

CDC nCoV ID \_\_\_\_\_

Form Approved: OMB: 0920-1011 Exp. 4/23/2020

Interim 2019 novel coronavirus (2019-nCoV) patient under investigation (PUI) form  
新型冠状病毒(2019-nCoV) 患者调查问卷

Immediately call and securely send completed form to your local/state health department. Local/state health departments should securely send forms to

Today's date今日日期 \_\_\_\_\_ patient ID Type患者身份证件类型 \_\_\_\_\_

patient ID Number患者身份证件号码 \_\_\_\_\_ State州 \_\_\_\_\_ County 镇/县 \_\_\_\_\_

Patient first name患者名 (拼音) \_\_\_\_\_ Patient last name患者姓 (拼音) \_\_\_\_\_

Patient date of birth患者出生日期 \_\_\_\_\_ Patient's Phone患者电话号码 \_\_\_\_\_

Patient's Email患者电子邮件 \_\_\_\_\_

Interviewer's name调查员名、姓 \_\_\_\_\_ Interviewer's Phone调查员电话号码 \_\_\_\_\_

Interviewer's Email调查员电子邮件 \_\_\_\_\_

Physician's name 医生名、姓 \_\_\_\_\_ Physician's Phone医生电话号码 \_\_\_\_\_

Physician's Email医生电子邮件 \_\_\_\_\_

Sex 您的性别 ☐ M 男 ☐ F 女 Age年龄 \_\_\_\_\_ ☐ yr 岁 ☐ mo 月

Date of symptom onset症状出现日期 \_\_\_\_\_

Does the patient have the following signs and symptoms (check all that apply)? 您是否有以下症状(勾选所有的适合项)?

☐ Fever 发烧 ☐ Cough 咳嗽 ☐ Sore throat 喉咙痛 ☐ Shortness of breath呼吸急促

Does the patient have these additional signs and symptoms (check all that apply)? 您是否有这些额外症状(勾选所有的适合项)?

☐ Chills 寒战 ☐ Headache 头痛 ☐ Muscle aches 肌肉酸痛 ☐ Vomiting 呕吐

☐ Abdominal pain 腹痛 ☐ Diarrhea 腹泻 ☐ Other, Specify 其他,请写明症状 \_\_\_\_\_

In the 14 days before symptom onset, did the patient: 在症状出现前的14天内:

Spend time in China? 您在中国待过一段时间吗?	<input type="checkbox"/> Y是	<input type="checkbox"/> N否	<input type="checkbox"/> Unknown 情况不明
Does the patient live in China? 您平时住在中国吗?	<input type="checkbox"/> Y是	<input type="checkbox"/> N否	<input type="checkbox"/> Unknown 情况不明
Date traveled to China 出发去中国的日期 _____ Date traveled from China 离开中国的日期 _____ Date arrived in this country到达本国的日期 _____			
Spend time in Wuhan City, China? 您在中国湖北省的武汉市住过一段时间吗?	<input type="checkbox"/> Y是	<input type="checkbox"/> N否	<input type="checkbox"/> Unknown情况不明
Does the patient live in Wuhan City? 您平时住在武汉市吗?	<input type="checkbox"/> Y是	<input type="checkbox"/> N否	<input type="checkbox"/> Unknown情况不明
Spend time in Hubei Province (not Wuhan City)? 您在湖北省(除去武汉市)待过吗?	<input type="checkbox"/> Y是	<input type="checkbox"/> N否	<input type="checkbox"/> Unknown情况不明
Does the patient live in Hubei Province (not Wuhan City)? 您平时住在湖北省(除去武汉市)吗?	<input type="checkbox"/> Y是	<input type="checkbox"/> N否	<input type="checkbox"/> Unknown情况不明
Spend time outside of this Country (not China)? 您在除了中国以外的其他国家待过一段时间吗?	<input type="checkbox"/> Y是	<input type="checkbox"/> N否	<input type="checkbox"/> Unknown 情况不明
Name of country国家名称 _____			
Does the patient live in this country? 您平时住在这个国家吗?	<input type="checkbox"/> Y是	<input type="checkbox"/> N否	<input type="checkbox"/> Unknown情况不明
Date traveled to country (not China) 前往该国家(除去中国)的日期 _____			
Date traveled from country (not China) 离开该国家(除去中国)的日期 _____			
Date arrived in this country from country (not China) 从该国家(除去中国)到达本国的日期 _____			
Have close contact <sup>3</sup> with a person who is under investigation for 2019-nCoV? 您与正在接受新型冠状病毒调查的人员有过密切接触吗?	<input type="checkbox"/> Y是	<input type="checkbox"/> N否	<input type="checkbox"/> Unknown 情况不明

