

# New In Version 73

The following table is an executive summary of the only changes to version 73.

Change/ Justification	To review this change please see:
Edited vaccine question to reflect pediatric boosters	<a href="#">Q39</a>

**CDC**  
**Coronavirus Self-Checker**  
**Content and Messages**  
**V73**

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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 ages 2 –17 years without symptoms
PS	Pediatric Symptomatic	refers to a pediatric user ages 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:

- Ages 17 and younger are considered CHILD
- Ages 18–64 are considered ADULT
- Ages 65 and older are considered a HIGH-RISK status

For Ages 13–17 and if assessment is done by “Myself” then [MSG22](#) is added at the end.

### 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.

### Steps to follow every day:

- **Get a COVID-19 vaccine as soon as you can and get recommended booster doses when eligible. Generally, you are considered up to date on your COVID-19 vaccination if you have received [all recommended COVID-19 vaccines](#), including any booster dose(s) when eligible.**
- **Wear** a well-fitting mask over your nose and mouth while indoors with other people if you are in an area where the [COVID-19 Community Level](#) is high.
- **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 for at least 20 seconds, or use hand sanitizer with at least 60% alcohol.

Click the links below for 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](#)
- [Treatments your healthcare provider might recommend if you are 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 those up to date on vaccines

- [Learn about COVID-19 vaccines](#)
- [How to protect yourself and others when you're up to date on COVID-19 vaccines](#)
- [COVID-19 symptoms](#)
- [Quarantine and Isolation](#)
- [Please also see your local area's website: \[link to state/territory/city health department website based on their location selection\]](#)

**Flu Season Testing Message** (shown above rest of endcap messaging; only given during flu season to symptomatic users): T50

#### User experience questions:

UX1. Will you answer **two questions** about your experience with this screening tool?

- Yes→UX2
- No→ endcap

If yes, ask:

UX2. Was this screening tool helpful?

- Yes
- Somewhat
- No

UX3. Based on the information provided here, how likely are you to follow these recommendations?

- Very likely
- Somewhat likely
- Not very likely
- Not likely at all

## 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.

Ver73 (6/22/2022)

- I agree
- I don't agree

I agree	Intro Messaging	
I don't agree	<a href="#">MSG12</a> Repeat disclaimer	ES-1
I don't agree (3x)	Stop Triage <a href="#">MSG12</a>	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 can and get recommended booster doses when eligible, you are considered up to date on your COVID-19 vaccination if you have received [all recommended COVID-19 vaccines](#), including any booster dose(s) when eligible.
- **Wear** a well-fitting mask over your nose and mouth while indoors with other people if you are in an area where the [COVID-19 Community Level](#) is high.
- **Stay** at least 6 feet away from people who don't live with you.
- **Avoid** crowded areas and poorly ventilated spaces.



- **Wash** your hands often with soap and water, or use hand sanitizer with at least 60% alcohol.

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

- Yes
- No

Yes	Q0A	
No	Q4 Add <a href="#">MSG11</a> to message list.	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 U.S. 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. COVID-19 Vaccinations:**

Generally, you are considered up to date if you have [received all recommended COVID-19 vaccines](#), including any booster dose(s) when eligible. If you are not yet eligible for a booster dose, you are up to date if you have received your primary series (initial 2 or 3 doses) of the Pfizer-BioNTech (COMIRNATY) COVID-19 vaccine or Moderna vaccine or a single dose of Johnson & Johnson's Janssen vaccine more than 2 weeks ago.

- Adults ages 18 years and older who are **not** moderately or severely immunocompromised generally become eligible for booster doses 5 months after receiving their second dose of the Pfizer-BioNTech or Moderna vaccines or 2 months after receiving Janssen (Johnson & Johnson) COVID-19 vaccine.
- Children and teens ages 5–17 are eligible for a booster dose 5 months after receiving their second dose of the Pfizer-BioNTech or Moderna vaccine.
- Children ages 6 months to 4 years are eligible for a primary series (initial 2 or 3 doses) of the Pfizer-BioNTech (COMIRNATY) COVID-19 vaccine or Moderna vaccine, but are not yet eligible for booster doses.
- People ages 12 years and older who are moderately or severely immunocompromised should receive a total of 5 doses of mRNA COVID-19 vaccine to stay up to date. The 5 doses include a primary series of 3 doses of Pfizer-BioNTech or Moderna COVID-19 vaccine, plus 2 boosters of Pfizer-BioNTech or Moderna COVID-19 vaccine.

**Are you up to date with your COVID-19 vaccination?**

- Yes
- No

Yes	<a href="#">Q40 (Up to date on Vaccines Adult Pathway)</a>	
No	<a href="#">Go to Q2</a>	

**Q2. What is your 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 <a href="#">MSG19</a>	PS-1
Age ≥ 2 and ≤ 9	If Q4 = Myself Stop triage	PS-2

	<a href="#">MSG20</a> If Q4 = Someone else Go to Q5-PED ( <a href="#">Pediatric Symptomatic</a> )	
Age ≥ 10 and ≤ 12	<a href="#">MSG21</a> Go to Q5-PED ( <a href="#">Pediatric Symptomatic</a> )	PS-3
Age ≥ 13 and ≤ 17	<a href="#">MSG22</a> Go to Q5-PED ( <a href="#">Pediatric Symptomatic</a> )	PS-4
Age ≥ 18	Go to Q5	

## Adult Unvaccinated

**Q5. What sex were you assigned at birth, on your original birth certificate?<sup>1,2</sup>**

- 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 ethnic and 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 ethnic and racial groups and to monitor compliance with antidiscrimination laws, regulation, and policies.

- a. White
- b. Black or African American
- c. American Indian or Alaska Native
- d. Asian
- e. Native Hawaiian or Other Pacific Islander
- f. I prefer not to say

**Q1. Do you have any of these life-threatening symptoms?**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion

<sup>1</sup> Affects subsequent questions regarding pregnancy (ask only of people who respond Female, Refused or I don't know) as a risk status.

<sup>2</sup> 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

- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

\*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

- Yes
- No

Yes	Stop triage <a href="#">MSG4</a>	ES-5
No	Q3	

**Q3. Are you feeling sick?**

- Yes
- No

Yes	Q6	
No	Q25 ( <a href="#">Adult Asymptomatic</a> )	

**Q6. In the two weeks before you felt sick, have you been in close contact with someone who has COVID-19?**

You have been in close contact if you have been less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period. Close contact does not include exposure within a K-12 indoor classroom setting where if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.

- Yes
- No
- I don't know

Yes	Q31	
No		
I don't know		

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

- I have been tested in the last 10 days, and my result was positive.
- I have been tested in the last 10 days, and my result was negative.
- I have been tested in the last 10 days, and I am waiting for my results.
- I have not been tested.
- 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 ( <a href="#">Adult Symptomatic Exposed</a> )	
If Q31a-d=TRUE and Q6=No	Q14 ( <a href="#">Adult Symptomatic Non-Exposed</a> )	
If Q31e=TRUE and Q6=Yes, I don't know, or No	Q201 ( <a href="#">Adult Symptomatic &gt;10 days since test</a> )	

### Adult Unvaccinated, 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 COVID-19 symptom		Q8	
Only "Other Symptoms"	Test = Positive	Stop triage MSG10, MSG308, T5	AS-188
Only "Other Symptoms"	Test = Negative	Stop triage MSG10, MSG309, T204, T6	AS-189
Only "Other Symptoms"	Test = Pending	Stop triage MSG10, MSG29, MSG309	AS-190
Only "Other Symptoms"	Test = No Test	Stop triage MSG10, T204, MSG309	AS-191

