

COVID-19 Case Community Monitoring List

Page # _____

Data collector name:	Location:	Date (dd/mm/yyyy):
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Line Number	Case Name	Address of contact <small>(Town/Village & Landmark) OR (Location of isolation)</small>	Sex	Date of Symptom Onset	Date of Scheduled Isolation End	Develop Severe Symptoms?	Still symptomatic at end of Isolation?	Final Outcome ¹ <small>(See codes below)</small>
	Assigned Case ID	Phone Number	Age	/ /	/ /	<input type="checkbox"/> severe <input type="checkbox"/> refer	<input type="checkbox"/> still symptom / /	
	Assigned Contact ID <small>(if case started as a contact)</small>							
1			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	<input type="checkbox"/> severe <input type="checkbox"/> refer	<input type="checkbox"/> still symptom / /	
2			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	<input type="checkbox"/> severe <input type="checkbox"/> refer	<input type="checkbox"/> still symptom / /	
3			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	<input type="checkbox"/> severe <input type="checkbox"/> refer	<input type="checkbox"/> still symptom / /	
4			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	<input type="checkbox"/> severe <input type="checkbox"/> refer	<input type="checkbox"/> still symptom / /	
5			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	<input type="checkbox"/> severe <input type="checkbox"/> refer	<input type="checkbox"/> still symptom / /	
6			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	<input type="checkbox"/> severe <input type="checkbox"/> refer	<input type="checkbox"/> still symptom / /	
7			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	<input type="checkbox"/> severe <input type="checkbox"/> refer	<input type="checkbox"/> still symptom / /	
8			<input type="checkbox"/> M <input type="checkbox"/> F	/ /	/ /	<input type="checkbox"/> severe <input type="checkbox"/> refer	<input type="checkbox"/> still symptom / /	

¹REC=Recovered D=Died RF=Refuse Follow up L=Lost A=Admitted