

COVID-19 CASE QUESTIONNAIRE

Initial Interview



NCIMS ID:

First Name: _____

Surname: _____

Phone number: _____

Email: _____

Date of Birth: __/__/____

Case type: Confirmed Probable Suspected

Name of Interviewer: _____

Gender: _____

Date of interview: __/__/____

Address: _____

Interpreter required? No Yes. Specify language spoken _____

Case interviewed? Yes No. If no, specify _____

START INTERVIEW HERE

Prompt: *Hi, my name is _____. I am calling from _____ Public Health Unit. I need to speak with you about your COVID-19 test. Has a Doctor already phoned you with your test results?**

Or if message is left: *Hi this is _____. I am calling from the Public Health Unit and need to speak with you urgently, please phone me back on _____ ask for _____.*

***If No: use next statement**

You recently had swabs taken and you have tested positive to coronavirus. We now need to collect some information about you and the people you have been in contact with – is that ok to do now?

***If Yes: use next statement**

Your Doctor has told you that you have tested positive to coronavirus. We now need to collect some information about you and the people you have been in contact with – is that ok to do now?

Indigenous status

Do you identify as Aboriginal or Torres Strait Islander?

Aboriginal origin

Torres Strait Islander origin

Both Aboriginal and Torres Strait Islander origin

Not Aboriginal and Torres Strait Islander origin

Not Stated

Consider involving Aboriginal Health Worker as per local practices

Date of specimen collection : ___/___/___ (from NCIMS if available)

1. Death

Has this person died? No

Yes. Date of death: ___/___/___ . Is cause of death COVID-19 related? Yes No UK

Unknown

Cause of death:

2. Hospitalisation

Case admitted to hospital at time of interview? Yes No UK

If yes, name of hospital: _____

Date of admission ___/___/___ MRN: _____

Reason for admission: _____

Obtain the following information from medical records:

Acute respiratory distress syndrome Yes No UK

Pneumonia Yes No UK

If yes, confirmed by X-ray or CT scan? Yes No

Pneumonitis Yes No UK

Other diagnoses Yes No UK

If yes, please specify: _____

3. Symptoms (up to the time of interview)

Prompt: Now I am going to ask you some questions about symptoms.

Did the person have symptoms? Yes. If Yes, onset date: ___/___/___ (dd/mm/yyyy) No Unknown

Fever Yes No Unknown

Highest temperature: _____ (Celsius) Joint pain Yes No Unknown

Self-reported? Yes No Unknown Muscle pain Yes No Unknown

Cough Yes No Unknown Confusion/irritability Yes No Unknown

Chills or rigors Yes No Unknown Malaise Yes No Unknown

Sore throat Yes No Unknown Diarrhoea Yes No Unknown

Shortness of breath Yes No Unknown Nausea Yes No Unknown

Runny nose Yes No Unknown Vomiting Yes No Unknown

Headache Yes No Unknown Conjunctivitis Yes No Unknown

Fatigue Yes No Unknown Abdominal pain Yes No Unknown

Loss of taste/smell Yes No Unknown Chest pain Yes No Unknown

Other symptoms? Yes No Unknown

If Yes, specify: _____

Has the person been told by a doctor they have pneumonia? Yes. Have they had a chest X-ray or CT scan? Yes No Unknown
No Unknown

For asymptomatic cases only, specify the reason for the COVID-19 test:

4. Risk factors (to identify vulnerable cases)

Prompt: <i>Did you have any health problems before your COVID-19 illness?</i>				Yes	No	Unknown	
Cardiac disease	Yes	No	Unknown	Chronic lung disease	Yes	No	Unknown
Diabetes	Yes	No	Unknown	Cancer	Yes	No	Unknown
Liver disease	Yes	No	Unknown	Renal disease	Yes	No	Unknown
Immunosuppressed	Yes	No	Unknown	On dialysis?	Yes	No	Unknown
Obesity*	Yes	No	Unknown				

***Prompt:** *Ask height and weight (to calculate BMI).*

Other:

Current smoker Yes. Cigarettes per day: _____ Years of smoking: _____ No Unknown

Pregnancy Yes. Weeks gestation: _____ No Unknown

5. Vaccination Status

Have you ever received a COVID-19 vaccine? Yes No Unknown by case or doctor

If Yes,

Dose 1. Date of Vaccination: __/__/____ (dd/mm/yyyy)