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

- Yes
- No

Yes	Test = Positive	Stop triage <a href="#">MSG7</a> , <a href="#">MSG310</a> , <a href="#">T5</a>	AS-192
Yes	Test = Negative	Stop triage <a href="#">MSG7</a> , <a href="#">T204</a> , <a href="#">MSG311</a>	AS-193
Yes	Test = Pending	Stop triage <a href="#">MSG7</a> , <a href="#">MSG29</a> , <a href="#">MSG311</a>	AS-194
Yes	Test = No Test	Stop triage <a href="#">MSG7</a> , <a href="#">T204</a> , <a href="#">MSG311</a>	AS-195
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 <a href="#">MSG8</a> , <a href="#">MSG6</a> , <a href="#">MSG308</a> , <a href="#">T5</a>	AS-196
Yes	Test = Negative	Stop triage <a href="#">MSG309</a> , <a href="#">T204</a> , <a href="#">MSG6</a>	AS-197
Yes	Test = Pending	Stop triage <a href="#">MSG6</a> , <a href="#">MSG29</a> , <a href="#">MSG309</a>	AS-198
Yes	Test = No Test	Stop triage <a href="#">MSG6</a> , <a href="#">T204</a> , <a href="#">MSG309</a>	AS-199
No		Q10	

**Q10. Do any of these apply to you? (check all that apply)**

- Cancer
- Chronic kidney disease
- Chronic liver disease
- Chronic lung diseases
- Dementia or other neurological conditions
- Diabetes (type 1 or type 2)
- Some disabilities (including Down syndrome)
- Heart conditions
- HIV infection
- Immunocompromised state (weakened immune system)
- Mental health conditions
- Overweight and obesity
- Pregnancy **\*\* If female/other gender is selected and age is  $\geq 12$  and  $< 60$  years, then include question on pregnancy**
- Sickle cell disease or thalassemia
- Smoking, current or former
- Solid organ or blood stem cell transplant
- Stroke or cerebrovascular disease, which affects blood flow to the brain
- Substance use disorders
- Tuberculosis
- Primary immunodeficiency
- Physical inactivity
- None of the above

Yes, or None & $\geq 65$	Test = Positive	Stop triage <a href="#">MSG5</a> , <a href="#">MSG308</a> , <a href="#">T5</a>	AS-200 AS-204
None & $< 65$	Test = Positive	Stop triage <a href="#">MSG8</a> , <a href="#">MSG308</a> , <a href="#">T5</a>	AS-208
Yes, or None & $\geq 65$	Test = Negative	Stop triage <a href="#">MSG5</a> , <a href="#">MSG309</a> , <a href="#">T204</a>	AS-201 AS-205
None & $< 65$	Test = Negative	Stop triage	AS-209

		<a href="#">MSG8, MSG309, T204</a>	
Yes, or None & ≥ 65	Test = Pending	Stop triage <a href="#">MSG5, MSG29, MSG309</a>	AS-202 AS-206
None & < 65	Test = Pending	Stop triage <a href="#">MSG8, MSG29, MSG309</a>	AS-210
Yes, or None & ≥ 65	Test = No Test	Stop triage <a href="#">MSG5, T204, MSG309</a>	AS-203 AS-207
None & < 65	Test = No Test	Stop Triage <a href="#">MSG8, T204, MSG309</a>	AS-211

#### Adult Unvaccinated, Symptomatic Non-Exposed Pathway

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

- Fever or feeling feverish (such as chills, sweating)
- Cough
- 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)
- Sore throat
- Muscle aches or body aches
- Unusual fatigue
- Headache
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Other symptoms

<a href="#">Any symptom of COVID-19</a>		<a href="#">Q15</a>	
Only "Other Symptoms"	Test = Positive	Stop triage <a href="#">MSG10, MSG308, T5</a>	AS-212
Only "Other Symptoms"	Test = Negative	Stop triage <a href="#">MSG10, T6</a>	AS-213
Only "Other Symptoms"	Test = Pending	Stop triage <a href="#">MSG10, MSG29</a>	AS-214
Only "Other Symptoms"	Test = No Test	Stop triage <a href="#">MSG10</a>	AS-215

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

- Yes
- No

Yes	Test = Positive	Stop triage <a href="#">MSG7, MSG310, T5</a>	AS-216
Yes	Test = Negative	Stop triage	AS-217

		<a href="#">MSG7, T6</a>	
Yes	Test = Pending	Stop triage <a href="#">MSG7, MSG29</a>	AS-218
Yes	Test = No Test	Stop triage <a href="#">MSG7, T4, MSG313</a>	AS-219
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 <a href="#">MSG308, MSG6</a>	AS-220
Yes	Test = Negative	Stop triage <a href="#">MSG8, MSG6, T106</a>	AS-221
Yes	Test = Pending	Stop triage <a href="#">MSG8, MSG6, MSG29</a>	AS-222
Yes	Test = No Test	Stop triage <a href="#">MSG8, MSG6, T4, MSG313</a>	AS-223
No		Q17	

**Q17. Do any of these apply to you? (check all that apply)**

- a. Cancer
- b. Chronic kidney disease
- c. Chronic liver disease
- d. Chronic lung diseases
- e. Dementia or other neurological conditions
- f. Diabetes (type 1 or type 2)
- g. Some disabilities (including Down syndrome)
- h. Heart conditions
- i. HIV infection
- j. Immunocompromised state (weakened immune system)
- k. Mental health conditions
- l. Overweight and obesity
- m. Pregnancy **\*\* If female/other gender is selected and is between ages 12–60 years, then include question on pregnancy**
- n. Sickle cell disease or thalassemia
- o. Smoking, current or former
- p. Solid organ or blood stem cell transplant
- q. Stroke or cerebrovascular disease, which affects blood flow to the brain
- r. Substance use disorders
- s. Tuberculosis
- t. Primary immunodeficiency
- u. Physical inactivity



v. None of the above

Yes, or None & ≥ 65	Test = Positive	Stop triage <a href="#">MSG5, MSG308, T5</a>	AS-224 AS-228
None & < 65	Test = Positive	Stop triage <a href="#">MSG8, MSG308, T5</a>	AS-232
Yes, or None & ≥ 65	Test = Negative	Stop triage <a href="#">MSG5, T106, T6</a>	AS-225 AS-229
None & < 65	Test = Negative	Stop triage <a href="#">MSG8, T106, T6</a>	AS-233
Yes, or None & ≥ 65	Test = Pending	Stop triage <a href="#">MSG5, MSG29</a>	AS-226 AS-230
None & < 65	Test = Pending	Stop triage <a href="#">MSG8, MSG29</a>	AS-234
Yes, or None & ≥ 65	Test = No Test	Stop triage <a href="#">MSG5, T4, MSG313</a>	AS-227 AS-231
None & < 65	Test = No Test	Stop triage <a href="#">MSG8, T4, MSG313</a>	AS-235

Adult Unvaccinated >10 days since test

**Q201. Have you ever tested positive for COVID-19?**

- a) Yes, I have previously tested positive for COVID-19.
- b) No, I have not previously tested positive for COVID-19 (previous negative test).

Q201a=TRUE	Q202 ( <a href="#">Positive test result</a> )	
Q201b=TRUE	Q208 ( <a href="#">Negative test result</a> )	

Previous Positive Test Result (Adult, Feeling Sick)

**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. Difficulty breathing or shortness of breath
- b. Tiredness or fatigue
- c. Symptoms that get worse after physical or mental activities (also known as post-exertional malaise)
- d. Difficulty thinking or concentrating (sometimes referred to as “brain fog”)

- e. Cough
- f. Chest or stomach pain
- g. Headache
- h. Fast-beating or pounding heart (also known as heart palpitations)
- i. Joint or muscle pain
- j. Pins-and-needles feeling
- k. Diarrhea
- l. Sleep problems
- m. Fever or feeling feverish (such as chills, sweating)
- n. Dizziness on standing (lightheadedness)
- o. New Rash
- p. Mood changes
- q. Change in smell or taste
- r. Changes in menstrual period cycles
- s. Other symptoms
- t. No symptoms

Q203=only "No symptoms" and Q6=No	Q202a-e=TRUE	Stop triage MSG10, T105	AS-237
Q203=only "No symptoms" and Q6= Yes or I don't know	Q202a-e=TRUE	Stop triage MSG309, MSG10, T105	AS-236

