

COVID-19 Interview Tool for Confirmed & Probable Cases and Identifying Their Contacts (Version 8.0 Oct 11, 2021)

Use this interviewing tool to guide your interviews with confirmed or probable cases of COVID-19. This tool will assist with collecting critical clinical information on the case (this page) and risk activities & group settings of concern (pages 2-4) as well as identifying the case's close contacts for follow-up (page 5). Instructions, Infectious Period Calculation Tool and Extra Notes Space are available on pages 6 & 7.

Interview Date: _____	MAVEN ID#: _____
Patient Demographics: <i>(Demographic Question Package & Participants Tab in MAVEN)</i>	
Patient Name: _____ Date of Birth ____/____/____ Phone 1: (____) _____ - _____ (h/c/w) Email Address: _____ Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> (Street) (Apt #) </div> Town: _____ State & Zip: _____ <i>If case is enrolled at/works/or lives at any of the following (Childcare, K-12, College, Congregate Setting): Be sure to Update Risk Question Package 5 in MAVEN and on the following Pages.</i>	
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unk <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander Hispanic, Latinx, or Spanish Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Refused Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Unk Disability: <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes _____	Is Case a Healthcare Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Occupation: _____ Employer: _____ Location: _____ Date Last Worked: ____/____/____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> <input type="checkbox"/> Work In MA State <input type="checkbox"/> Work Out of State: _____ </div> Multiple Employers? No <input type="checkbox"/> Yes <input type="checkbox"/> (Use Notes Page to Document)
Clinical Questions: <i>(3. Clinical Question Package in MAVEN)</i>	
Did Patient Have Symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Symptom Onset Date: ____/____/____ <ul style="list-style-type: none"> • Abdominal Pain <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown • Chills <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown • Cough <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> ◦ Cough onset Date: ____/____/____ • Diarrhea <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown • Difficulty Breathing/ Shortness of Breath <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk • Fever <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> ◦ Fever onset Date: ____/____/____ ◦ Highest temp: _____ ◦ Fever duration (days) _____ • Headache <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown • Loss of Appetite <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown • Loss of Smell and/or Taste <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown • Muscle Aches/Pains (myalgia) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown • Sore Throat <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown • Vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown • Other, specify: _____ Symptom Resolution Date ____/____/____	Previously diagnosed with COVID-19 > 90 days ago? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Medical Notes: Underlying Health Conditions: <input type="checkbox"/> Yes <input type="checkbox"/> None <input type="checkbox"/> Unknown <i>If yes, please Specify</i> _____ Is Patient Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Clinical Complications: Did patient develop pneumonia? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Did patient develop acute respiratory distress syndrome (ARDS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Other, specify: _____ Was Patient Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Hospitalization Dates: ____/____/____ to ____/____/____ Hospitalized in ICU? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Hospital Name: _____ Patient Outcome: <input type="checkbox"/> Died <input type="checkbox"/> Recovered <input type="checkbox"/> Unknown Date of Death: ____/____/____
Vaccination Status: <i>(4. Vaccine & IG Information Question Package in MAVEN)</i>	
Was Patient Vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If no, reason not vaccinated: _____	Vaccine: _____ Date: ____/____/____ Vaccine: _____ Date: ____/____/____ Vaccine: _____ Date: ____/____/____ Information Source: _____

COVID-19 Interview Tool for Confirmed & Probable Cases and Identifying Their Contacts (Version 8.0 Oct 11, 2021)

Possible Sources of Exposure 14 Days Prior to Illness: *(These Top Questions will help you fill in the various sections in Risk Question Package 5.)*

Check All Possible Sources of Exposure that Apply to this Case:

- ☐ Yes ☐ No ☐ Unk Did case travel out-of-state or out-of-country during incubation period?
- If YES, complete Travel Questions below.
- ☐ Yes ☐ No ☐ Unk Was Case a known contact to a confirmed case? *(Confirmed Source Case Name or Maven ID):* _____
- If YES, Was case identified for quarantine by a public health official (i.e., began in MAVEN as a Contact)? ☐ Yes ☐ No ☐ Unk
 - If YES, complete Known Close Contact Exposure Questions below.
 - If NO, complete Activities Questions (P4)
 - If NO or UNKNOWN, Case was not a known contact first, complete Activities Questions (P4).

Other Possible Risk Settings:

- ☐ Yes ☐ No ☐ Unk Is case employed at, live at, or attend a group or congregate care setting (examples, nursing homes, hospitals, jails, etc.)?
- If YES, complete Group Setting Questions below.
- ☐ Yes ☐ No ☐ Unk Is case employed or enrolled at a childcare program or K-12 school (includes daycare, preschool, before/after school care, and K-12 school)?
- If YES, complete Daycare/School-Aged Childcare/K-12 Questions below.
- ☐ Yes ☐ No ☐ Unk Is case employed or enrolled at a college/university or Boarding School? *(Also includes possible unaffiliated individuals who were exposed to these settings)*
- If YES, complete College/University and Boarding School Questions below.

