
	Q202a-b=TRUE (<90 days since test) Q204c=TRUE (not recovered)	Stop triage MSG208, MSG211,T103	AS-149
	Q202a-b=TRUE (>90 days since test) Q204c=TRUE (not recovered)	Stop triage MSG208, MSG211, T107, T103	AS-150

Negative Test Result

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

Q209. What symptoms, if any, have you had since testing negative for COVID-19? (check all that apply)
   a. Fever or feeling feverish (such as chills, sweating)
   b. Cough
   c. Mild or moderate difficulty breathing (breathing slightly faster than normal, feeling like you can't inhale or exhale, or wheezing, especially during exhaling or breathing out)
   d. Sore throat
   e. Muscle aches or body aches

f. Headache
g. Vomiting or diarrhea
h. Loss of taste or smell
i. Congestion or runny nose
j. New rash
k. Unusual fatigue
l. Joint pain
m. Unusual chest pain or tightness in the chest
n. Difficulty thinking or concentrating (sometimes referred to as "brain fog")
o. Depression, anxiety, changes in mood
p. Fast-beating or pounding heart (also known as heart palpitations)
q. Other symptoms
r. No symptoms

Q209=only "No symptoms"	Stop triage T101, T105	AS-151

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

Q211. Do you live in a long-term care facility, nursing home, or homeless shelter?
- Yes
- No

	Q208a-b=TRUE (<90 days since test) Q210a=TRUE (fully recovered)	Stop triage MSG202, T105	AS-152
	Q208c-e=TRUE (>90 days since test) Q210a=TRUE (fully recovered)	Stop triage MSG202, T105	AS-153
Q211=Yes and Q6=No	Q208a-b=TRUE (<90 days since test) Q210b=TRUE (partial recovery)	Stop triage MSG205, MSG210, T105	AS-154
	Q208c-e=TRUE (>90 days since test) Q210b=TRUE (partial recovery)	Stop triage MSG205, MSG211, T105	AS-155
	Q208a-b=TRUE (<90 days since test) Q210c=TRUE (not recovered)	Stop triage MSG209, MSG211, T103	AS-156
	Q208c-e=TRUE (>90 days since test) Q210c=TRUE (not recovered)	Stop triage MSG209, MSG211,T103	AS-157

	Q208a-b=TRUE (<90 days since test) Q210a=TRUE (fully recovered)	Stop triage MSG216, T107, T104, T105	AS-158
	Q208c-e=TRUE (>90 days since test) Q210a=TRUE (fully recovered)	Stop triage MSG216, T107, T104, T105	AS-159
Q211=Yes and Q6= Yes or I don't know	Q208a-b=TRUE (<90 days since test) Q210b=TRUE (partial recovery)	Stop triage MSG216, T107, T104, T105	AS-160
	Q208c-e=TRUE (>90 days since test) Q210b=TRUE (partial recovery)	Stop triage MSG216, T107, T104, T105	AS-161
	Q208a-b=TRUE (<90 days since test) Q210c=TRUE (not recovered)	Stop triage MSG209, T107, T103	AS-162
	Q208c-e=TRUE (>90 days since test) Q210c=TRUE (not recovered)	Stop triage MSG209, T107, T103	AS-163
Q211=No		Q212	

Q212. In the last two weeks, have you worked or volunteered in a healthcare facility or as a first responder? Healthcare facilities include a hospital, medical or dental clinic, long-term care facility, or nursing home.