**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, or I have **new** symptoms.

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

- Yes
- No

Q205=Yes and Q6=No	Q202a-b=TRUE (<90 days since test)	Stop triage	AS-244
	Q204a=TRUE (fully recovered)	MSG202, T102	
	Q202c-e=TRUE (>90 days since test)	Stop triage	AS-245
	Q204a=TRUE (fully recovered)	MSG202, T102, T4	
	Q202a-b=TRUE (<90 days since test)	Stop triage	AS-246
	Q204b=TRUE (partial recovery)	MSG205, MSG210	
	Q202c-e=TRUE (>90 days since test)	Stop triage	AS-247
	Q204b=TRUE (partial recovery)	MSG205, , T103	
	Q202a-b=TRUE (<90 days since test)	Stop triage	AS-248
	Q204c=TRUE (not recovered)	MSG209, MSG211	
	Q202c-e=TRUE (>90 days since test)	Stop triage	AS-249

	Q204c=TRUE (not recovered)	MSG209, T103, MSG311	
Q205=Yes and Q6=Yes or I don't know	Q202a-b=TRUE (<90 days since test)	Stop triage	AS-238
	Q204a=TRUE (fully recovered)	MSG216, T102	
	Q202c-e=TRUE(>90 days since test)	Stop triage	AS-239
	Q204a=TRUE (fully recovered)	MSG216, MSG311, MSG309	
	Q202a-b=TRUE (<90 days since test)	Stop triage	AS-240
	Q204b=TRUE (partial recovery)	MSG205, MSG210, T103, T205	
	Q202c-e=TRUE(>90 days since test)	Stop triage	AS-241
	Q204b=TRUE (partial recovery)	MSG205, MSG309, , T205	
	Q202a-b=TRUE(<90 days since test)	Stop triage	AS-242
	Q204c=TRUE (not recovered)	MSG209, MSG311, MSG312, T205	
	Q202c-e=TRUE(>90 days since test)	Stop triage	AS-243
	Q204c=TRUE (not recovered)	MSG209, MSG311,MSG312, T205	
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)	Stop triage	AS-262
	Q204a=TRUE (fully recovered)	MSG203, T102	
	Q202c-e=TRUE (>90 days since test)	Stop triage	AS-263
	Q204a=TRUE (fully recovered)	MSG203, T102	
	Q202a-b=TRUE (<90 days since test)	Stop triage	AS-264
	Q204b=TRUE (partial recovery)	MSG206, MSG210	
	Q202c-e=TRUE (>90 days since test)	Stop triage	AS-265
	Q204b=TRUE (partial recovery)	MSG206, , T103	
	Q202a-b=TRUE (<90 days since test)	Stop triage	AS-266
	Q204c=TRUE (not recovered)	MSG206, , T103	
	Q202 c-e =TRUE (>90 days since test)	Stop triage	AS-267
	Q204c=TRUE (not recovered)	MSG206, T103	
Q206=Yes and Q6=Yes or I don't know	Q202a-b=TRUE (<90 days since test)	Stop triage	AS-250
	Q204a=TRUE (fully recovered)	MSG15, T102, MSG312, T205	
	Q202c-e=TRUE (>90 days since test)	Stop triage	AS-251
	Q204a=TRUE (fully recovered)	MSG15, T205	

	Q202a-b=TRUE (<90 days since test) Q204b=TRUE (partial recovery)	Stop triage MSG15, MSG210, T103, T205	AS-252
	Q202c-e=TRUE (>90 days since test) Q204b=TRUE (partial recovery)	Stop triage MSG15, T103, T205	AS-253
	Q202a-b=TRUE (<90 days since test) Q204c=TRUE (not recovered)	Stop triage MSG15, T205	AS-254
	Q202 c-e =TRUE (>90 days since test) Q204c=TRUE (not recovered)	Stop triage MSG15,, T103, T205	AS-255
Q206=No and Q6=No	Q202a-b=TRUE (<90 days since test) Q204a=TRUE (fully recovered)	Stop triage T109, T102	AS-268
	Q202c-e=TRUE (>90 days since test) Q204a=TRUE (fully recovered)	Stop triage T109, T102	AS-269
	Q202a-b=TRUE (<90 days since test) Q204b=TRUE (partial recovery)	Stop triage MSG210	AS-270
	Q202c-e=TRUE (>90 days since test) Q204b=TRUE (partial recovery)	Stop triage T103, MSG312	AS-271
	Q202a-b=TRUE (<90 days since test) Q204c=TRUE (not recovered)	Stop triage MSG312, MSG208,	AS-272
	Q202a-b=TRUE (>90 days since test) Q204c=TRUE (not recovered)	Stop triage MSG312, MSG208, = T103	AS-273
Q206=No and Q6=Yes or I don't know	Q202a-b=TRUE (<90 days since test) Q204a=TRUE (fully recovered)	Stop triage T102, T205	AS-256
	Q202c-e=TRUE (>90 days since test) Q204a=TRUE (fully recovered)	Stop triage T205	AS-257
	Q202a-b=TRUE (<90 days since test) Q204b=TRUE (partial recovery)	Stop triage MSG210	AS-258
	Q202c-e=TRUE (>90 days since test) Q204b=TRUE (partial recovery)	Stop triage T205, T103	AS-259
	Q202a-b=TRUE (<90 days since test) Q204c=TRUE (not recovered)	Stop triage T205, MSG208,	AS-260

	Q202a-b=TRUE (>90 days since test) Q204c=TRUE (not recovered)	Stop triage T205, MSG208, T103	AS-261
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Previous Negative Test Result (Adult, Feeling Sick)

**Q209. What symptoms, if any, have you had since testing negative for COVID-19? (check all that apply)**

- a. Difficulty breathing or shortness of breath
- b. Tiredness or fatigue
- c. Symptoms that get worse after physical or mental activities (also known as post-exertional malaise)
- d. Difficulty thinking or concentrating (sometimes referred to as “brain fog”)
- e. Cough
- f. Chest or stomach pain
- g. Headache
- h. Fast-beating or pounding heart (also known as heart palpitations)
- i. Joint or muscle pain
- j. Pins-and-needles feeling
- k. Diarrhea
- l. Sleep problems
- m. Fever or feeling feverish (such as chills, sweating)
- n. Dizziness on standing (lightheadedness)
- o. New Rash
- p. Mood changes
- q. Change in smell or taste
- r. Changes in menstrual period cycles
- s. Other symptoms
- t. No symptoms

Q209=only “No symptoms”	Stop triage T0	AS-274
Q209 = a-s, Symptomatic	Q211	

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

- Yes
- No

Q211 (Congregate Care)=Yes and Q6 (Exposure)=No	Stop triage T0, MSG7, T4	AS-276
Q211 (Congregate Care)=Yes and Q6 (Exposure)=Yes	Stop triage MSG7, MSG309, T4	AS-275
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

Q212 (Healthcare Worker)=Yes and Q6 (Exposure)=Yes	Stop triage MSG8, MSG6, T204, MSG309	AS-277
Q212 (Healthcare Worker)=Yes and Q6 (Exposure)=No	Stop Triage MSG8, MSG6, T4 ,MSG313	AS-279
Q212 (Healthcare Worker)=No And Q6 (Exposure)=Yes	Stop Triage <a href="#">MSG8, T204, MSG309</a>	AS-278
Q212 (Healthcare Worker)=No and Q6 (Exposure)=No	Stop triage <a href="#">MSG8, T4, MSG313</a>	AS-280

### Adult Unvaccinated, Asymptomatic

#### Q25. In the last two weeks, have you been in close contact with someone who has COVID-19?

You have been in close contact if you have been less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period. Close contact does not include exposure within a K-12 indoor classroom setting where if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.