Have close contact <sup>3</sup> with a laboratory-confirmed 2019-nCoV case? 您与已确诊新型冠状病毒的患者有过密切接触吗？	<input type="checkbox"/> Y是	<input type="checkbox"/> N否	<input type="checkbox"/> Unknown情况不明
Was the case ill at the time of contact? 该患者在与您接触时是否已生病？	<input type="checkbox"/> Y是	<input type="checkbox"/> N否	<input type="checkbox"/> Unknown 情况不明
Is the case a this country case? 该患者是本国的病例吗？	<input type="checkbox"/> Y是	<input type="checkbox"/> N否	<input type="checkbox"/> Unknown 情况不明
Is the case an international case? 该患者是非本国病例吗？	<input type="checkbox"/> Y是	<input type="checkbox"/> N否	<input type="checkbox"/> Unknown 情况不明
In which country was the case diagnosed with 2019 n-CoV? 该患者是在哪个国家被确诊感染新型冠状病毒的？			

### Additional Patient Information 其他患者信息

**Is the patient a health care worker?** 您是医护人员吗？ ☐Y是 ☐N否 ☐Unknown情况不明

**Have history of being in a healthcare facility (as a patient, worker, or visitor) in China?** 您在中国是否有以患者、工作人员或访客身份出入中国医疗机构？ ☐Y是 ☐N否 ☐Unknown不知道

**Care for a nCoV patient?** 您是否护理过新型冠状病毒患者？ ☐Y是 ☐N否 ☐Unknown 情况不明

**Is patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which nCoV is being evaluated?** 您是否正在与一群同患有严重急性呼吸系统疾病(如需要住院的发烧和肺炎)的患者们一起接受新型冠状病毒调查？ ☐Y 是 ☐N 否 ☐Unknown不知道

**Diagnosis (select all that apply):** 医学诊断(请勾选所有适用项)：

Pneumonia (clinical or radiologic) 肺炎（临床诊断或影像学诊断） ☐Y是 ☐N否

Acute respiratory distress syndrome 急性呼吸窘迫综合征 ☐Y是 ☐N否

**Comorbid conditions (check all that apply):** 同时患有疾病或情况(请勾选所有适用项)：

☐None无 ☐Unknown 未知 ☐Pregnancy 怀孕 ☐Diabetes 糖尿病 ☐Cardiac disease 心脏病 ☐Hypertension 高血压

☐Chronic pulmonary disease 慢性肺病 ☐Chronic kidney disease 慢性肾病 ☐Chronic liver disease 慢性肝病

☐Immunocompromised 免疫受损 ☐Other, specify 其他, 具体说明 \_\_\_\_\_

**Is/was the patient: Hospitalized?** 您因为本次患病住院（过）吗？ ☐Y是, admit date入院日期\_\_\_\_\_ ☐N否

**Admitted to ICU?** 您住进重症监护室了吗？ ☐Y是 ☐N否

**Intubated?** 您有接受气管插管治疗吗？ ☐Y是 ☐N否 **On ECMO?** 有使用体外膜肺氧合(ECMO)吗？ ☐Y是 ☐N否

**Does the patient have another diagnosis/etiology for their respiratory illness?** 对于您的呼吸道疾病，医生有否其他不同的诊断或病因分析 ☐Y, Specify 是, 请说明\_\_\_\_\_ ☐N否 ☐Unknown未知

<sup>2</sup> Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations

<sup>2</sup> 有些患者可能不会发烧，如非常年轻的、年长的、免疫被抑制的或是服用某些药物的患者。在这种情况下应依据临床判断来指导患者的检测。

<sup>3</sup> Close contact is defined as: a) being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment. Data to inform the definition of close contact are limited. At this time, brief interactions, such as walking by a person, are considered low risk and do not constitute close contact.

<sup>3</sup> 密切接触的定义是：a)在大约6英尺(2米)的范围内，或长时间在房间或护理区域内(例如，医护人员、家庭成员)，且没有穿戴官方推荐的个人防护装备(即，医用防护服、医用手套、医用呼吸器或口罩、护目镜)；或b)没有穿戴官方推荐的个人防护装备并直接接触传染性分泌物(例如，被患者咳出的飞沫溅到)。现在用于定义“密切接触”的数据是有限的。目前，短暂的互动如在一个人身边走过被认为是低风险的，不构成“密切接触”。

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