Follow up

Category	Question	Answer
Clinical Info & Diagnosis		
	Symptoms present during course of illness	
	If symptomatic, what is the current symptom status	
	If symptomatic, date symptoms resolved	
	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	
	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	

Category	Question	Answer
Medical & Social History		
	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)	
	Country outside U.S.	
	Departure date	
	Return date	
	Have contact with another laboratory-confirmed COVID-19 patient	
	If other, specify	
	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	

Category	Question	Answer
Risk Factors/Travel		
	If Other, specify	
	When did contact occur	
	Contact setting	
	Other, specify	
Contacts		
	Number of people living in case"s household	
	Number of sick people living in case"s household	

Notes