- Yes
- No
- I don't know

Yes	Q38	
No		
I don't know		

#### Q38. In the last 14 days, have you been tested for 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	<b>Q26</b>
If Q38e=TRUE	<b>Q214</b>

#### 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(exposure)=No and Q26 (congregate care)=Yes	Q38a=TRUE (positive, tested in the last 14 days)	Stop triage <a href="#">MSG202, MSG307, MSG308, T105</a>	<a href="#">AA-60</a>
	Q38b=TRUE (negative, tested in the last 14 days)	Stop triage <a href="#">MSG202</a>	<a href="#">AA-61</a>
	Q38c=TRUE (results pending, tested in the last 14 days)	Stop triage <a href="#">MSG202, MSG29</a>	<a href="#">AA-62</a>
	Q38d=TRUE (never been tested)	Stop triage <a href="#">T109</a>	<a href="#">AA-63</a>
	Q38e=TRUE and Q214a=TRUE (positive test >14 days)	Stop triage <a href="#">MSG202, T105</a>	<a href="#">AA-64</a>
	Q38e=TRUE and Q214b=TRUE	Stop triage	<a href="#">AA-65</a>

	(negative test >14 days)	MSG202, T105	
Q25=Yes or I don't know and Q26=Yes	Q38a=TRUE (positive, tested in the last 14 days)	Stop triage MSG307, MSG308, T105	AA-54
	Q38b=TRUE (negative, tested in the last 14 days)	Stop triage MSG216, MSG309, T204	AA-55
	Q38c=TRUE (results pending, tested in the last 14 days)	Stop triage MSG29, MSG309, MSG216	AA-56
	Q38d=TRUE (never been tested)	Stop triage MSG216, T204	AA-57
	Q38e=TRUE and Q214a=TRUE (positive test >14 days)	Stop triage T205, MSG216	AA-58
	Q38e=TRUE and Q214b=TRUE (negative test >14 days)	Stop triage T204, MSG216	AA-59
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= Yes	Q38a=TRUE (positive, tested in the last 14 days)	Stop triage MSG308, MSG6, T105	AA-66
	Q38b=TRUE (negative, tested in the last 14 days)	Stop triage MSG15, MSG309, T204	AA-67
	Q38c=TRUE (results pending, tested in the last 14 days)	Stop triage MSG215, MSG15, MSG309	AA-68
	Q38d=TRUE (never been tested)	Stop triage T204, MSG15, MSG309, MSG10	AA-69
	Q38e=TRUE and Q214a=TRUE (positive test >14 days)	Stop triage T205, MSG15, MSG309	AA-70
	Q38e=TRUE and Q214b=TRUE (negative test >14 days)	Stop triage T204, MSG15, MSG309, MSG10	AA-71
Q25=Yes or I don't know and Q27=No	Q38a=TRUE (positive, tested in the last 14 days)	Stop triage T105, MSG308	AA-72
	Q38b=TRUE (negative, tested in the last 14 days)	Stop triage T204, MSG309	AA-73
	Q38c=TRUE (results pending, tested in the last 14 days)	Stop triage MSG215, MSG309,	AA-74
	Q38d=TRUE (never been tested)	Stop triage T204, MSG309, MSG10,	AA-75
	Q38e=TRUE and Q214a=TRUE (positive test >14 days)	Stop triage T205, MSG309,	AA-76
	Q38e=TRUE and Q214b=TRUE (negative test >14 days)	Stop triage T204, MSG10	AA-77



Q25=No and Q27=Yes	Q38a=TRUE (positive, tested in the last 14 days)	Stop triage MSG308, MSG6, T105	AA-78
	Q38b=TRUE (negative, tested in the last 14 days)	Stop triage T109	AA-79
	Q38c=TRUE (results pending, tested in the last 14 days)	Stop triage MSG215	AA-80
	Q38d=TRUE (never been tested)	Stop triage T109	AA-81
	Q38e=TRUE and Q214a=TRUE (positive test >14 days)	Stop triage T109	AA-82
	Q38e=TRUE and Q214b=TRUE (negative test >14 days)	Stop triage T109	AA-83
Q25=No and Q27=No	Q38a=TRUE (positive, tested in the last 14 days)	Stop triage MSG308, T105	AA-84
	Q38b=TRUE (negative, tested in the last 14 days)	Stop triage T109	AA-85
	Q38c=TRUE (results pending, tested in the last 14 days)	Stop triage MSG215	AA-86
	Q38d=TRUE (never been tested)	Stop triage T109	AA-87
	Q38e=TRUE and Q214a=TRUE (positive test >14 days)	Stop triage T109	AA-88
	Q38e=TRUE and Q214b=TRUE (negative test >14 days)	Stop triage T109	AA-89

## Pediatric Unvaccinated

**Q5-PED. What sex were you assigned at birth, on your original birth certificate?**<sup>3</sup>

- 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 ethnic and racial groups and to monitor compliance with antidiscrimination laws, regulation, and policies.

- a. Yes
- b. No

<sup>3</sup> Affects subsequent questions regarding pregnancy (ask only of people who respond Female, Refused or I don't know) as a risk status.

- 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 ethnic and 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 Trouble breathing
- o Persistent pain or pressure in the chest
- o New confusion
- o Inability to wake or stay awake
- o Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

\*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

- Yes
- No

Yes	Stop triage MSG4	PS-7
No	Q3-PED	

**Q3-PED. Are you feeling sick?**

- Yes
- No

Yes	Q6-PED ( <a href="#">Pediatric Unvaccinated, Symptomatic</a> )
No	Q25-PED ( <a href="#">Pediatric Unvaccinated, Asymptomatic</a> )

**Q6-PED. In the two weeks before you felt sick, have you been in close contact with someone who has COVID-19?**

You have been in close contact if you have been less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period. Close contact does not include exposure within a K-12 indoor classroom setting where if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.

- Yes
- No

- I don't know

Yes No I don't know	Q8	
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**Q31-PED. In the last 10 days, have you been tested for COVID-19?**

- I have been tested in the last 10 days and my result was positive.
- I have been tested in the last 10 days and my result was negative.
- I have been tested in the last 10 days and I am waiting for my result.
- I have not been tested.

Yes or I don't know to Q6-PED	Q7-PED ( <a href="#">Pediatric Unvaccinated, Symptomatic, Exposed</a> )	
No to Q6-PED	Q14-PED ( <a href="#">Pediatric Unvaccinated, Symptomatic Non-Exposed</a> )	

[Pediatric Unvaccinated, Symptomatic, Exposed](#)

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

- Fever or feeling feverish (such as chills, sweating)
- Cough
- 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)
- Sore throat
- Muscle aches or body aches
- Headache
- Diarrhea
- Nausea or vomiting
- Stomach ache or pain in abdomen
- New loss of taste or smell
- New rash
- Red eyes
- Congestion or runny nose
- Other symptoms

Experiencing COVID-19 symptoms		Q8-PED	
Only "Other Symptoms"	Test = Positive	Stop triage <a href="#">MSG10</a> , <a href="#">MSG308</a> , <a href="#">T5</a> , <a href="#">MSG306</a>	PS-112
Only "Other Symptoms"	Test = Negative	Stop triage <a href="#">MSG10</a> , <a href="#">MSG309</a> , <a href="#">T6</a> <a href="#">MSG26</a>	PS-113
Only "Other Symptoms"	Test = Pending	Stop triage <a href="#">MSG10</a> , <a href="#">MSG29</a> , <a href="#">MSG309</a> , <a href="#">MSG26</a>	PS-114
Only "Other Symptoms"	Test = No Test	Stop triage <a href="#">MSG10</a> , <a href="#">T204</a> , <a href="#">MSG309</a> , <a href="#">MSG26</a>	PS-115

**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 <a href="#">MSG7</a> , <a href="#">MSG308</a> , <a href="#">T5</a>	PS-116
Yes	Test = Negative	Stop triage <a href="#">MSG7</a> , <a href="#">MSG309</a> , <a href="#">T204</a> , <a href="#">MSG216</a>	PS-117
Yes	Test = Pending	Stop triage <a href="#">MSG7</a> , <a href="#">MSG29</a> , <a href="#">MSG309</a>	PS-118
Yes	Test = No Test	Stop triage <a href="#">MSG7</a> , <a href="#">T4</a> , <a href="#">MSG309</a>	PS-119

**Q10-PED. Do any of these apply to you? (check all that apply)**

- a. Cancer
- b. Chronic kidney disease
- c. Chronic liver disease
- d. Chronic lung diseases
- e. Neurologic condition, such as cerebral palsy
- f. Diabetes (type 1 or type 2)
- g. Some disabilities (including Down syndrome)
- h. Heart conditions
- i. HIV
- j. Immunocompromised state (weakened immune system)
- k. Mental health conditions
- l. Overweight and obesity
- m. Pregnancy **\*\* If female/other gender is selected and age is  $\geq 12$  and  $< 60$  years, then include question on pregnancy**
- n. Sick cell disease or thalassemia
- o. Smoking, current or former
- p. Solid organ or blood stem cell transplant
- q. Stroke or cerebrovascular disease, which affects blood flow to the brain
- r. Substance use disorders
- s. Tuberculosis
- t. Born premature
- u. Primary immunodeficiency
- v. Physical inactivity
- w. None of the above

