

Record ID

Case Creation Date

Case Number

Jurisdiction

- ELP
- FT BLISS
- NM
- MEXICO
- OTHER
- BINATIONAL

Notification date

(yyyy-mm-dd)

Data entry person

DEMOGRAPHICS

Patient's name (Last name, First name)

Birth date:

(yyyy-mm-dd)

Calculated Age

Age

Gender

- Male
- Female
- Other

Other:

Race

- White
- Black
- Asian
- Pacific Islander
- Native American/ Alaskan
- Unknown
- Other

Other:

Hispanic

- Yes
- No

Address:

(street)

City:

(city)

Zip Code:

State:

Home phone:

(915/555-1212)

Cell phone:

(915/555-1212)

Investigator's name:

Investigation start date:

(yyyy-mm-dd)

Reported by (Lab)

- DPH Lab
- Quest
- Lab Corp
- CPL
- Other
- WBAMC
- STATE

Name of Laboratory (Other)

Reported by (Hospital, HCP)

- THOP- East
- THOP- Transmountain
- THOP- Memorial
- THOP- Sierra
- THOP- Horizon
- EPCH
- UMC
- Las Palmas MC
- Del Sol MC
- WBAMC
- Other

Name of reporting facility

COVID-19 FACTORS

Underlying medical conditions?

- No
- Yes
- Unknown

Underlying condition:

Disabilities

Does the patient have medical insurance?

- Yes
- No

Type of medical insurance

- Private
- Medicaid
- Medicare
- Other

Other insurance

Travel (Including Juarez and New Mexico):

- No
- Yes
- Unknown

Travel history:

Is the case a Health care worker?

- Yes
- No

Unemployed:

- No
- Yes
- Unknown

Name of employer:

Employer's address

Occupation:

Last day at work

(yyyy-mm-dd)

Student?

- No
- Yes
- Unknown

Name of school:

Is the patient in a shelter?

- Yes
- No

Name of the shelter

Is the patient in a correctional/detention facility?

- Yes
- No

Please indicate whether staff or resident

- Staff
- Resident

Name of the facility

Resident or staff at a nursing home or assisted living facility:

- Yes
- No

Please indicate whether staff or resident

- Staff
- Resident

Name of nursing home or assisted living facility

Is the case part of a home health care agency?

- Yes
- No

Please indicate whether staff or patient

- Staff
- Patient

Name of Home Health Care Agency

Is the case a patient/staff at a behavioral or mental health facility?

- Yes
- No

Please indicate whether staff or patient

- Staff
- Patient

Name of the facility

Associated to a confirmed COVID-19 case:

- No
- Yes
- Unknown

Associated case name (s):

Have you attended any parties or reunions 14 days prior to onset of symptoms:

- No
- Yes
- Unknown

HOSPITALIZATION

Hospital admission?

- No
- Yes
- Unknown

Hospital name

Admission date:

(yyyy-mm-dd)

Onset of symptoms date:

(yyyy-mm-dd)

Symptoms

(symptom|symptom|symptom|)

- Symptomatic
- Asymptomatic

Symptoms

ICU Admission?

- No
- Yes
- Unknown

ICU admission date:

(yyyy-mm-dd)

Discharged from ICU?

- Yes
- No

Discharge ICU date:

(yyyy-mm-dd)

Ventilator:

- No
- Yes
- Unknown

Start of ventilator date:

(yyyy-mm-dd)

Out of Ventilator?

- Yes
- No

Out of ventilator date:

(yyyy-mm-dd)

Discharged from hospital:

- Yes
- No
- Unknown

Discharge date:

(yyyy-mm-dd)

Ambulance Transport?

- No
- Yes
- Unknown

Ambulance transport date:

(yyyy-mm-dd)

Expired?

- No
- Yes
- Unknown

Date of death:

(yyyy-mm-dd)

Cause of death:

- COVID-19 related
- non- COVID-19 related
- Under investigation

Notes:

SECTION 2 – Case Contact Investigation

From 48 hours before onset of symptoms identify all the exposures that the patient had (home, work, friends, etc.).

Classify them according to DSHS exposure risk categories.

HIGH RISK CONTACTS

Contacts entry date

(yyyy-mm-dd)

High risk name 1:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

High risk name 2:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

High risk name 3:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

High risk name 4:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

High risk name 5:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

High risk name 6:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

High risk name 7:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

High risk name 8:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

High risk name 9:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

High risk name 10:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

MEDIUM RISK CONTACTS

Medium risk name 1:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

Medium risk name 2:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

Medium risk name 3:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

Medium risk name 4:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

Medium risk name 5:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

Medium risk name 6:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

Medium risk name 7:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

Medium risk name 8:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

Medium risk name 9:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

Medium risk name 10:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

(yyyy-mm-dd)

LOW RISK CONTACTS

Low risk name 1:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

Low risk name 2:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

Low risk name 3:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

Low risk name 4:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

Low risk name 5:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

Low risk name 6:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

Low risk name 7:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

Low risk name 8:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

Low risk name 9:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

Low risk name 10:

Date of Birth:

(yyyy-mm-dd)

Phone #, Address

Date last contact with confirmed case:

COVID-19 confirmed case needs to remain in self-isolation for 14 days after onset of symptoms. You should follow-up with this patient. ONSET OF SYMPTOMS DATE [dt_onset] + 14 DAYS =

(yyyy-mm-dd)

SECTION 3 - To be completed 14 days after onset of symptoms.

Hospital re-admission:

- No
- Yes
- Unknown

Re-admission date:

(yyyy-mm-dd)

ICU admission:

- No
- Yes
- Unknown

ICU Re-admission date:

(yyyy-mm-dd)

ICU Re-admission discharge date:

(yyyy-mm-dd)

Ventilator:

- No
- Yes
- Unknown

Re-admission start of ventilator date:

(yyyy-mm-dd)

Re-admission end of ventilator date:

(yyyy-mm-dd)

Hospital Re-admission Discharge Date:

(yyyy-mm-dd)

Ambulance Transport?

- No
- Yes
- Unknown

Ambulance transport date:

(yyyy-mm-dd)

Out of isolation?

- No
- Yes
- Unknown

Date out of isolation:

(yyyy-mm-dd)

Education level

- Elementary
- Middle school
- High school diploma
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree
- No education
- Refused to answer

Household income (per year)

- Less than \$20,000
- Between \$20,000-\$30,000
- Between \$30,000-\$40,000
- Between \$40,000-\$50,000
- Between \$50,000-\$60,000
- Between \$60,000-\$70,000
- Between \$70,000-\$80,000
- Between \$80,000-\$90,000
- Between \$90,000-\$100,000
- Between \$100,000-\$125,000
- Between \$125,000-\$150,000
- Over \$150,000
- Refused to answer

Did you follow home-quarantine recommendation?

- Yes
- No

Did you use a face-mask?

- Yes
- No

Do you follow regular hand-washing practices?

- Yes
- No

Recovered?

- Yes
- No

Media Reporting Date

Patient email address

Follow-up calls

- Yes
 No

Follow-up call #1 Date

Follow-up call#1 Notes

Follow-up call #2 Date

Follow-up call#2 Notes

Follow-up call #3 Date

Follow-up call#3 Notes

Follow-up call #4 Date

Follow-up call#4 Notes

Follow-up call #5 Date

Follow-up call#5 Notes

Do you have a second job?

- Yes
 No

Employer's name #2

Employer's address #2

Have you been at restaurants 14 days prior onset of symptoms or collection date?

- Yes
 No

Have you been visiting stores 14 days prior onset of symptoms or collection date?

- Yes
 No

Have you been attending athletic clubs (gym) 14 days prior onset of symptoms or collection date?

- Yes
- No

Have you attended any large gatherings such as concerts, events, etc... 14 days prior onset of symptoms or collection date?

- Yes
- No