Follow up

Category	Question	Answer
Clinical Info & Diagnosis		
	PUI Number	
	What is the current status of this person	
	Under what process was the PUI or case first identified	
	If EpiX, Division of Global Migration Quarantine (DGMQ) ID	
	Other case identification method (specify)	
	Symptoms present during course of illness	
	If symptomatic, what is the current symptom status	
	If symptomatic, date symptoms resolved	
	Symptom, clinical course, past medical and social history collected from	
	Fever >100.4F (38C)	
	Highest known fever (F)	
	Onset date	
	Duration of fever >100.4F (38C) (days)	
	Subjective fever (felt feverish)	
	Chills	
	Muscle aches (myalgia)	
	Headache	
	Runny nose (rhinorrhea)	
	Sore throat	
	Cough (new onset or worsening of chronic cough)	
	Shortness of breath (dyspnea)	
	Abdominal pain	
	Vomiting	
	Nausea	
	Diarrhea (3 or more loose/looser than normal stools/24hr period)	
	Does the case have other symptoms	
	Other symptoms (specify)	
	Did the case develop pneumonia	
	Did the case have acute respiratory distress syndrome	
	Did the patient have an abnormal chest X-ray or imaging	
	Does the case have another diagnosis/etiology for their respiratory illness	
	If yes, specify	
	Case respiratory diagnostic results	
	Test	

Category	Question	Answer
Clinical Info & Diagnosis		
	Other respiratory test (specify)	
	Result	
	Was the case admitted to an intensive care unit	
	Did the patient receive mechanical ventilation (MV) / intubation	
	Total number of days with MV	
	Did the patient receive extracorporeal membrane oxygenation (ECMO)	
	Total number of days with ECMO	
Medical & Social History		
	Does the case have any pre-existing medical conditions	
	Chronic lung disease (asthma, emphysema, COPD)	
	Diabetes mellitus	
	Cardiovascular disease	
	Chronic renal disease	
	Chronic liver disease	
	Immunocompromised condition	
	History of cancer diagnosis	
	If yes, specify cancer type	
	Neurological / neurodevelopmental / intellectual disability	
	If yes, specify	
	Other chronic diseases	
	If yes, specify	
	Are you currently pregnant	
	Current smoker	
	Former smoker	
Risk Factors/Travel		
	Traveled within Iowa	
	City within Iowa	
	Departure date	
	Return date	
	Traveled within U.S.	
	State within U.S.	
	City within U.S.	
	Departure date	
	Return date	
	Travel to China	
	Travel to mainland china	
	Province	
	City	
	Departure date	
	Return date	
	Did others travel with you	
	Traveled outside U.S. (excluding china)	

Category	Question	Answer
Risk Factors/Travel		
	Country outside U.S.	
	Departure date	
	Return date	
	Have contact with another laboratory-confirmed COVID-19 patient	
	If other, specify	
	If the patient had contact with another COVID-19 case, was this person a U.S. case?	
	nCoV ID of source case (format is IA######)	
	Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology	
	Exposure setting	
	Other exposure setting (specify)	
	Have any contact with any type of animals including livestock, pets, or wildlife, whether at home or away	
	Where (city/country) contact occurred	
	Animal contact	
	If Other, specify	
	When did contact occur	
	Contact setting	
	Other, specify	
Contacts		
	Number of people living in case"s household	
	Household contacts	
	Last name	
	First name	
	Date of birth	
	Calculated age	
	Estimated	
	Estimated age	
	Gender	
	Address line 1	
	Address line 2	
	ZIP code	
	ZIP +4	
	City	
	State	
	County	
	Phone	
	Ext	
	Type	
	Symptoms present	
	Symptoms	
	Earliest onset date	

Category	Question	Answer
Contacts		
	Is the contact a case	
	Other non-household contacts	
	Last name	
	First name	
	Date of birth	
	Calculated age	
	Estimated	
	Estimated age	
	Gender	
	Address line 1	
	Address line 2	
	ZIP code	
	ZIP +4	
	City	
	State	
	County	
	Phone	
	Ext	
	Type	
	Symptoms present	
	Symptoms	
	Earliest onset date	
	Is the contact a case	
10-Day Isolation Release		
	Did the case meet the isolation release criteria 10-days after their symptoms started	
	Date case released from isolation Date of fever resolution	
	Date of other symptom resolution	

Notes