



# COVID-19 Case Interview Form

Merlin #: \_\_\_\_\_  
Health Department Use only

Florida Department of Health in Miami-Dade County  
Epidemiology, Disease Control and Immunization Services (EDC-IS)  
PH: 305-470-5660, FAX: 786-732-8714

Interviewer's Name: \_\_\_\_\_ Interviewer's phone #: \_\_\_\_\_

Case interviewed?  Yes, date: \_\_\_\_\_  No, reason: \_\_\_\_\_

## PROFILE DETAILS

1. Case name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Home address and zip code: \_\_\_\_\_

3. Gender:  Male  Female, pregnant?  No  Yes

4. Race:  American Indian/Alaska Native  Asian  Black  Native Hawaiian/Pacific Islander  White  Other  UNK

5. Ethnicity:  Hispanic  Non-Hispanic  UNK

6. Died?  No  Yes, date of death: \_\_\_\_\_

## ADDITIONAL INFORMATION

7. Case symptoms:
- Dry cough, onset date: \_\_\_\_\_
  - Productive cough, onset date: \_\_\_\_\_
  - Muscles aches, onset date: \_\_\_\_\_
  - Sore throat, onset date: \_\_\_\_\_
  - Chills, onset date: \_\_\_\_\_
  - Nausea, onset date: \_\_\_\_\_
  - Vomiting, onset date: \_\_\_\_\_
  - Other: \_\_\_\_\_
  - dyspnea/shortness of breath, onset date: \_\_\_\_\_
  - Fever, highest temp (°F) \_\_\_\_\_, onset date: \_\_\_\_\_
  - Headache, onset date: \_\_\_\_\_
  - New loss of smell or taste, onset date: \_\_\_\_\_
  - Runny nose, onset date: \_\_\_\_\_
  - Diarrhea, onset date: \_\_\_\_\_
  - Abdominal pain, onset date: \_\_\_\_\_
  - Asymptomatic

8. Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ BMI = kg/m2: \_\_\_\_\_ (obesity = BMI of 30 or greater, source: NIH)

9. Diagnosis the person received:

- Abnormal chest X-ray:  No  Yes, date: \_\_\_\_\_
- Pneumonia:  No  Yes, date: \_\_\_\_\_
- Renal failure:  No  Yes, date: \_\_\_\_\_
- Multisystem inflammatory syndrome (MIS-C):  No  Yes, date: \_\_\_\_\_
- Abnormal chest CT:  No  Yes, date: \_\_\_\_\_
- ARDS:  No  Yes, date: \_\_\_\_\_
- Other: \_\_\_\_\_

10. During interview, was case symptomatic?  No  Yes

11. Did case require hospitalization?  No  Yes

11a. If Yes, admitted to ICU?  No  Yes

11b. If Yes, placed on ECHMO?  No  Yes

12. Case had a more likely diagnosis:  No  Yes

13. Underlying health conditions:

Current smoker:  No  Yes      Chronic lung disease:  No  Yes, Asthma?  No  Yes    COPD?  No  Yes  
Former smoker:  No  Yes      Chronic kidney disease:  No  Yes  
Obesity:  No  Yes      Chronic liver disease:  No  Yes  
Diabetes:  No  Yes      Cardiac disease:  No  Yes  
Hypertension:  No  Yes      Neurological/neurodevelopmental:  No  Yes, specify: \_\_\_\_\_  
Immunocompromised:  No  Yes, specify: \_\_\_\_\_ Other: \_\_\_\_\_

14. Person had a positive non-SARS-CoV-2 result (check box):

Influenza A rapid test       Human metapneumovirus (hMPV)       Coronavirus (OC43, HKU1, NL63)  
 Influenza B rapid test       Adenovirus       Legionella pneumophila  
 Influenza A PCR       Parainfluenza 1-4       Streptococcus pneumoniae  
 Influenza B PCR       Rhinovirus       Mycoplasma pneumoniae  
 Respiratory syncytial virus (RSV)       Enterovirus       Chlamydia pneumoniae  
 Blood culture: specify-\_\_\_\_\_       Other: \_\_\_\_\_

**Group Setting**

15. Person lived or worked in a group setting in the 14 days prior to onset or while infectious?  No  Yes

If Yes, facility name: \_\_\_\_\_ Address: \_\_\_\_\_

16. Setting type:

Behavioral/Mental Health Facility       Camp       Correction Facility/Juvenile Detention Center  
 Daycare, Adult       Daycare, Child       Hospice  
 Independent living/retirement community       Long Term Care Facility (ALF, Nursing Home, ICF/IID)  
 Rehabilitation facility (substance abuse)       School, college/university       School, primary or secondary private  
 School, primary or secondary public       Shelter       Other: \_\_\_\_\_

17. Occupation:  Farmer       Food Handler       Health care worker       No or non-sensitive       Unknown

Company name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Last day at work: \_\_\_\_\_

**Risk Factors** (In the 14 days before symptom onset or positive laboratory result) Note: The infectious period is 2 days before symptoms onset (or specimen collection date of asymptomatic case) through the date they meet criteria for discontinuing isolation. Close contact is defined as being with 6 feet of a confirmed case for more than 15 minutes.

18. Did person travel to another county, state, or country:  No  Yes, by (circle):  car       flight       cruise

Location name: \_\_\_\_\_ Airline/cruise name: \_\_\_\_\_ Flight #: \_\_\_\_\_

19. Did person attend any large event or group gathering:  No  Yes

If yes, event name: \_\_\_\_\_ Location: \_\_\_\_\_ Date attended: \_\_\_\_\_

20. Person had close contact with a confirmed COVID-19 case:  No  Yes

If yes, first and last name: \_\_\_\_\_ DOB: \_\_\_\_\_ Ph: \_\_\_\_\_

21. Did confirmed case have any close contacts with other people while infectious?  No  Yes, list close contacts (below or separate page)

Contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Exposure Date: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Exposure Date: \_\_\_\_\_

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Comments: \_\_\_\_\_