General Risk Questions:

- During the 14 days prior to infection, how often did case wear a face covering when interacting with people outside of their household?
- ☐ All of the Time ☐ Most of the Time
☐ Some of the Time ☐ None of the Time ☐ Unk
- During the 14 days prior to infection, how often was case able to maintain social distance? (At least 6 feet apart when near someone for 15 minutes or more.)
- ☐ All of the Time ☐ Most of the Time
☐ Some of the Time ☐ None of the Time ☐ Unk

Travel During Incubation Period: Did case travel out of state or the country during incubation period? ☐ N/A

Travel Dates / / to / / Did patient fly while infectious? ☐ Yes, ☐ No ☐ Unk

Locations & Notes: Flight Information* (during infectious Period) Date: / /

Airline: _____ Flight #: _____

*Add flight info in case notes & contact MDPH with MAVEN ID. MDPH will notify the quarantine station if there were flight exposures.

Known Close Contact Exposure (Complete these questions if Patient converted from Identified Close Contact to Confirmed or Probable Case). ☐ Not Applicable

The following questions pertain to interactions between this case and the known index case that exposed them:

- Was case identified for quarantine by a public health official (i.e., began in MAVEN as a Contact)? ☐ Yes ☐ No ☐ Unk
If NO, stop and complete Activities & Settings Questions
- WHERE was case exposed to confirmed case? (ex., household member, work, gym, restaurant, social gathering, etc.)
- Description(s): _____ ☐ Indoors ☐ Outdoors ☐ Both ☐ Unk
- Mask Wearing:** During exposure to confirmed case, how often was this case wearing a face covering?
- ☐ All of the Time ☐ Most of the Time
☐ Some of the Time ☐ None of the Time ☐ Unk
- Social Distancing:** During exposure to confirmed case, how often was this case able to maintain social distance?
(At least 6 feet apart when near someone for 15 minutes or more.)
- ☐ All of the Time ☐ Most of the Time
☐ Some of the Time ☐ None of the Time ☐ Unk

COVID-19 Interview Tool for Confirmed & Probable Cases and Identifying Their Contacts (Version 8.0 Oct 11, 2021)

Group Setting Questions (ex: Nursing homes, rest homes, hospitals, jails, etc.) Complete if case is employed at, lives at, or attends a group or congregate care setting (examples include nursing homes, hospitals, jails, etc.). <input type="checkbox"/> Not Applicable			
Name and Location of the Facility: _____			
Facility Type: _____ (ex, LTCF, Assisted Living, Group Home, etc.)		Is Case an employee of the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk If yes, does case have direct care responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Did case have close contact with others in this setting while infectious? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		If applicable, healthcare worker type: _____	
Group Setting Questions - Daycare/School-Aged Childcare/K-12 Information Complete if case is employed or enrolled at a child care program or K-12 school (includes daycare, preschool, before/after school care, and K-12 school) <input type="checkbox"/> Not Applicable			
School Program Type: <input type="checkbox"/> Daycare <input type="checkbox"/> School-Aged Childcare (K-12) <input type="checkbox"/> School (Elementary/Middle) <input type="checkbox"/> School (Secondary/Vocational) <input type="checkbox"/> Unk		School Type: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Special Education	
Classroom Instruction/Learning Type: <input type="checkbox"/> Remote <input type="checkbox"/> Hybrid <input type="checkbox"/> In-Person For Remote or Hybrid Learning Type: Where did remote instruction/learning take place? (where did the case go to do their remote teaching/learning) <input type="checkbox"/> School (computer classroom set up for remote learning) <input type="checkbox"/> Home (in case's own home) <input type="checkbox"/> Non-School Public Setting (ex, YMCA, Boys & Girls Club, etc.) <input type="checkbox"/> Non-Home Private Setting (ex, family cooperative, learning pod, etc.)		Child Care Program or School Name: _____ MA City/Town: _____ When was the case at the child care program or school? <input type="checkbox"/> Incubation Period* <input type="checkbox"/> Infectious Period** <input type="checkbox"/> Both <input type="checkbox"/> Unk Did case have close contact with others in this setting while infectious? (Have close contacts been identified?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>*Incubation Period: The 14 days prior to symptom onset date, or if never symptomatic, the date of positive specimen. **Infectious Period: Begins 2 days prior to symptom onset (or date of specimen collection if never symptomatic) through the 10 days thereafter.</i>	
Group Setting Questions - College/University and Boarding School Information Complete if case is employed or enrolled at a college/university or boarding school? (Also includes possible exposures.) <input type="checkbox"/> Not Applicable			
Education Institution Name: _____ _____		If a likely setting for exposure was identified: (Ex., school club, team, dorm, event, etc.) Setting Type for possible exposure identified? Setting Type: _____ Specify Setting Name: _____ When was case there? <input type="checkbox"/> Incubation Period <input type="checkbox"/> Infectious Period <input type="checkbox"/> Both <input type="checkbox"/> Unk	
Case's Residence Type: <input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus	Association of Case: <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Grad Student <input type="checkbox"/> Undergrad <input type="checkbox"/> Other Specify: _____	Did case have close contact with others in this setting while infectious? (close contacts identified?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	