Q10-PED = Yes	Test = Positive	Stop triage <a href="#">MSG5</a> , <a href="#">MSG306</a> , <a href="#">MSG308</a> , <a href="#">T5</a>	PS-120
	Test = Negative	Stop triage <a href="#">MSG5</a> , <a href="#">MSG24</a> , <a href="#">MSG309</a> , <a href="#">T204</a>	PS-121

Q10-PED = None of the Above	Test = Pending	Stop triage <a href="#">MSG5, MSG24, MSG309, MSG29</a>	PS-122
	Test = No Test	Stop triage <a href="#">MSG5, MSG24, T204, MSG309</a>	PS-123
	Test = Positive	Stop triage <a href="#">MSG9, MSG24, MSG308, T5</a>	PS-124
	Test = Negative	Stop triage <a href="#">MSG9, MSG24, T204, MSG309</a>	PS-125
	Test = Pending	Stop triage <a href="#">MSG9, MSG24, MSG29, MSG309</a>	PS-126
	Test = No Test	Stop triage <a href="#">MSG9, MSG24, T204, MSG309</a>	PS-127

#### Pediatric Unvaccinated, Symptomatic, Non-Exposed Pathway

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

- Fever or feeling feverish (such as chills, sweating)
- Cough
- 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)
- Sore throat
- Muscle aches or body aches
- Headache
- Diarrhea
- Nausea or vomiting
- Stomach ache or pain in abdomen
- New loss of taste or smell
- New rash
- Red eyes
- Congestion or runny nose
- Other symptoms

Symptomatic	Q15-PED		
Only "Other Symptoms"	Test = Positive	Stop triage <a href="#">MSG10, MSG308, T5</a>	PS-128
Only "Other Symptoms"	Test = Negative	Stop triage <a href="#">MSG10, T6</a>	PS-129
Only "Other Symptoms"	Test = Pending	Stop triage <a href="#">MSG10, MSG29</a>	PS-130
Only "Other Symptoms"	Test = No Test	Stop triage <a href="#">MSG10</a>	PS-131

**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 <a href="#">MSG7</a> , <a href="#">MSG308</a> , <a href="#">MSG202</a> , <a href="#">T5</a>	PS-132
Yes	Test = Negative	Stop triage <a href="#">MSG7</a> , <a href="#">T106</a> , <a href="#">MSG202</a> , <a href="#">T6</a>	PS-133
Yes	Test = Pending	Stop triage <a href="#">MSG7</a> , <a href="#">MSG29</a> , <a href="#">MSG313</a>	PS-134
Yes	Test = No Test	Stop triage <a href="#">MSG7</a> , <a href="#">T4</a> , <a href="#">MSG313</a>	PS-135
No		Q16-PED	

**Q17-PED. Do any of these apply to you? (check all that apply)**

- a. Cancer
- b. Chronic kidney disease
- c. Chronic liver disease
- d. Chronic lung diseases
- e. Neurologic condition, such as cerebral palsy
- f. Diabetes (type 1 or type 2)
- g. Some disabilities (including Down syndrome)
- h. Heart conditions
- i. HIV
- j. Immunocompromised state (weakened immune system)
- k. Mental health conditions
- l. Overweight and obesity
- m. Pregnancy **\*\* If female/other gender is selected and age is  $\geq 12$  and  $< 60$  years, then include question on pregnancy**
- n. Sickle cell disease or thalassemia
- o. Smoking, current or former
- p. Solid organ or blood stem cell transplant
- q. Stroke or cerebrovascular disease, which affects blood flow to the brain
- r. Substance use disorders
- s. Tuberculosis
- t. Born premature
- u. Primary immunodeficiency
- v. Physical inactivity
- w. None of the above

Q17-PED = Yes	Test = Positive	Stop triage <a href="#">MSG5</a> , <a href="#">MSG306</a> , <a href="#">MSG308</a> , <a href="#">T5</a>	PS-136
	Test = Negative	Stop triage <a href="#">MSG5</a> , <a href="#">MSG24</a> , <a href="#">T106</a>	PS-137

	Test = Pending	Stop triage <a href="#">MSG5, MSG24, MSG29</a>	PS-138
	Test = No Test	Stop triage <a href="#">MSG5, MSG24, T4MSG313</a>	PS-139
Q17-PED = None	Test = Positive	Stop triage <a href="#">MSG9, MSG306, MSG308 T5</a>	PS-140
	Test = Negative	Stop triage <a href="#">MSG9, MSG24, T106</a>	PS-141
	Test = Pending	Stop triage <a href="#">MSG9, MSG24, MSG29</a>	PS-142
	Test = No Test	Stop triage <a href="#">MSG9, MSG24, T4 MSG313</a>	PS-143

#### Pediatric Unvaccinated, Asymptomatic

#### Q25-PED. In the last two weeks, have you been in close contact with someone who has COVID-19?

You have been in close contact if you have been less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period. Close contact does not include exposure within a K-12 indoor classroom setting where if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.

- Yes
- No
- I don't know

Yes No I don't know	Q38-PED	
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#### Q38-PED. In the last 10 days, have you been tested for COVID-19?

- I have been tested in the last 10 days and my result was positive.
- I have been tested in the last 10 days and my result was negative.
- I have been tested in the last 10 days and I am waiting for my result.
- I have not been tested.

Yes No I don't know	Q26-PED	
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#### 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

Q25-Ped= Yes or Idk Q26-PED = Yes	Test = Positive	Stop triage MSG307, MSG308, T105	PA-29
Q25-Ped= Yes or Idk Q26-PED = Yes	Test = Negative	Stop triage MSG216, MSG202, MSG309T105	PA-30
Q25-Ped= Yes or Idk Q26-PED = Yes	Test = Pending	Stop triage MSG216, <a href="#">MSG202,MSG29, MSG309</a>	PA-31
Q25-Ped= Yes or Idk Q26-PED = Yes	Test = No Test	Stop triage MSG216, T204, MSG309	PA-32
Q25-Ped= Yes or Idk Q26-PED = No	Test = Positive	Stop triage MSG306, MSG308, T105	PA-33
Q25-Ped= Yes or Idk Q26-PED = No	Test = Negative	Stop triage MSG309, T105	PA-34
Q25-Ped= Yes or Idk Q26-PED = No	Test = Pending	Stop triage <a href="#">MSG309, MSG29</a>	PA-35
Q25-Ped= Yes or Idk Q26-PED = No	Test = No Test	Stop triage MSG309, T204	PA-36
Q25-Ped= No Q26-PED = Yes	Test = Positive	Stop triage T105, MSG307, MSG308	PA-37
Q25-Ped= No Q26-PED = Yes	Test = Negative	Stop triage MSG202, T105	PA-38
Q25-Ped= No Q26-PED = Yes	Test = Pending	Stop triage MSG202, MSG29, T105	PA-39
Q25-Ped= No Q26-PED = Yes	Test = No Test	Stop triage T109	PA-40
Q25-Ped= No Q26-PED = No	Test = Positive	Stop triage MSG308, MSG306, T105	PA-41
Q25-Ped= No Q26-PED = No	Test = Negative	Stop triage T109	PA-42
Q25-Ped= No Q26-PED = No	Test = Pending	Stop triage MSG29	PA-43
Q25-Ped= No Q26-PED = No	Test = No Test	Stop triage T109	PA-44

## Up to Date on Vaccines Pathway

### Q40. What is your age?

- Younger than 2 years old
- 2 - 4 years
- 5-9
- 10-12
- 13-17
- 18-29
- 30-39

Commented [WPM(1)]:



- h. 40-49
- i. 50-59
- j. 60-64
- k. 65-69
- l. 70-79
- m. 80+

Age < 2	Stop triage <a href="#">MSG19</a>	FV-272
Age ≥ 2 and ≤ 9	If Q4 = Myself Stop triage <a href="#">MSG20</a> If Q4 = Someone else Go to Q5-PED ( <a href="#">Pediatric Symptomatic</a> )	FV-84
Age ≥ 10 and ≤ 12	<a href="#">MSG21</a> Go to Q41-PED (Up to date on Vaccines Pathway, Pediatric)	FV-85
Age ≥ 13 and ≤ 17	<a href="#">MSG22</a> Go to Q41-PED (Up to Date on Vaccines Pathway, Pediatric)	FV-86
Age ≥ 18	Go to Q41 (Up to date on Vaccines Pathway, Adult)	

#### [Up to date on Vaccines Adult Pathway](#)

**Q41. What sex were you assigned at birth, on your original birth certificate?**<sup>4,5</sup>

- 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 ethnic and racial groups and to monitor compliance with antidiscrimination laws, regulation, and policies.

