COVID-19 Patient Intake and Symptoms Screening

1. Patient Status at Intake ☐ Confirmed case ☐ Presumed case ☐ Contact	
1.1 Case ID (if COVID-suspected or -confirmed):	
1.2 Contact ID (if close contact of COVID case):	
*a person may have a contact and case ID if they started as a contact and then were converted to a case	
2. Contact Information and Demographics	
2.1 First name:	2.2 Surname:
2.3 Sex: ☐ Male ☐ Female	2.4 Date of Birth: / / (DD/MM/YYY)
(if <60 months)	2.6 Nearest Health Centre
2.7 Telephone number	2.8 National social number/ identifier
2.9 Other Electronic Number (HIV ID/NCD ID/EMR ID)	2.10 Community Health Worker Name
2.11 Province/Region if non-national, list country here	2.12 District/Commune
2.13 Town or Village	2.14 Landmark/street name
3. Visit Information [pre-print country here]	
3.1 Facility Name list community if not in facility	3.3 Date of interview / / (DD/MM/YYY)
3.2 Data collector name	3.4 Data collector phone number
4. Symptoms	
4.1 Has the respondent experienced any respirator	•
symptoms (cough, shortness of breath, sore throat running nose) in the last 14 days?	, □ Yes
4.2 Fever (≥38 °C) or history of fever	\square No \square Yes \rightarrow Start date:/
4.3 Dry cough	\square No \square Yes \rightarrow Start date:/
5. Danger Signs	
5.1 Rapid Breathing or Shortness of Breath	\square No \square Yes \rightarrow Start date:/
5.2 Altered consciousness	\square No \square Yes \rightarrow Start date:/
5.3 Inability to eat, drink, or walk	\square No \square Yes \rightarrow Start date:/(DD/MM/YYYY)
If yes to at least one danger sign, patient needs to be seen by clinician immediately	