COVID-19 Interview Tool for Confirmed & Probable Cases and Identifying Their Contacts (Version 8.0 Oct 11, 2021)

Questions Related to ACTIVITIES and SETTINGS (Only Complete if Case was NOT originally identified as a close contact by Public Health Authority) <i>"In the two weeks before your symptoms began (or in the two weeks before you took your test if you never had symptoms) did YOU participate in any of the following activities?"</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Go to work outside your home (not telework) <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> Unk
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Hug or shake hands when greeting an individual <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> Unk
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Visit with friends or family <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> Unk
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Utilize public transportation (subway, ferry, taxi, rideshare (i.e. Uber, Lyft), bus, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Ride in a carpool
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Wait in a healthcare setting (doctor's office, ED, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Eat at a bar or restaurant <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> Unk
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Attend a wedding, funeral, or other social gathering <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> Unk
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Go to a hair salon, barbershop, nail/waxing salon, or spa, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Engage in physical exercise in a group setting <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> Unk
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Swim in a public pool <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> Unk
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Play a close contact sport <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> Unk
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Attend recreational activities (amusement park, laser tag, trampoline park, etc.) <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> Unk
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Attend a movie theater
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Visit a library or museum
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Shop at a mall or other retail stores
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Attend a large public gathering (religious service, concert, sporting event, rally, etc.) <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> Unk
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Did any children in your household attend school, camp, or daycare? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> Unk
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Did you participate in another significant activity or event that is not otherwise included above? Please Describe: <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>

COVID-19 Interview Tool for Confirmed & Probable Cases and Identifying Their Contacts (Version 8.0 Oct 11, 2021)

MassNotify: (Complete Question Package 9. Exposure Notification (ENX) Information)

Do you have MassNotify enabled on your phone? ☐ Yes ☐ No ☐ Unk

☐ Yes ☐ No ☐ Unk Have you shared your results with MassNotify?

☐ Yes ☐ No ☐ Unk Did you receive an exposure notification from MassNotify in the past 14 days?

☐ Yes ☐ No ☐ Unk Did you receive a call from a contact tracer/LBOH informing you that you were a contact in the past 14 days?

By which method were you FIRST identified as a contact? ☐ MassNotify ☐ Contact Tracing ☐ Unk

Close Contact is Defined as:

a) Someone who was within 6 feet of an infected person while indoors for a cumulative total of 15 minutes or more over a 24-hour period. – or –

b) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

Note: Wearing cloth masks can reduce risk, but does not eliminate exposure completely.

Identifying Close Contacts to the Confirmed or Probable Case

Use the following conversation guide to identify potential contacts to the confirmed case. Look for close contact with the case beginning in the 2 calendar days prior to symptom onset or test date. Write your notes here, and then utilize the [Close Contact Form](#) to identify and track individual contacts for follow-up.

Note: Symptom Onset Date: __/__/__ (Infectious Period Begins Two Calendar Days Prior. Onset Date is Day Zero.)

Infectious Period Dates: 2 days prior to symptom onset: __/__/__ to Date Isolated/Last Known Exposure: __/__/__

1. Household Contacts: ☐ Yes or ☐ None Identified

2. Close Friends/Associates: ☐ Yes or ☐ None Identified

3. High Risk Exposures (Medical appointments or visits to Rest Homes, Long Term Care Facilities, Nursing Homes, Schools, etc.):

☐ Yes or ☐ None Identified

4. Workplace Exposures: ☐ Yes or ☐ None Identified

5. Community Exposures (Includes Sports, Clubs, Social Gatherings, Religious Services, Restaurants, etc.):

☐ Yes or ☐ None Identified

6. Other Questions/Concerns? ☐ Yes or ☐ None Identified

Are there other issues or concerns the case would like to discuss? Have we covered all possible activities and potential exposures from when the case was symptomatic/infectious?