- a. Yes
- b. No
- c. I prefer not to say

<sup>4</sup> Affects subsequent questions regarding pregnancy (ask only of people who respond Female, Refused or I don't know) as a risk status.

<sup>5</sup> 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

**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 ethnic and 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?**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

\*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

- Yes
- No

Yes	Stop triage <a href="#">MSG4</a>	FV-1
No	Q45	

**Q45. In the last two weeks, have you been in close contact with someone who has COVID-19?**

You have been in close contact if you have been less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period. Close contact does not include exposure within a K-12 indoor classroom setting where if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.

- Yes
- No
- I don't know

Yes	Q53	
No		
I don't know		

**Q53. In the last 10 days, have you been tested for 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 result.
- d) I have not been tested.

**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. 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
- m. No symptoms

Q46(Symptoms)= Other Symptoms Q45(Exposure)= Yes or I don't know	Test = Positive	Stop triage MSG10, MSG308, T5	FV- 160
	Test = Negative	Stop triage MSG10, T206,	FV- 161
	Test = Pending	Stop triage MSG10, MSG29, T206	FV- 162
	Test = No Test	Stop triage MSG10, T206	FV- 163
Q469(Symptoms)= Other Symptoms Q45 (Exposure) = No	Test = Positive	Stop triage MSG10, MSG308, T5	FV- 164
	Test = Negative	Stop triage MSG10, T6	FV- 165
	Test = Pending	Stop triage MSG10, MSG29	FV- 166
	Test = No Test	Stop triage <a href="#">T201</a>	FV- 167
Q46 (Symptoms) = Yes (a-k) Q45 (Exposure) = Yes, no, or I don't know		Go To Q47 - Up to date on Vaccines- Symptomatic Pathway	
Q46 (Symptoms) = No Symptoms		Go To Q50 - Up to date on Vaccines- Asymptomatic Pathway	

Q45(Exposure)= Yes, no, or I don't know			
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Up to date on Vaccines Adult, Symptomatic

**Q47. Do you live in a long-term care facility, nursing home, or homeless shelter?**

- Yes
- No

Q47(Congregate Care)=Yes AND Q45 (Exposure)=Yes or I don't know AND Q46 (Symptoms)=Yes (a-k)	Test = Positive	Stop triage MSG307, MSG308, T5	FV- 168
	Test = Negative	Stop triage MSG300, MSG202, T106	FV- 169
	Test = Pending	Stop triage MSG300, T207	FV- 170
	Test = No Test	Stop triage MSG300,T207, T4	FV- 171
Q47(Congregate Care)=Yes AND Q45 (Exposure)=No AND Q46 (Symptoms)=Yes (a-k)	Test = Positive	Stop triage MSG307, MSG308	FV- 172
	Test = Negative	Stop triage MSG300, T106	FV- 173
	Test = Pending	Stop triage MSG300, MSG29	FV- 174
	Test = No Test	Stop triage MSG300, T4	FV- 175
Q47 (Congregate Care)= No		Go To Question 48	

**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)=Yes or I don't know AND Q46 (Symptoms)=Yes (a-k)	Test = Positive	Stop triage MSG302, MSG8, MSG308, T5	FV- 176
	Test = Negative	Stop triage MSG302, MSG8, T106	FV- 177
	Test = Pending	Stop triage MSG302, MSG8, T207	FV- 178
	Test = No Test	Stop triage MSG302,T207, T4	FV- 179

Q47(HCW)=Yes AND Q45 (Exposure)=No AND Q46 (Symptoms)=Yes	Test = Positive	Stop triage MSG302, MSG8, MSG308, T5	FV- 180
	Test = Negative	Stop triage MSG302, MSG8, T106	FV- 181
	Test = Pending	Stop triage MSG302, MSG8, T207	FV- 182
	Test = No Test	Stop triage MSG302, T207	FV- 183
Q47 (HCW)= No		Go To Question 49	

**Q49. Do you have, or have you had any of the following? (check all that apply)**

- a. Cancer
- b. Chronic kidney disease
- c. Chronic liver disease
- d. Chronic lung diseases
- e. Dementia or other neurological conditions
- f. Diabetes (type 1 or type 2)
- g. Down syndrome Some disabilities (including Down syndrome)
- h. Heart conditions
- i. HIV infection
- j. Immunocompromised state (weakened immune system)
- k. Mental health conditions
- l. Overweight and obesity
- m. Pregnancy **\*\* If female/other gender is selected and age is  $\geq 12$  and  $< 60$  years, then include question on pregnancy**
- n. Sickle cell disease or thalassemia
- o. Smoking, current or former
- p. Solid organ or blood stem cell transplant
- q. Stroke or cerebrovascular disease, which affects blood flow to the brain
- r. Substance use disorders
- s. Tuberculosis
- t. Primary immunodeficiency
- u. Physical inactivity
- v. None of the above

Q49 (Underlying Conditions)=Yes or Over 65 AND Q45 (Exposure)=Yes or I don't know AND Q46 (Symptoms)=Yes (a-k)	Test = Positive	Stop triage MSG301, MSG308, T5	FV- 184
	Test = Negative	Stop triage MSG301, T106	FV- 185
	Test = Pending	Stop triage MSG301, T207	FV- 186
	Test = No Test	Stop triage MSG301,T207, T4	FV- 187

Q49(Underlying Conditions)=Yes or Over 65 AND Q45 (Exposure)=No AND Q46 (Symptoms)=Yes	Test = Positive	Stop triage MSG301, MSG308, T5	FV-192
	Test = Negative	Stop triage MSG301, T106	FV-193
	Test = Pending	Stop triage MSG301, T207	FV-194
	Test = No Test	Stop triage MSG301, T207, T4	FV-195
Q49(Underlying Conditions)= None and Under 65 AND Q45 (Exposure)=No AND Q46 (Symptoms)=Yes	Test = Positive	Stop triage MSG8, MSG308, T5	FV-196
	Test = Negative	Stop triage MSG8, T106	FV-197
	Test = Pending	Stop triage MSG8, T207	FV-198
	Test = No Test	Stop triage MSG8, T207, T4	FV-199
Q49(Underlying Conditions)= None and Under 65 AND Q45 (Exposure)=Yes or I don't know AND Q46 (Symptoms)=Yes	Test = Positive	Stop triage MSG8, MSG308, T5	FV-188
	Test = Negative	Stop triage MSG8, T106	FV-189
	Test = Pending	Stop triage MSG8, T207	FV-190
	Test = No Test	Stop triage MSG8, T207, T4	FV-191

Up to date on Vaccines Adult, Asymptomatic

**Q50. Do you live in a long-term care facility, nursing home, or homeless shelter?**

- Yes
- No

Q50(Congregate Care)=Yes AND Q45 (Exposure)=Yes or I don't know AND Q46 (Symptoms)= No (M)	Test = Positive	Stop triage MSG307, MSG202, MSG308, T105	FV-200
	Test = Negative	Stop triage MSG216, MSG202,,T206, T105	FV-201
	Test = Pending	Stop triage MSG216, MSG202, T206,T105	FV-202
	Test = No Test	Stop triage MSG216, T206, T4	FV-203
Q47(Congregate Care)=Yes AND Q45 (Exposure)=No	Test = Positive	Stop triage MSG307, MSG308, T105	FV-204
	Test = Negative	Stop triage T202	FV-205