- Yes
- No

	Q208a-b=TRUE (<90 days since test) Q210a=TRUE (fully recovered)	Stop triage MSG203, T105	AS-164
	Q208c-e=TRUE (>90 days since test) Q210a=TRUE (fully recovered)	Stop triage MSG203, T105	AS-165
	Q208a-b=TRUE (<90 days since test) Q210b=TRUE (partial recovery)	Stop triage MSG206, MSG210,T105	AS-166
Q212=Yes and Q6=No	Q208c-e=TRUE (>90 days since test) Q210b=TRUE (partial recovery)	Stop triage MSG206, MSG211,T105	AS-167
	Q208a-b=TRUE (<90 days since test) Q210c=TRUE (not recovered)	Stop triage MSG206, MSG211, T103	AS-168
	Q208 c-e =TRUE (>90 days since test) Q210c=TRUE (not recovered)	Stop triage MSG206, MSG211, T103	AS-169

	Q208a-b=TRUE (<90 days since test) Q210a=TRUE (fully recovered)	Stop triage MSG203, T107, T104, T105	AS-170
	Q208c-e=TRUE (>90 days since test) Q210a=TRUE (fully recovered)	Stop triage MSG203, T107, T104, T105	AS-171
Q212=Yes and Q6=Yes or I don't know	Q208a-b=TRUE (<90 days since test) Q210b=TRUE (partial recovery)	Stop triage MSG206, T107, T104, T105	AS-172
	Q208c-e=TRUE (>90 days since test) Q210b=TRUE (partial recovery)	Stop triage MSG206, T107, T104, T105	AS-173
	Q208a-b=TRUE (<90 days since test) Q210c=TRUE (not recovered)	Stop triage MSG206, T107, T103	AS-174
	Q208 c-e =TRUE (>90 days since test) Q210c=TRUE (not recovered)	Stop triage MSG206, T107, T103	AS-175
	Q208a-b=TRUE (<90 days since test) Q210a=TRUE (fully recovered)	Stop triage T109, T105	AS-176
	Q208c-e=TRUE (>90 days since test) Q210a=TRUE (fully recovered)	Stop triage T109, T105	AS-177
Q212=No and Q6=No	Q208a-b=TRUE (<90 days since test) Q210b=TRUE (partial recovery)	Stop triage MSG210, T105	AS-178
	Q208c-e=TRUE (>90 days since test) Q210b=TRUE (partial recovery)	Stop triage MSG210, T105	AS-179
	Q208a-b=TRUE (<90 days since test) Q210c=TRUE (not recovered)	Stop triage MSG208, T103	AS-180
	Q208 c-e =TRUE (>90 days since test) Q210c=TRUE (not recovered)	Stop triage MSG208, T103	AS-181
	Q208a-b=TRUE (<90 days since test) Q210a=TRUE (fully recovered)	Stop triage T107, T104, T105	AS-182
Q212=No and Q6=Yes or I don't know	Q208c-e=TRUE (>90 days since test) Q210a=TRUE (fully recovered)	Stop triage T107, T104, T105	AS-183
	Q208a-b=TRUE (<90 days since test) Q210b=TRUE (partial recovery)	Stop triage T107, T104, T105	AS-184

Q208c-e=TRUE (>90 days since test) Q210b=TRUE (partial recovery)	Stop triage T107, T104, T105	AS-185
Q208a-b=TRUE (<90 days since test) Q210c=TRUE (not recovered)	Stop triage MSG208, T107, T103	AS-186
Q208 c-e =TRUE (>90 days since test) Q210c=TRUE (not recovered)	Stop triage MSG208, T107, T103	AS-187

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 No I don't know	Q38	

Q38. In the last 14 days, have you been tested for the coronavirus that causes COVID-19 ?
   a) I have been tested in the last 14 days, and my result was positive.
   b) I have been tested in the last 14 days, and my result was negative.
   c) I have been tested in the last 14 days, and I am waiting for my results.
   d) I have not been tested.
   e) I have been tested, but it has been more than 14 days since my last test.

If Q38a-d=TRUE	**Q26**
If Q38e=TRUE	**Q214**

Q214. What was the result of your test?
   a) The test showed that I **did** have COVID-19 (positive test).
   b) The test showed that I **did not** have COVID-19 (negative test).