Vaccine Type: COMIRNATY (BioNTech/Pfizer) Covishield (Oxford/AstraZeneca) NVX-CoV2373 (Novavax)
Unable to recall Other: _____

Vaccination Validation: AIR or other register Self report/carer recall Health records
Unable to validate Other: _____

Country of Vaccination: Australia Other: _____

Dose 2. Date of Vaccination: __/__/____ (dd/mm/yyyy)

Vaccine Type: COMIRNATY (BioNTech/Pfizer) Covishield (Oxford/AstraZeneca) NVX-CoV2373 (Novavax)
Unable to recall Other: _____

Vaccination Validation: AIR or other register Self report/carer recall Health records
Unable to validate Other: _____

Country of Vaccination: Australia Other: _____

Notes: If the person has received more than two doses, please record their information here

6. Contact tracing

INFECTIOUS PERIOD: ___/___/_____ (48 hours prior to symptom onset date) to ___/___/_____ (Interview Date)

Use specimen collection date as onset date if asymptomatic

Prompt: *The following questions will help us identify others who may have been exposed to COVID-19. We will need to contact the people identified to let them know that they are at risk of infection. They will need to stay at home for a period of 14 days from their last exposure and get tested regardless of symptoms. This is important to limit the spread of the infection.*

Consider pausing the interview to provide the case or interviewer with an opportunity to advise any close contacts (especially a household member or friend who has had a lot of contact with the case in the infectious period) who are in high risk settings (e.g. in a health care or aged care facility, in close contact with a vulnerable person) to get tested and return home to quarantine as soon as possible. In such instances, the close contact/s should receive advice as to how to minimise their exposure to others until in quarantine and be informed that a public health staff member will contact them shortly.

The following questions relate to the time from ___/___/_____ to ___/___/_____ (insert dates of infectious period).

Can you please take me through what you've been up to in this time? A calendar or diary, work roster, phone photos, credit or debit card information, might help.

List all close contacts in table on page 5 and complete Appendix A.

Household contacts

During this time, was there anybody else living with you?

If yes, collect details of occupation and work location/s for table over page.

Yes No

Work-related close contacts

During this time did you work outside of your home?

If yes, collect details of occupation and work location/s for table over page.

Yes No

Other close contacts

Have you provided care/healthcare to anyone?

Yes No

Outside of work and home who else have you had contact with?

(Ask about visits to health care or aged care facilities and attendance at any large gatherings or venues at higher risk for COVID-19 transmission including restaurants/clubs, places of worship and gyms)

COVIDSafe App

Have you downloaded the COVIDSafe App?

Yes No UK

Prompt: *Since you have downloaded the COVIDSafe App, we would like to make use of your data to check if there are additional people who may be at risk of infection. This includes people who may not be known to you, such as people near you for an extended time on public transport or in other public spaces. Contact tracing using data available from the app is anonymous. This means that your identity will not be revealed to potential contacts, and the contacts' identity will not be revealed to you. Making your COVIDSafe App data available for the purpose of contact tracing is entirely voluntary. This means that there is no obligation for you to agree, and there are no negative consequences if you prefer not to share your data.*

Do you consent to making your COVIDSafe App data available to NSW Health for the purpose of contact tracing? Yes No

If yes, can I please confirm that number is the one I have called you on? Yes No Specify number: _____

Option 1: Interviewer has access to the COVIDSafe App web portal

Option 2: Interviewer does NOT have access the COVIDSafe App web portal

Prompt: *I will now log onto the web portal behind the app and send you a text message with a PIN. When you enter this PIN into a field on the COVIDSafe App, it will transfer recent contact data from your phone into the web portal for us to review. We may need to call you back at a later point to find out a bit more about encounters that the app may have registered.*

→ *Download app data with the case, then continue with the interview*

Prompt: *As this process involves a few steps, we would like to call you back to a later point to talk to you about the COVIDSafe App.*

→ *Continue with the interview and get a web portal user to call the case later*

Appendix B: COVIDSafe App Worksheet may assist with the assessment of potential close contacts outside the web portal, where required. Please submit Appendix C: COVIDSafe App minimum data collection form to MOH-PHEOSurveillance@health.nsw.gov.au once app-based contact tracing is completed.

7. Source of infection

INCUBATION PERIOD: ___/___/_____ (14 days prior to symptom onset) to ___/___/_____ (1 day prior to symptom onset date)

Use specimen collection date as onset date if asymptomatic

Check NCIMS to determine if case has been identified as a close contact with an exposure in the incubation period.