AND Q46 (Symptoms)= No (M)	Test = Pending	Stop triage T202, MSG29	FV- 206
	Test = No Test	Stop triage T109	FV- 207
Q47 (Congregate Care)= No		Go To Question 51	

**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)=Yes or I don't know AND Q46 (Symptoms)=No (M)	Test = Positive	Stop triage MSG302, MSG308, T105	FV- 208
	Test = Negative	Stop triage MSG15, T206, T105	FV- 209
	Test = Pending	Stop triage MSG15, T206 T105	FV- 210
	Test = No Test	Stop triage MSG15, T206	FV- 211
Q51 (HCW) = No AND Q45 (Exposure)=Yes or I don't know AND Q46 (Symptoms)=No (M)	Test = Positive	Stop triage MSG308, T105	FV- 212
	Test = Negative	Stop triage T206	FV- 213
	Test = Pending	Stop triage MSG29, T206, T105	FV- 214
	Test = No Test	Stop triage T206, T4	FV- 215
Q51 (HCW) = No AND Q45 (Exposure)=No AND Q46 (Symptoms)=No	Test = Positive	Stop triage MSG308, T105	FV- 220
	Test = Negative	Stop triage T202	FV- 221
	Test = Pending	Stop triage MSG215, T6	FV- 222
	Test = No Test	Stop triage MSG1, T0	FV- 223
Q51 (HCW)= Yes AND Q45 (Exposure)=No AND Q46 (Symptoms)=No	Test = Positive	Stop triage MSG203, MSG308, T105	FV- 216
	Test = Negative	Stop triage T202	FV- 217
	Test = Pending	Stop triage MSG215	FV- 218

	Test = No Test	Stop triage MSG202	FV- 219
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[Up to date on Vaccines Pediatric Pathway](#)

**Q41-PED. What sex were you assigned at birth, on your original birth certificate?<sup>6</sup>**

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

**Q42-PED. How do you currently describe yourself?**

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

**Q43-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 ethnic and racial groups and to monitor compliance with antidiscrimination laws, regulation, and policies.

- a. Yes
- b. No
- c. I prefer not to say

**Q44-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 ethnic and 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-PED. Do you have any of these life-threatening symptoms?**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

\*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

- Yes
- No

<sup>6</sup> Affects subsequent questions regarding pregnancy (ask only of people who respond Female, Refused or I don't know) as a risk status.



Yes	Stop triage <a href="#">MSG4</a>	FV-87
No	<a href="#">Q45-PED</a>	

**Q45-PED. In the last two weeks, have you been in close contact with someone who has COVID-19?**

You have been in close contact if you have been less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period. Close contact does not include exposure within a K-12 indoor classroom setting where if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.

- Yes
- No
- I don't know

Yes	<a href="#">Q53-PED</a>	
No		
<a href="#">I don't know</a>		

**Q53-PED. In the last 10 days, have you been tested for 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 result.
- d. I have not been tested.

**Q46-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
- o. No symptoms

Q46-PED (Symptoms)= n, Other Symptoms Q45-PED (Exposure)= Yes or I don't know	Test = Positive	Stop triage MSG10, MSG308, MSG306, T5	FV-224
	Test = Negative	Stop triage MSG10, T206, MSG26	FV-225
	Test = Pending	Stop triage MSG10, MSG29, T206, MSG26	FV-226
	Test = No Test	Stop triage MSG10, T206, MSG26	FV-227
Q46-PED (Symptoms)= n, Other Symptoms Q45-PED (Exposure) = No	Test = Positive	Stop triage MSG10, MSG308, MSG306, T5	FV-228
	Test = Negative	Stop triage MSG10, T6	FV-229
	Test = Pending	Stop triage MSG10, MSG29	FV-230
	Test = No Test	Stop triage <a href="#">T201</a>	FV-231
Q46-PED (Symptoms) = Yes (a-m) Q45-PED (Exposure) = Yes, no, or I don't know		Go To Q47-PED – <a href="#">Up to date on Vaccines Pediatric-Symptomatic Pathway</a>	
Q46-PED (Symptoms) = No Symptoms (o) Q45-PED (Exposure)= Yes, no, or I don't know		Go To Q50-PED – <a href="#">Up to date on Vaccines Pediatric- Asymptomatic Pathway</a>	

Up to date on Vaccines Pediatric, Symptomatic

**Q47-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

Q47-PED (Congregate Care)=Yes AND Q45-PED (Exposure)=Yes or I don't know	Test = Positive	Stop triage MSG307, MSG308, T5	FV-232
	Test = Negative	Stop triage MSG216, MSG202, T106	FV-233
	Test = Pending	Stop triage MSG216, <a href="#">MSG202</a> , <a href="#">T207</a>	FV-234
	Test = No Test	Stop triage MSG216, T4, T207	FV-235

Q47-PED (Congregate Care)=Yes AND Q45-PED (Exposure)=No	Test = Positive	Stop triage T105, MSG307, MSG308	FV-236
	Test = Negative	Stop triage MSG202, T106	FV-237
	Test = Pending	Stop triage MSG202, MSG29	FV-238
	Test = No Test	Stop triage T4, MSG7	FV-239
Q47-PED (Congregate Care)= No		Go To Q49-PED	

**Q49-PED. Do you have, or have you had any of the following? (check all that apply)**

- a. Cancer
- b. Chronic kidney disease
- c. Chronic liver disease
- d. Chronic lung diseases
- e. Neurologic condition, such as cerebral palsy
- f. Diabetes (type 1 or type 2)
- g. Some disabilities (including Down syndrome)
- h. Heart conditions
- i. HIV infection
- j. Immunocompromised state (weakened immune system)
- k. Mental health conditions
- l. Overweight and obesity
- m. Pregnancy \*\* If female/other gender is selected and age is  $\geq 12$  and  $< 60$  years, then include question on pregnancy
- n. Sickle cell disease or thalassemia
- o. Smoking, current or former
- p. Solid organ or blood stem cell transplant
- q. Stroke or cerebrovascular disease, which affects blood flow to the brain
- r. Substance use disorders
- s. Tuberculosis
- t. Born premature
- u. Primary immunodeficiency
- v. Physical inactivity
- w. None of the above

**Exposed**

Q49-PED = Yes And Q45-PED =Yes or I don't know	Test = Positive	Stop triage <u>MSG5</u> , MSG306, MSG308, <u>T5</u>	FV-240
	Test = Negative	Stop triage <u>MSG5</u> , <u>MSG26</u> , <u>T106</u>	FV-241
	Test = Pending	Stop triage <u>MSG5</u> , <u>MSG26</u> , <u>T207</u>	FV-242

	Test = No Test	Stop triage <a href="#">MSG5, T4, MSG26</a> T207	FV-243
Q49-PED = None And Q45-PED =Yes or I don't know	Test = Positive	Stop triage <a href="#">MSG9, MSG306, MSG308, T5</a>	FV-244
	Test = Negative	Stop triage MSG9, <a href="#">MSG26</a> , T106	FV-245
	Test = Pending	Stop triage <a href="#">MSG9, MSG26, T207</a>	FV-246
	Test = No Test	Stop triage T4, MSG9, <a href="#">MSG26, T207</a>	FV-247

#### Not Exposed

Q49-PED = Yes And Q45-PED = No	Test = Positive	Stop triage <a href="#">MSG5, MSG306, MSG308, T5</a>	FV-248
	Test = Negative	Stop triage <a href="#">MSG5, MSG24, T106</a>	FV-249
	Test = Pending	Stop triage <a href="#">MSG5, MSG24, T207</a>	FV-250
	Test = No Test	Stop triage T4, <a href="#">MSG5, MSG24, T207</a>	FV-251
Q49-PED = None And Q45-PED = No	Test = Positive	Stop triage <a href="#">MSG9, MSG306, MSG308, T5</a>	FV-252
	Test = Negative	Stop triage <a href="#">MSG9, MSG24, T106</a>	FV-253
	Test = Pending	Stop triage <a href="#">MSG9, MSG24, T207</a>	FV-254
	Test = No Test	Stop triage T4, <a href="#">MSG9, MSG24, T207</a>	FV-255