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

Q25=No and Q26=Yes	Q38a=TRUE (positive, tested in the last 14 days)	Stop triage MSG202, T105	AA-6
	Q38b=TRUE (negative, tested in the last 14 days)	Stop triage MSG202, T105	AA-7
	Q38c=TRUE (results pending, tested in the last 14 days)	Stop triage MSG202, T105	AA-8
	Q38d=TRUE (never been tested)	Stop triage T109	AA-9
	Q38e=TRUE and Q214a=TRUE (positive test >14 days)	Stop triage MSG202, T105	AA-10
	Q38e=TRUE and Q214b=TRUE (negative test >14 days)	Stop triage MSG202, T105	AA-11
Q25=Yes or I don't know and Q26=Yes	Q38a=TRUE (positive, tested in the last 14 days)	Stop triage MSG216, MSG202, MSG201, T105	AA-12
	Q38b=TRUE (negative, tested in the last 14 days)	Stop triage MSG216, MSG202, T107, T105	AA-13
	Q38c=TRUE (results pending, tested in the last 14 days)	Stop triage MSG216, MSG202, T107, T105	AA-14
	Q38d=TRUE (never been tested)	Stop triage MSG216, MSG202, T108, T105	AA-15
	Q38e=TRUE and Q214a=TRUE (positive test >14 days)	Stop triage MSG216, MSG202, T107, T101, T105	AA-16
	Q38e=TRUE and Q214b=TRUE (negative test >14 days)	Stop triage MSG216, MSG202, T107, T101, T105	AA-17
Q26=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

Q25=Yes or I don't know and Q27=No	Q38a=TRUE (positive, tested in the last 14 days)	Stop triage MSG201, T101, T105	AA-18
	Q38b=TRUE (negative, tested in the last 14 days)	Stop triage MSG217, T105	AA-19
	Q38c=TRUE (results pending, tested in the last 14 days)	Stop triage MSG212, MSG215, MSG213, T107, T105	AA-20
	Q38d=TRUE (never been tested)	Stop triage T108, MSG213, T105	AA-21
	Q38e=TRUE and Q214a=TRUE	Stop triage	AA-22

	(positive test >14 days)	MSG201,T101, T105	
	Q38e=TRUE and Q214b=TRUE (negative test >14 days)	Stop triage MSG213, T107, T101, T105	AA-23
Q25=No and Q27=No	Q38a=TRUE (positive, tested in the last 14 days)	Stop triage MSG201, T105	AA-24
	Q38b=TRUE (negative, tested in the last 14 days)	Stop triage T109, T105	AA-25
	Q38c=TRUE (results pending, tested in the last 14 days)	Stop triage MSG215, T105	AA-26
	Q38d=TRUE (never been tested)	Stop triage T109	AA-27
	Q38e=TRUE and Q214a=TRUE (positive test >14 days)	Stop triage T109, T105	AA-28
	Q38e=TRUE and Q214b=TRUE (negative test >14 days)	Stop triage T109, T105	AA-29
Q27=Yes		Q28	

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

	Q38a=TRUE (positive, tested in the last 14 days)	Stop triage MSG203, MSG201, T105	AA-30
	Q38b=TRUE (negative, tested in the last 14 days)	Stop triage MSG203, MSG212, T105	AA-31
	Q38c=TRUE (results pending, tested in the last 14 days)	Stop triage MSG203, MSG215, MSG213, T105	AA-32
Q25=No and Q28=Yes	Q38d=TRUE (never been tested)	Stop triage T109	AA-33
	Q38e=TRUE and Q214a=TRUE (positive test >14 days)	Stop triage T109, T105	AA-34
	Q38e=TRUE and Q214b=TRUE (negative test >14 days)	Stop triage T109, T105	AA-35
Q25=No and Q28= No	Q38a=TRUE (positive, tested in the last 14 days)	Stop triage MSG203, MSG201, T105	AA-42
	Q38b=TRUE (negative, tested in the last 14 days)	Stop triage MSG203, MSG212, T105	AA-43