COVID-19 Interview Tool for Confirmed & Probable Cases and Identifying Their Contacts (Version 8.0 Oct 11, 2021)

Key Messages:

The confirmed or probable case should be isolated away from all household contacts to the extent possible (separate rooms, bathrooms, etc.). Their close contacts are now required to quarantine and will be in quarantine until 14 days following their LAST EXPOSURE to the case. (Some contacts may exit Strict Quarantine early if they meet requirements.)

- In select cases where total isolation is not possible from the household, contacts must quarantine while continuously exposed. Then, once the case is considered “cleared from isolation,” household contacts begin their FINAL 14 days of quarantine from the time of last exposure to this case prior to clearance. This could potentially be a very long time.

Cases in Isolation:

When can confirmed & probable cases exit isolation? Confirmed and probable cases must remain in isolation until they have been “cleared” by a public health authority.

- Symptomatic persons with COVID-19 (lab-confirmed or clinically diagnosed) who are in home isolation may discontinue home isolation under the following conditions: (Guidelines Updated 09/14/2021)
 - ✓ At least 24 hours have passed *after* resolution of fever without the use of fever-reducing medications AND improvement of other symptoms (e.g., cough, shortness of breath) AND
 - ✓ At least **TEN** days have passed since symptoms first appeared (illness onset). Onset date (of symptoms) would be considered “day zero.”
- Therefore, anyone with COVID-19 should stay home for a minimum of **ten** days. Only then should they discontinue isolation if at least 24 hours have also passed since fever resolution & other symptom improvement.
- Asymptomatic persons with lab-confirmed COVID-19 infection may discontinue home isolation when at least **10** days have passed since the collection date of their first positive COVID-19 diagnostic test and they have had no subsequent illness.

Contacts in Quarantine: Determining Quarantine Dates: The period a CONTACT must quarantine is determined by the day of their **LAST EXPOSURE** (Day 0). If the last exposure was on Sunday, March 7 (Day 0), then Day 1 is Monday, March 8, and Day 14 is Sunday, March 21. The contact may return to normal activities on Monday, March 22 (Day 15). **MDPH now allows asymptomatic contacts to exit Strict Quarantine earlier than Day 15, as described below, but must meet the following criteria and actively monitor themselves for the remainder of the 14-day Quarantine Period.**

Release on Day 8 after last exposure IF:

(MA Guidelines Updated 9/29/2021)

- A test (either PCR or antigen) taken on Day 5 or later is negative; AND
- The individual has not experienced any symptoms up to that point; AND
 - The individual conducts active monitoring through Day 14 and remains symptom free.

Release on Day 11 after last exposure IF:

- The individual has not experienced any symptoms up to that point; AND
- The individual conducts active monitoring through Day 14 and remains symptom free.
 - No test is necessary under this option.

Release on Day 15 after last exposure IF:

- The individual has experienced ANY symptoms during the quarantine period EVEN if they have a negative COVID-19 test; OR The individual indicates they are unwilling or unable to conduct active monitoring.

- ✓ Distribute the MDPH Isolation Guidance to the Confirmed Case.
- ✓ Distribute the MDPH Quarantine Guidance to Identified Close Contacts.

Use the Close Contact Form to collect information on and track individual close contacts. Partner with the confirmed case to assist in notifying contacts when possible. (For example, the case should be able to notify their workplace Human Resources Department, and the workplace can help facilitate notifications to colleagues as appropriate.)

- ✓ Create MAVEN events for individual contacts identified.
- ✓ “Share” index case and contact events with other towns as applicable.

MDPH understands the volume may be challenging, but focus on high priority contacts. You can notify contacts by phone or email and check back in at the end of the quarantine to confirm they did not develop illness.

COVID-19 Interview Tool for Confirmed & Probable Cases and Identifying Their Contacts (Version 8.0 Oct 11, 2021)

Additional Notes Page:

Infectious Period Estimation Tool: Use this table to estimate a case's infectious period and when they can likely exit isolation (Day 11).

- ✓ **Symptomatic Cases:** The infectious period begins two days before symptom onset through 10 days after, with the day of symptom onset as Day 0. (Fever must have resolved at least 24 hours prior to exiting isolation and other symptoms must have greatly improved.)
- ✓ **Asymptomatic Cases:** The infectious period begins two days before positive test collection date through 10 days after, with the day of specimen collection as Day 0.

Example:

Infectious Period start		Onset or Test Date										Last Day	Exit
Day -2	Day -1	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11
10/13	10/14	10/15	10/16	10/17	10/18	10/19	10/20	10/21	10/22	10/23	10/24	10/25	10/26

Note Isolation/Infectious Period below in chart for reference during interview.

Key Dates for Current Case:

Infectious Period start		Onset or Test Date										Last Day	Exit
Day -2	Day -1	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11

Additional Employer Information (Employer, location, date last worked):

Additional Exposures/Activities/Notes: