

Jurisdiction And Interviewer Information

Record ID

The reported data is based on information at the time of COVID-19 Dx confirmation.

Reporting Jurisdiction

- Alaska
- Alabama
- Arkansas
- ...

Reporting Health Department

RVCT State Case ID

CDC 2019-nCoV ID

Case Classification And Identification

RVCT State Case ID: [rvct_id]

What is the current status of this person?

Lab-confirmed case Probable case

Report date of COVID-19 case to CDC (MM/DD/YYYY): _____

Date of first positive specimen collection (MM-DD-YYYY): _____

Hospitalization Icu And Death Information

RVCT State Case ID: [rvct_id]

Was the patient hospitalized? Yes No Unknown

If yes,

admission date 1 (MM-DD-YYYY) _____

discharge date 1 (MM-DD-YYYY) _____

Was the patient admitted to an intensive care unit (ICU)? Yes No Unknown

If yes,

admission date 1 (MM-DD-YYYY) _____

discharge date 1 (MM-DD-YYYY) _____

Did the patient die as a result of this illness? Yes No Unknown

If yes, date of death (MM-DD-YYYY) _____

Case Demographics

RVCT State Case ID: [rvct_id]

Date of birth (MM-DD-YYYY) _____

Age _____

Age units Days Months Years
 Unknown

County of residence _____

Sex Male Female Other
 Unknown

If female, currently pregnant? Yes No Unknown

Clinical Course And Symptoms1

RVCT State Case ID: [rvct_id]

Symptoms present during the course of illness

- Symptomatic
 Asymptomatic
 Unknown

If case was symptomatic:

What was the symptom onset date? Onset date (MM/DD/YYYY): _____

Did the patient's symptoms resolve?

- Yes
 No still symptomatic
 Symptoms resolved, unknown date
 Unknown if symptoms resolved

Date of symptom resolution (MM/DD/YYYY): _____

Fever >100.4F (38C) _____

Subjective Fever _____

Chills _____

Rigors _____

Muscle aches _____

Runny nose _____

Sore throat _____

New olfactory and taste disorders _____

Headache _____

Other _____

Cough _____

Wheezing _____

Shortness of breath _____

Difficulty breathing _____

Chest pain _____

Nausea or vomiting _____

Abdominal pain _____

Diarrhea _____

Fatigue _____

If other symptoms, specify _____

Clinical Course And Symptoms2

RVCT State Case ID: [rvct_id]

Did the patient develop pneumonia? _____

Did the patient have an abnormal EKG? _____

Did the patient have acute respiratory distress syndrome? _____

Did the patient receive mv/intubation? _____

Did the patient have an abnormal chest x-ray? _____

Did the patient receive ECMO? _____

Did the patient have another illness diagnosis/etiology? _____

If MV/intubation, total days with MV/intubation _____

Past Medical History And Social History

RVCT State Case ID: [rvct_id]

Did the patient have any underlying medical conditions and/or risk behaviors? Yes No Unknown

Diabetes Mellitus _____ Immunosuppressive condition _____
 Hypertension _____ Autoimmune condition _____
 Severe obesity (BMI ≥ 40) _____ Current smoker _____
 Cardiovascular disease _____ Former smoker _____
 Chronic Renal disease _____ Substance abuse or misuse _____
 Chronic Liver disease _____ Disability _____
 Chronic Lung disease _____
 Other chronic diseases _____
 Other underlying condition or risk behavior _____
 Psychological/psychiatric condition _____

If Other chronic diseases, specify _____

If other underlying condition or risk behavior, specify _____

If disability, specify _____

If Psychological/psychiatric condition, specify _____

Sars Cov2 Testing

RVCT State Case ID: [rvct_id]

Molecular amplification test (RT PCR)

- Pos Neg Indet./Inconc Pend Not Done Unknown
-

Serologic test

- Pos Neg Indet./Inconc Pend Not Done Unknown
-

Other

- Pos Neg Indet./Inconc Pend Not Done Unknown
-

If others, please specify _____

Additional Comments Or Notes

RVCT State Case ID: [rvct_id]

Additional comments or notes _____