	Q38c=TRUE (results pending, tested in the last 14 days)	Stop triage MSG203, MSG215, MSG213, T105	AA-44
	Q38d=TRUE (never been tested)	Stop triage T108, MSG213	AA-45
	Q38e=TRUE and Q214a=TRUE (positive test >14 days)	Stop triage MSG203, T101, T105	AA-46
	Q38e=TRUE and Q214b=TRUE (negative test >14 days)	Stop triage MSG203, MSG212, T101, T105	AA-47
Q25=Yes or I don't know and Q28=Yes	Q38a=TRUE (positive, tested in the last 14 days)	Stop triage MSG214, MSG201, T105	AA-36
	Q38b=TRUE (negative, tested in the last 14 days)	Stop triage MSG214, MSG217 T105	AA-37
	Q38c=TRUE (results pending, tested in the last 14 days)	Stop triage MSG214, MSG215, MSG213, T107, T105	AA-38
	Q38d=TRUE (never been tested)	Stop triage MSG214, T108, MSG213	AA-39
	Q38e=TRUE and Q214a=TRUE (positive test >14 days)	Stop triage MSG214, T101, T107, T105	AA-40
	Q38e=TRUE and Q214b=TRUE (negative test >14 days)	Stop triage MSG214, MSG212, T101, T107, T105	AA-41
Q25=Yes or I don't know and Q28=No	Q38a=TRUE (positive, tested in the last 14 days)	Stop triage MSG214, MSG201, T105	AA-48
	Q38b=TRUE (negative, tested in the last 14 days)	Stop triage MSG214, MSG217 T105	AA-49
	Q38c=TRUE (results pending, tested in the last 14 days)	Stop triage MSG214, MSG215, MSG213, T107, T105	AA-50
	Q38d=TRUE (never been tested)	Stop triage MSG214, T108, MSG213	AA-51
	Q38e=TRUE and Q214a=TRUE (positive test >14 days)	Stop triage MSG214, T101, T107, T105	AA-52
	Q38e=TRUE and Q214b=TRUE (negative test >14 days)	Stop triage MSG214, MSG212, T101, T107, T105	AA-53

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?
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 Difficulty breathing (such as gasping for air, being unable to walk or talk without catching your breath, severe wheezing, nostrils flaring, grunting, or ribs or stomach moving in and out deeply and rapidly as you breathe)
o Disoriented (acting confused or very irritable)
o Unconscious or very difficult to wake up
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)
o Refusing to drink liquids
o Frequent vomiting

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

- Yes
- No

Yes	Stop triage	PS-7
	MSG4	
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	Q31-PED	
No		
I don't know		

Q31-PED. In the last 10 days, have you tested positive for the coronavirus that causes COVID-19?
a. Yes, tested positive
b. No, tested negative
c. No, waiting for results
d. No, not tested

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

Pediatric Symptomatic Exposed Pathway

Q7-PED. In the last 10 days, have you experienced any of the symptoms listed below? (check all that apply)

a. Fever or feeling feverish (such as chills, sweating)
b. Cough
c. Mild or moderate difficulty breathing (breathing slightly faster than normal, feeling like you can't inhale or exhale, or wheezing, especially during exhaling or breathing out)
d. Sore throat
e. Muscle aches or body aches
f. Headache
g. Diarrhea
h. Nausea or vomiting
i. Stomach ache or pain in abdomen
j. New loss of taste or smell
k. New rash
l. Red eyes
m. Congestion or runny nose
n. 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	PS-104
Only "Other Symptoms"	Test = Negative	Stop triage MSG10, MSG28, MSG31, T6	PS-105
Only "Other Symptoms"	Test = Pending	Stop triage MSG10, MSG29, MSG31	PS-106
Only "Other Symptoms"	Test = No Test	Stop triage MSG10, T4, MSG31, MSG30	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	PS-24
Yes	Test = Negative	Stop triage MSG7, MSG28, MSG31, T6	PS-25

Yes	Test = Pending	Stop triage MSG7, MSG29, MSG31	PS-26
Yes	Test = No Test	Stop triage MSG7, T4, MSG31, MSG30	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. 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
l. Pregnant or recently pregnant (for at least 42 days following end of 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	PS-28
	Test = Negative	Stop triage MSG5, MSG28, T6, MSG31	PS-29
	Test = Pending	Stop triage MSG5, MSG29, MSG31	PS-30
	Test = No Test	Stop triage MSG5, T4, MSG31, MSG30	PS-31
Q9-PED = Yes	Test = Positive	Stop triage	PS-32

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[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).