7a. Overseas travel

Prompt: *Did you travel outside of Australia in the 14 days prior to symptom onset?*

Yes. Date of Arrival ___/___/_____ No Unknown

If yes, specify country/countries: If traveled in infectious period, specify dates and details of travel e.g. flight numbers, allocated seat

Following investigation of recent travel, which is the most likely country of acquisition

What was the quarantine location of the case on collection of their **first** positive specimen relevant to this event — *Under current orders all overseas arrivals are required to quarantine*

Police managed hotel

Health managed accommodation (incl. healthcare facility) – includes people who are screened at the airport

Other hotel – people who have a privately organised hotel to complete their quarantine

Private residence

Other – specify

Tested positive overseas? Yes No Date ___/___/_____

Prompt: *Prompt: Since you have likely acquired COVID-19 in _____ (country of acquisition), do you consent for NSW health to provide your contact details to the health authority in _____ (country of acquisition) to aid them in contract tracing?*

Consent received to release contact details to relevant health authorities? Yes No

7b. Cases who have already been identified as close contacts on NCIMS

Prompt: *I understand you have been identified as a close contact of a confirmed COVID-19 case.*

Have you been in quarantine?

Yes. Date quarantine began ___/___/_____ No

Where did you come into contact with the person with COVID-19?

At home

• Relationship to case being interviewed:

• Name of source case /s:

• *Does he/she live in the same home as you?*

What best describes your home:

Residential address

Boarding school

Hostel

Aged care facility

Group/disability home

Military facility

Other (specify)

If source case is part of a known cluster, ask case if they also attended the cluster location.

Outside of home.

Confirm information regarding the place and time of exposure from NCIMS with case.

Length of time at location:

If source case known, ask about time spent and proximity to source case.

If acquired from a known case move to Section 7.

7c. Links with known clusters

Obtain information on the location, date and time of current clusters and venues where cases have reported visiting while infectious.

Prompt: *We would like to understand where you may have come into contact with COVID-19. From information provided by people who have been diagnosed with COVID-19 we think it is likely there were one or more people infectious at the following locations in recent weeks. Have you been to any of these locations?*

Collect date and time of attendance:

Date quarantine began ___/___/_____

7d. All remaining cases

Prompt: *We'd like to investigate further where you may have come into contact with the COVID-19 virus, to do this we need to explore the 14 days prior to the day of your onset of symptoms. We are keen to understand where you have been and who you have spent time with. We ask this information of all cases without an obvious source of infection. Places that are common to a number of people help us understand where community transmission may be occurring. This is very important to help us understand and control the outbreak.*

Can you please take me through the two-weeks leading up to the onset of your symptom? A calendar or diary, work roster, phone photos, credit or debit card information, might help. If you would like more time to remember where you have been, we can arrange to call you back so you can gather this information?

Have you been in isolation?

Yes. Date isolation began ___/___/_____

No

The questions below may be used to prompt recall of all the people they have had contact with and places visited

Prompt: *In the 14 days prior to symptom onset, are you aware of having any kind of contact with someone with COVID-19?*

Yes No UK

If yes, specify type of contact, date, and location:

Prompt: *In the 14 days prior to symptom onset, can you recall having close contact with someone with respiratory symptoms? (e.g. fever, cough, sore/scratchy throat or shortness of breath including mild symptoms)*

Yes If yes, please provide details No UK

COVID-19 testing is recommended for anyone with respiratory symptoms.

Prompt: *Did you travel outside of NSW in the 14 days prior to symptom onset?*

Yes No

If yes, specify destination and dates and mode of travel. Where relevant collection flight/train/bus details.

Prompt: *In the 14 days prior to symptom onset, did you work outside of your home?*

Yes No

If yes, specify occupation and work location/s and dates:

Prompt: *Outside of work, did you spend any time in the following settings in the 14 days prior to symptom onset?*
(see Fourteen Day Diary over page)

Fourteen Day Diary

Setting category	Subcategory	Details (dates, name, suburb)
Aged care facility		
Other residential facility	Boarding school Hostel Group home/ disability home Other	
Aboriginal rural or remote community		
Educational facility	Childcare Primary school Outside hours school care High school University TAFE Other (describe)	
Healthcare	Hospital-public Hospital-private GP Outpatient non-hospital Pathology collection centre Ambulance Community pharmacy Dental practice Physiotherapy Other (describe)	
Correctional facility		
Detention centre		
Airport		
Military facility		
Transport	Bus Taxi Rideshare Ferry Train Minibus/van Car	

