

CASE INTERVIEW/ CONTACT ELICITATION:

INITIAL TRACING QUESTIONS FOR SYMPTOMATIC INDIVIDUAL to IDENTIFY POSSIBLE CONTACTS

*Please note this list is not inclusive of all possible type of contacts or exposure locations

CASE NAME: (Last, First)			Date and Time of Symptom Onset: ____/____/____ ____:____ A/P		48 hr Prior to Symptom Onset: ____/____/____ ____:____ A/P		
Household and Intimate Contacts	School: Classrooms, cohort, break times, transition times, tutors, counselors, support services, enrichment classes, extended day/aftercare, administrative offices, sports/PE, theater, music.	Transportation and Travel: Carpool, bus, commuter van, metro, uber, taxi, airline travel, cruise, rental vehicle, airport, etc.	Family, Friends and Social Acquaintances: Family gatherings, Social gatherings, exercise/workout, outdoor/adventure, sports clubs, neighborhood gatherings, cooking class, yoga class, dance class, book club, birthday party, baby shower, wedding, funeral, barbecue, weekend getaway, block party, holiday pot-luck, vacation, visited family or friends.	Workplace Colleague/ Customer: Businesses, meetings, conferences, restaurants, shops, client's homes (e.g., carpenter, electrician, plumber), animal shelter, factory, hair salon, etc.	Community: Child care, grocery stores, drug stores, shops/shopping malls, restaurants, coffee shops, sports clubs, hardware store, bank, worship centers, movie theaters, sporting events, concerts, bars/brewhouse, parties library, bowling alley, bingo hall, barber shop, hair salon, nail salon, brow or eyelash salon, day spa, tattoo shop, piercing shop, yoga studio, gym, animal shelter, etc.	Healthcare: Hospital outpatient/inpatient, Emergency Room, urgent or acute care center, physician offices, dialysis centers, laboratories, dentist offices, pharmacies, ambulance transport, physical therapy, care facility, skilled nursing facility, long-term medical care facility, etc.	Group Living Settings: Long term care residential home, assisted living facility, hospice, retirement home, group home, correctional facility (prison/jail/juvenile hall), homeless shelters, multigenerational households, etc.
NAME OF CONTACT		Relation to Case	Contact Location	Contact Date	Contact Time & Duration	Contact Description	
1.							
2.							
3.							
4.							
5.							

Pg 2 CASE INTERVIEW/ CONTACT ELICITATION:

CASE NAME: (Last, First)	Date and Time of Symptom Onset: ____/____/____ ____:____ A/P	48 hr Prior to Symptom Onset: ____/____/____ ____:____ A/P
----------------------------------	--	--

NAME OF CONTACT	Relation to Case	Contact Location	Contact Date	Contact Time & Duration	Contact Description
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					