		MSG5, MSG24, MSG27, T5	
And Q10-PED = Yes	Test = Negative	Stop triage MSG5, MSG24, MSG28, T6, MSG31	PS-33
	Test = Pending	Stop triage MSG5, MSG24, MSG29, MSG31	PS-34
	Test = No Test	Stop triage MSG5, MSG24, T4, MSG31, MSG30	PS-35
Q9-PED = No And Q10-PED = None	Test = Positive	Stop triage MSG9, MSG27, T5	PS-36
	Test = Negative	Stop triage MSG9, MSG28, T6, MSG31	PS-37
	Test = Pending	Stop triage MSG9, MSG29, MSG31	PS-38
	Test = No Test	Stop triage MSG9, T4, MSG31, MSG30	PS-39
Q9-PED = Yes And Q10-PED = None	Test = Positive	Stop triage MSG9, MSG24, MSG27, T5	PS-40
	Test = Negative	Stop triage MSG9, MSG24, MSG28, T6, MSG31	PS-41
	Test = Pending	Stop triage MSG9, MSG24, MSG29, MSG31	PS-42
	Test = No Test	Stop triage MSG9, MSG24, T4, MSG31, MSG30	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	PS-44
Yes	Test = Negative	Stop triage MSG7, MSG28, MSG31,T6	PS-45
Yes	Test = Pending	Stop triage MSG7, MSG29, MSG31	PS-46
Yes	Test = No Test	Stop triage MSG7, T4, MSG31, MSG30	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)
- o.   Lung disease, such as moderate to severe asthma or cystic fibrosis
- p.   Born premature
- q.   Serious heart condition, such as congenital heart defect
- r.   Weakened immune system or taking medications that may cause immune suppression
- s.   Obesity
- t.   Diabetes, kidney disease, or liver disease
- u.   Cancer
- v.   HIV
- w.   Blood disorder, such as sickle cell disease or thalassemia
- x.   Neurologic condition, such as cerebral palsy
- y.   Smoking
- z.   Pregnant or recently pregnant (for at least 42 days following end of pregnancy)** If female/other gender is selected and age is ≥ 12 and < 60 years, then include question on pregnancy
- aa. None of the above[10]
- bb. Down Syndrome or Down's Syndrome

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

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[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 = Pending	Stop triage MSG9, MSG29, MSG31	PS-58
	Test = No Test	Stop triage MSG9, T4, MSG31, MSG30	PS-59
Q12-PED = Yes And Q13-PED = None	Test = Positive	Stop triage MSG9, MSG24, MSG27, T5	PS-60
	Test = Negative	Stop triage MSG9, MSG24, MSG28, T6, MSG31	PS-61
	Test = Pending	Stop triage MSG9, MSG24, MSG29, MSG31	PS-62
	Test = No Test	Stop triage MSG9, MSG24, T4, MSG31, MSG30	PS-63

Pediatric Symptomatic Non-Exposed Pathway

Q14-PED. In the last 10 days, have you experienced any of the symptoms listed below? (check all that apply)

a.   Fever or feeling feverish (such as chills, sweating)
b.   Cough
c.   Mild or moderate difficulty breathing (breathing slightly faster than normal, feeling like you can't inhale or exhale, or wheezing, especially during exhaling or breathing out ng 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.   Diarrhea
h.   Nausea or vomitting
i.   Stomach ache or pain in abdomen
j.   New loss of taste or smell
k.   New rash
l.   Red eyes
m.   Congestion or runny nose
n.   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	PS-108
Only "Other Symptoms"	Test = Negative	Stop triage MSG10, MSG28, T6	PS-109
Only "Other Symptoms"	Test = Pending	Stop triage MSG10, MSG29	PS-110
Only "Other Symptoms"	Test = No Test	Stop triage MSG10, T4, MSG30	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	PS-64
Yes	Test = Negative	Stop triage MSG7, MSG28, T6	PS-65
Yes	Test = Pending	Stop triage MSG7, MSG29	PS-66