Fourteen Day Diary (continued)

Setting category	Subcategory	Details (dates, name, suburb)
Community	Beach Park Swimming pool Sporting ground Sporting stadium Golf course Gym Other exercise venue Restaurant/pub/ nightclub/club Hotel Venue hired for event House of family member/friend House non-family member/friend Place of worship Construction site Office building Cultural venue (museum, art gallery, cinema, theatre, concert hall) Shopping centre Library Hairdresser Other (describe)	

8. Demographics

Prompt: *Now I have few questions about you and your background.*

Country of birth	
Ethnic and cultural background	<p>Prompt: <i>How would you describe your ethnic or cultural background? This can be based on a mix of your main language, your family origins, your culture, your religion or other shared values. It is not the same as nationality.</i></p>
Home setting	Residential Aged-care facility Educational Institution Assisted Living Military Barracks Correctional facility Hostel Other, specify:
Primary Occupation	Specify role and usual location/s.
GP	Regular GP name: Practice name: Phone number:
Other services	Do you regularly have other health services that support you and your family? (e.g. community nursing, mental health or drug & alcohol services) If Yes, provide details:

9. Assessment for home isolation (providing case is clinically well)

Identify where the case is currently isolating and plans to reside for the remainder of their isolation period.

If person is unable to isolate themselves within the home alternative accommodation should be arranged. This should be assessed on a case by case basis by senior public health staff as per local practice. Household members who are well may need to relocate for the isolation period. Consider immediate referral to relevant local service for cases who are more vulnerable (e.g. age over 70 years, significant underlying illness) as per local practices.

We are going to talk about your plan for the coming days. You are required to isolate yourself until you are no longer infectious. Until this time you should not go outside your home, except to seek medical care. You will need to let your employer know that you cannot attend the workplace until you are told it is safe to do so (this will depend on how long it takes you to recover).

The following questions will help us understand if you are able to isolate at home.

If answer NO to any of the following questions discuss with senior staff:

Is the person able to isolate in separate bedroom	Yes	No
Is the person able to use separate bathroom	Yes	No
Does the person feel safe to stay at home for the whole isolation period	Yes	No
Does the person have food, essential medicines for the next couple of weeks (includes able to be delivered by family and friends)	Yes	No
For people who live with others, is there someone that can prepare food for them:	Yes	No

If answer YES to any of the following discuss with senior staff:

Does the person need to provide care to others (e.g. children, disabled, elderly)	Yes	No
Is there a healthcare worker or aged care worker in the household	Yes	No
Does the person live with vulnerable people (elderly or with health problems)	Yes	No
Does the person have any other concerns about being at home for next week	Yes	No
Does the person have any substance use that will be impacted by their isolation	Yes	No

10. Information for case

Advice for cases isolating at home with other household members

Do not leave the home except for seeking medical care

Stay in a separate room and only use common area when others are absent

Food must be prepared for you and delivered to you

Wipe down surfaces and items used with detergent and hot water after use

Plan of action should the case deteriorate

Provide advice as per local practice

Remind the case to always call 000 in an emergency and inform the ambulance of the COVID-19 diagnosis.

Encourage to contact GP if needed.

Information sharing

Prompt: *As a part of a Public Health Order, the NSW Police and NSW Ambulance will be provided with your name and address. They may perform welfare checks to your residence during your isolation period.*

Factsheets

Collect details to email or post relevant factsheets.

Appendix A

List the places visited and people seen in exposure period up to the day of interview. Where known, include length of time spent with each person and proximity.

Day -14 Date __/__/__

Day -13 Date __/__/__

Day -12 Date __/__/__

Day -11 Date __/__/__

Day -10 Date __/__/__

Day -9 Date __/__/__

Day -8 Date __/__/__

Appendix A (continued)

Day -7 Date __/__/__

Day -6 Date __/__/__

Day -5 Date __/__/__

Day -4 Date __/__/__

Day -3 Date __/__/__

Day -2 Date __/__/__

Day -1 Date __/__/__

Appendix A (continued)

ONSET DATE (Day 0) Date __/__/__

Day +1 Date __/__/__

Day +2 Date __/__/__

Day +3 Date __/__/__

Day +4 Date __/__/__

Day +5 Date __/__/__

Day +6 Date __/__/__

Add additional days in infectious period as needed.