COVID-19 (2019-nCoV): Case Report Form

Condition:				Notes:
Cardiovascular disease	☐ Yes	☐ No	☐ Unknown	
Chronic Renal disease	☐ Yes	☐ No	☐ Unknown	
Chronic Liver disease	☐ Yes	☐ No	☐ Unknown	
Immunocompromised Condition	☐ Yes	☐ No	☐ Unknown	
Neurologic/neurodevelopmental	☐ Yes	☐ No	☐ Unknown	(If YES, specify) _____
Other chronic diseases	☐ Yes	☐ No	☐ Unknown	(If YES, specify) _____

If female, are you pregnant? ☐ Yes ☐ No ☐ Unknown

Smoking History:

Current smoker	☐ Yes	☐ No	☐ Unknown	
Former smoker	☐ Yes	☐ No	☐ Unknown	

Exposure Questions

During the 14 days prior to your **Date of Symptom Onset (see above)** ... *(Interviewer: use a calendar to identify the date range)*

Has the patient been under RIDOH quarantine: ☐ Yes ☐ No If Yes, please specify dates: ___/___/___ to ___/___/___

Has the patient visited or worked in a healthcare setting: ☐ No ☐ Visitor ☐ Healthcare worker (specify role):_____

Has the patient travelled internationally: ☐ Yes ☐ No If Yes, complete table below:

Location	Departure Date	Return Date	Method of Travel	Describe travel details
			☐ Airplane ☐ Car ☐ Other, specify: _____	

Has the patient travelled domestically (including to neighboring states): ☐ Yes ☐ No If Yes, complete table below:

Location	Departure Date	Return Date	Method of Travel	Describe travel details
			☐ Airplane ☐ Car ☐ Other, specify: _____	
			☐ Airplane ☐ Car ☐ Other, specify: _____	

Has the patient been in contact with a person diagnosed with COVID-19 (case): ☐ Yes ☐ No ☐ Unknown If Yes, complete below:

Name of COVID+ contact	Relation to patient	Dates of contact	Describe nature of contact

Has patient had recent contact with a person with respiratory symptoms: ☐ Yes ☐ No ☐ Unknown If Yes, complete below:

Name of person	Relation to patient	Dates of contact	Describe nature of contact

Exposure Notes : _____

_____

Exposure Classification (in consult with EPI team): ☐ Travel-international ☐ Travel-domestic ☐ Healthcare-associated

☐ Household contact ☐ Other Close Contact ☐ Unknown / Community