Yes	Test = No Test	Stop triage MSG7, T4, MSG30	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
l. Pregnant or recently pregnant (for at least 42 days following end of 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	PS-68
	Test = Negative	Stop triage MSG5, MSG28, T6	PS-69
	Test = Pending	Stop triage MSG5, MSG29	PS-70
	Test = No Test	Stop triage MSG5, T4, MSG30	PS-71
Q16-PED = Yes And Q17-PED = Yes	Test = Positive	Stop triage MSG5, MSG24, MSG27, T5	PS-72
	Test = Negative	Stop triage	PS-73

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[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, MSG28, T6	
	Test = Pending	Stop triage MSG5, MSG24, MSG29	PS-74
	Test = No Test	Stop triage MSG5, MSG24, T4, MSG30	PS-75
Q16-PED = No And Q17-PED = None	Test = Positive	Stop triage MSG9, MSG27, T5	PS-76
	Test = Negative	Stop triage MSG9, MSG28, T6	PS-77
	Test = Pending	Stop triage MSG9, MSG29	PS-78
	Test = No Test	Stop triage MSG9, T4, MSG30	PS-79
Q16-PED = Yes And Q17-PED = None	Test = Positive	Stop triage MSG9, MSG24, MSG27, T5	PS-80
	Test = Negative	Stop triage MSG9, MSG24, MSG28, T6	PS-81
	Test = Pending	Stop triage MSG9, MSG24, MSG29	PS-82
	Test = No Test	Stop triage MSG9, MSG24, T4, MSG30	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	PS-84
Yes	Test = Negative	Stop triage MSG7, MSG28, T6	PS-85
Yes	Test = Pending	Stop triage MSG7, MSG29	PS-86
Yes	Test = No Test	Stop triage MSG7, T4, MSG30	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	Q20-PED	

No		

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
   l. Pregnant or recently pregnant (for at least 42 days following end of 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	PS-88
	Test = Negative	Stop triage MSG5, MSG28, T6	PS-89
	Test = Pending	Stop triage MSG5, MSG29	PS-90
	Test = No Test	Stop triage MSG5, T4, MSG30	PS-91
Q19-PED = Yes And Q20-PED = Yes	Test = Positive	Stop triage MSG5, MSG24, MSG27, T5	PS-92
	Test = Negative	Stop triage MSG5, MSG24, MSG28, T6	PS-93
	Test = Pending	Stop triage MSG5, MSG24, MSG29	PS-94
	Test = No Test	Stop triage MSG5, MSG24, T4, MSG30	PS-95
Q19-PED = No And Q20-PED = None	Test = Positive	Stop triage MSG9, MSG27, T5	PS-96
	Test = Negative	Stop triage MSG9, MSG28, T6	PS-97
	Test = Pending	Stop triage MSG9, MSG29	PS-98

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[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	PS-99
Q19-PED = Yes And Q20-PED = None	Test = Positive	Stop triage MSG9, MSG24, MSG27, T5	PS-100
	Test = Negative	Stop triage MSG9, MSG24, MSG28, T6	PS-101
	Test = Pending	Stop triage MSG9, MSG24, MSG29	PS-102
	Test = No Test	Stop triage MSG9, MSG24, T4, MSG30	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
- 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 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

Fully Vaccinated Pathway

Q40. What is your age?

a. 12-15
b. 16-17
c. 18-29
d. 30-39
e. 40-49
f. 50-59
g. 60-64
h. 65-69
i. 70-79
j. 80+

Q41. What sex were you assigned at birth, on your original birth certificate?[13,14]

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

Q42. How do you currently describe yourself?