Up to date on Vaccines Pediatric, Asymptomatic

**Q50-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

Q50-PED (Congregate Care)=Yes AND Q45-PED (Exposure)=Yes or I don't know	Test = Positive	Stop triage MSG307,MSG308, MSG202, T105	FV-256
	Test = Negative	Stop triage MSG216, MSG202, T206, T105	FV-257
	Test = Pending	Stop triage MSG216, <a href="#">MSG202, T206, T105</a>	FV-258
	Test = No Test	Stop triage	FV-259

		MSG216, T4, T206	
Q50-PED (Congregate Care)=Yes AND Q45-PED (Exposure)=No	Test = Positive	Stop triage T105, MSG307, MSG308	FV-264
	Test = Negative	Stop triage MSG202	FV-265
	Test = Pending	Stop triage MSG202, MSG29	FV-266
	Test = No Test	Stop triage T109	FV-267

Q50-PED (Congregate Care)=No AND Q45-PED (Exposure) = Yes or Idk	Test = Positive	Stop triage MSG308, <a href="#">T105</a> , <a href="#">MSG306</a>	FV-260
	Test = Negative	Stop triage T206, <a href="#">MSG26</a>	FV-261
	Test = Pending	Stop triage <a href="#">MSG29</a> , T206, <a href="#">MSG26</a> , <a href="#">T105</a>	FV-262
	Test = No Test	Stop triage <a href="#">MSG26</a> , T206, T4	FV-263
Q50-PED (Congregate Care)=No AND Q45-PED (Exposure) = No	Test = Positive	Stop triage MSG308, <a href="#">T105</a> , <a href="#">MSG306</a>	FV-268
	Test = Negative	Stop triage <a href="#">T202</a>	FV-269
	Test = Pending	Stop triage <a href="#">MSG29</a> , T6	FV-270
	Test = No Test	Stop triage MSG1, T0	FV-271

## Care Advice Messages<sup>7,8</sup>

**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.>>

**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.

<sup>7</sup> *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]

<sup>8</sup> If international; MSG11 will be received as an endcap

**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. <<Guidance provided is meant for U.S. and U.S. territory based users. Non-U.S. based users should check with their relevant public health agency in country (e.g., Ministry of Health, National Centers for Disease Control, sub-national public health offices) for additional information and guidelines about COVID-19 in their 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.**

**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.>>**

**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 younger 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.>>**

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

**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.>>**

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

**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.>>**

**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.>>**

**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.

**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.>>**

**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.>>**

**MSG306. <<Tell an administrator or nurse at your school or child care that you have tested positive for COVID-19.>>**

MSG307. <<Tell a caregiver in your facility that you have tested positive for COVID-19. Ask about when you can resume being around other people based on the results of your testing.>>

MSG308.<< Stay home and isolate from others in your home for at least 5 days (To calculate your 5-day isolation period, day 0 is your first day of symptoms or a positive test if you are asymptomatic. Day 1 is the first full day after your symptoms developed or you tested positive.). Wear a well-fitting mask if you must be around others in your home and monitor your symptoms.

- You can end isolation after 5 full days if you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved. If you are immunocompromised or have moderate to severe symptoms of COVID-19, you should isolate for at least 10 days, and consult a healthcare provider about when it is right for you to end isolation.
- You should continue to wear a well-fitting mask around others at home and in public for 5 additional days (Day 6 through Day 10) after the end of your 5-day isolation period. If you are unable to wear a mask when around others, you should continue to isolate for a full 10 days.
- Avoid people who are immunocompromised or at high risk for severe disease, and nursing homes and other high-risk settings, until after at least 10 days following close contact.>>

MSG309. <<The CDC recommends all those who have been in close contact to someone with COVID-19 and are not up to date on COVID-19 vaccinations quarantine for at least 5 full days following close contact. Stay home for 5 days, and wear a well-fitting mask if you must be around others in your home. To calculate your 5-day isolation period, day 0 is your first day of symptoms or a positive test if you are asymptomatic. Day 1 is the first full day after your symptoms developed or you tested positive.

For 10 days following close contact, wear a mask any time you are around others inside your home or in public. Do not go to places where you are not able to wear a mask, avoid travel, and being around people who are at high risk.>>

MSG310. <<The CDC recommends you isolate and stay away from others in your facility for at least 5 days (To calculate your 5-day isolation period, day 0 is your first day of symptoms or a positive test if you are asymptomatic. Day 1 is the first full day after your symptoms developed or you tested positive.). If you are immunocompromised or have moderate to severe symptoms of COVID-19, you should isolate for at least 10 days, and consult a healthcare provider about when it is right for you to end isolation.

Wear a well-fitting mask if you must be around others in your home and monitor your symptoms. If you are unable to wear a mask when around others, you should continue to isolate for a full 10 days. Your facility may have more specific guidance. Please follow the guidance of your facility while exercising caution. >>

MSG311. <<The CDC recommends you stay away from others in your facility for at least 10 days following close contact and then wear a well-fitting mask around others for an additional 5 days. If you are unable to wear a mask when around others, you should continue to quarantine for a full 10 days. Your facility may have more specific guidance. Please follow the guidance of your facility while exercising caution. >>



**MSG312.** <<If you have developed new symptoms, you should isolate and get tested for COVID-19. Please continue to stay home until you know the results. >>

**MSG313.** <<Until you are able to receive results of a COVID-19 test, isolate and stay away from others for at least 5 full days from when you began to experience symptoms. If you still do not have results of a COVID-19 tests, wear a mask when around others at home and in public for an additional 5 days. Do not go to places where you are not able to wear a mask, avoid travel, and being around people who are at high risk. To calculate your 5-day isolation period, day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed. >>

## 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.>>**

**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.

**T102. <<You may continue to test positive for three months or more without being able to infect other people.>>** 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.

**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.

**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.>>**

**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.>>**

**T204. << If you have had close contact to COVID-19 and are not up to date on your COVID-19 vaccination, the CDC recommends that you get tested at least 5 days after you last had close contact with someone with COVID-19, even if you don't develop symptoms. Testing earlier than 5 days following close contact may lead to an inaccurate or false-negative result.**

Even if you test negative, you should still continue to wear a well-fitting mask when around others until 10 days after your last close contact with someone with COVID-19.>>

**T205. << If you had confirmed COVID-19 within the last 90 days (meaning you tested positive using a viral test), you do not need to quarantine after close contact to COVID-19. If you last had COVID-19 more than 90 days ago, you should get tested at least 5 days after you last had close contact with someone with COVID-19, even if you don't develop symptoms. Testing earlier than 5 days following close contact may lead to an inaccurate or false-negative result.>>**

**T206. <<If you are up to date on your COVID-19 vaccination and not experiencing symptoms of COVID-19, you do not need to quarantine. However, even if you don't develop symptoms, get tested at least 5 days after your last close contact with COVID-19. Testing earlier than 5 days following close contact may lead to an inaccurate or false-negative result.**

**You should take precautions until 10 days following close contact, which includes wearing a well-fitting mask when you are around others indoors, and avoiding places where you are not able to wear a mask, travel, and being around people who are at high risk.>>**

**T207. <<Although you are up to date with your COVID-19 vaccinations, you should isolate due to your symptoms of COVID-19. You should continue to isolate at home, wearing a well-fitting mask around others, until you are able to receive results of a COVID-19 test. >>**

## Currently Inactive Messages

MSG2. [no Care Message 2]

MSG3. [no Care Message 3]

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

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.

MSG23. [no Care Message 23]

MSG25. <<Tell a caregiver in your facility that you may have been in close contact with someone who may have 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:
  - get tested **and**
  - quarantine for 14 days from the day of their last exposure. You may also receive a call from a contact tracing professional.
- Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, if needed to help you feel better.
- Separate yourself from other people. As much as possible, stay in a specific room and away from other people and pets in your home.

MSG28. <<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.>>

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.

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

**MSG207. [no Care Message 207]**

**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.>>**

**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.**

**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.>>**

**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.

**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.

**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.>>**

**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.

**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.

**T203. <<Based on the answers given, you should get tested 3-5 days after exposure and wear a mask in public indoor settings.>>** To maximize protection from the Delta variant and prevent possibly spreading to others, wear a mask indoors in public if you are in an area of substantial or high transmission.