

Form to correspond with the script

Demographics	
Name:	Alternate name(s):
Mature minor: <input type="checkbox"/> Consent to complete interview <input type="checkbox"/> Consent for parent/guardian to complete interview	
Who is providing this information?	Relationship to case:
DOB:	PHN:
Parent/guardian (if applicable):	Phone:
Primary care provider:	
Email address:	
Information Source:	

Source of exposure
Additional information on where the case may have acquired COVID-19:
Which source likely explains their infection?
If a high risk setting, describe which factors may have contributed to transmission?
Was travel a factor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:

Transmission settings assessment (during the infection period):
Did the case expose any high-risk settings? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____
Factors that may have contributed to transmission risk: _____
Is there a risk for the Case to continue to expose any settings during their infectious period (ie, unable to self isolate)? <input type="checkbox"/> No <input type="checkbox"/> Yes
Were public health protective measures used in the setting? <input type="checkbox"/> 2m distance <input type="checkbox"/> Physical barriers <input type="checkbox"/> PPE <input type="checkbox"/> hand washing
Contact information for facility (facility manager/site supervisor): _____
Additional notes about contact tracing (e.g. could all Contacts be identified? Which Contacts live in the same household?): _____
Have you notified anyone that you have spent time with of your COVID-19 diagnosis? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, and not close contacts, advise Case to call those individuals and let them know they do not need to isolate and just monitor for symptoms.



Contact tracing						
Name	Phone Number	Last date of exposure (or ongoing contact)	Exposure location	DOB	Home: community	Additional information

Completed by (name and position): \_\_\_\_\_ Date: \_\_\_\_\_