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

Q43. 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

Q44. 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

Q52. Do you have any of these life-threatening symptoms?

o   Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

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[13] Affects subsequent questions regarding pregnancy (ask only of people who respond Female, Refused or I don't know) as a risk status.
[14] 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

- o Severe and constant pain or pressure in the chest
- o Difficulty breathing (such as gasping for air, being unable to walk or talk without catching your breath, severe wheezing, nostrils flaring, grunting, or ribs or stomach moving in and out deeply and rapidly as you breathe)
- 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 MSG4	FV-1
No	Q45	

Q45. 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 No I don't know	Q46	

Q46. In the last 10 days, have you experienced any of the symptoms listed below? (check all that apply)
   a. Fever or feeling feverish (such as chills, sweating)
   b. Cough
   c. Mild or moderate difficulty breathing (breathing slightly faster than normal, feeling like you can't inhale or exhale, or wheezing, especially during exhaling or breathing out)
   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. Nausea or vomiting
   k. Diarrhea
   l. Other symptoms
   m. No symptoms

Any symptoms (including "other") AND Q45 (exposure)=yes or I don't know or no	Q47 (Fully Vaccinated, Symptomatic)	
No symptoms AND Q45 (exposure)=yes, I don't know or no	Q50 (Fully Vaccinated, Asymptomatic)	
Only "Other Symptoms" AND Q45 (exposure)=Yes or I don't know	Stop triage MSG304	FV-2
Only "Other Symptoms" AND Q45 (exposure)=No	Stop triage T201	FV-3

Fully Vaccinated, Symptomatic

Q47. Do you live in a long-term care facility, nursing home, or homeless shelter?
   • Yes
   • No

Q47=Yes AND Q45 (exposure)=No	Symptoms= any symptoms, including other	**Stop triage** MSG300, T200	FV-4
Q47=Yes AND Q45 (exposure)=Yes	Symptoms= any symptoms, including other	**Stop triage** MSG300, T200	FV-5
Q47=No		Q48	

Q48. 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

Q48 (HCW)=Yes AND Q45 (exposure)=No	Symptoms= any symptoms, including other	**Stop triage** MSG302, T200	FV-6
Q48 (HCW)=Yes AND Q45 (exposure)=Yes	Symptoms= any symptoms, including other	**Stop triage** MSG302, T200	FV-7
Q48 (HCW)=No		Q49	

Q49. Do you have, or have you had any of the following? (check all that apply)
  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
  l. Pregnant or recently pregnant (for at least 42 days following end of pregnancy) ** If female/other gender is selected and age is ≥ 12 and < 60 years, then include question on pregnancy
  m. Down syndrome or Down's syndrome
  n. None of the above

Q45 (exposure)=No	Q49=Yes OR None & ≥ 65	Symptoms= any symptoms, including other	**Stop triage** MSG301, T200	FV-8
	Q49=No OR None & < 65	Symptoms= any symptoms, including other	**Stop triage** T200	FV-9
Q45 (exposure)=Yes	Q49=Yes OR	Symptoms= any symptoms, including other	**Stop triage** T301, T200	FV-10

	None & ≥ 65			
	Q49=No OR None & < 65	Symptoms= any symptoms, including other	**Stop triage** T200	FV-11

Fully Vaccinated, Asymptomatic

Q50. Do you live in a long-term care facility, nursing home, or homeless shelter?
- Yes
- No

Q50=Yes AND Q45 (exposure)=No	Symptoms= none	**Stop triage** T202	FV-12
Q50=Yes AND Q45 (exposure)=Yes	Symptoms=none	**Stop triage** MSG305, MSG303	FV-13
Q50=No		Q51	

Q51. 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

Q51 (HCW)=Yes AND Q45 (exposure)=No	Symptoms= none	**Stop triage** T202	FV-14
Q51 (HCW)=Yes AND Q45 (exposure)=Yes	Symptoms= none	**Stop triage** T201	FV-15
Q51 (HCW)=No AND Q45(exposure)=No	Symptoms= none	**Stop triage** T202	FV-16
Q51 (HCW)=No AND Q45 (exposure)=Yes	Symptoms= none	**Stop triage** MSG304, T201	FV-17

Care Advice Messages[15,16]

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.

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[15] *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]

[16] 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)

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

Additional information (dropdown menu)

- Please inform your close contacts that they have been potentially exposed to the coronavirus that causes COVID-19. 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. <<You may have received a false-negative test result and still might have COVID-19. Contact your healthcare provider about your symptoms, especially if they worsen, about follow-up testing, and how long to isolate.>>

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

MSG30. <<Stay home and away from others until:>>

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

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

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

MSG201. <<If you continue to have no symptoms, you can be around others after:>>

- 10 days have passed since the date you had your positive test.

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

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

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

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

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

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

MSG207. [no Care Message 207]

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

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

MSG210. <<Your symptoms may be caused by COVID-19.>> While most people with recover and return to normal health, some people have symptoms that can last for weeks or months after having COVID-19. It's important to notify your healthcare provider of your symptoms because it could affect your health care needs in the future.

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

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

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

MSG212. <<Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing.>> If you develop any symptoms, contact your healthcare provider to ask about retesting, and stay home and away from others until:
- it has been 10 days from when your symptoms first appeared **and**
- you have had no fever for 24 hours without the use of medications **and**

- your other symptoms of COVID-19 are improving* (*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)

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

MSG214. <<As soon as possible, tell your occupational health provider (or supervisor) that you may have been in close contact with another person who has tested positive for COVID-19 in the last 14 days.>>

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

MSG216. <<Tell a caregiver in your facility that you may have been in close contact with another person who has tested positive for COVID-19 in the last 14 days.>>

MSG217. << If you tested negative after being exposed to a person with COVID-19, you are likely not infected, but you still may get sick. Self-quarantine at home for 14 days after your exposure. Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing.>>
If you develop any symptoms, get tested for the virus that causes COVID-19, and stay home and away from others until:
- it has been 10 days from when your symptoms first appeared and
- you have had no fever for 24 hours without the use of medications and
- your other symptoms of COVID-19 are improving* (*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)

Additional information (dropdown menu)
<<Please note:>> Check your local health department's website for information about options in your area to possibly shorten this quarantine period. You may also receive a call from a contact tracing professional.

MSG300. << 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.

MSG301. << 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.

MSG302. <<Tell the occupational health provider (or supervisor) in your workplace that you're feeling sick as soon as possible.>>

MSG303. <<Regardless of vaccination status, if you have been in close contact of another person who has tested positive for COVID-19 in the last 14 days, you should quarantine for 14 days from the day

of your last exposure.>> Check your local health department's website for information about options in your area to possibly shorten this quarantine period. You may also receive a call from a contact tracing professional.

MSG304. << Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing for 14 days following an exposure.>>
If you develop any symptoms, get tested for SARS-CoV-2, and stay home and away from others until:
- it has been 10 days from when your symptoms first appeared and
- you have had no fever for 24 hours without the use of medications and
- your other symptoms of COVID-19 are improving*

(*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)

MSG305. <<Tell a caregiver in your facility that you may have been in close contact with another person who has tested positive for COVID-19 in the last 14 days.>>

Testing Messages

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

T1. [no testing message T1]

T2-Domestic [no testing message T2-Domestic]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

T108. <<If you have been a close contact of another person who has tested positive for COVID-19 in the last 14 days, you should:>>
- get tested **and**
- quarantine for 14 days from the day of your last exposure. Check your local health department's website for information about options in your area to possibly shorten this quarantine period. You may also receive a call from a contact tracing professional.

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

T200. <<Although the risk of being infected with the virus that causes COVID-19 is low if you are fully vaccinated, you should get tested and stay home and away from others, except to get medical care, until:>>
- it has been 10 days* from when your symptoms first appeared and
- you have had no fever for 24 hours without the use of medications and
- your other symptoms of COVID-19 are improving* (*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)

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

T201. <<If you continue to have no COVID-19 symptoms, you do not need to quarantine or get tested unless recommended or required by your healthcare provider, employer, or public health official.>>

T202. <<Based on the answers given, you do not need to quarantine or get tested unless recommended or required by your healthcare provider, employer, or public health official.>>