Case Investigation - End to End Script

Last Updated: 09/29/2020

Call Script Flow

VOICEMAIL

***Phone number reached?**
Yes/No

If Yes:
select Continue and move to the next section.

If No:

Hello **[case name]**, my name is **[case investigator name]** and I'm calling from New York City Health + Hospitals about an important health matter. I will call you back again soon. You can also call us back at **212-540-6921, select your language, then** select option **1**. It is critical we speak as soon as possible. If we don't reach you today, you may be contacted by our home visit team. Please call us back or answer the call the next time you see this or a similar number. Thank you.

INTRODUCTION

Hello. My name is **[Case Investigator Name]** and I am calling from New York City Health + Hospitals about an important health matter.

***Is [Case Name] available to speak?**
Yes/No

If No:

Thank you. Please tell **[Case Name]** to call us back at **212-540-6921**, select your language, then select option **1**.

If hospitalized:
"Thank you for letting us know. Is there a mobile phone number or other telephone number at which we can reach them in the hospital?"

Update the record with the correct phone number and call the new number.

If deceased:
"We are sorry for your loss. We will update our records, and thank you for your time."

Select the Potentially Deceased call disposition.

If Wrong Number:
"Thank you for your time. We will update our records so you aren't contacted again."

Select the Incorrect Number call disposition.

If Yes:

***Before we continue, are you comfortable speaking in English?**
Yes/No

If Yes:
select Continue and move to the next section.

If No:

***What is your preferred language?**
Spanish
Mandarin
Russian
Cantonese
Bengali
Other

If Other is selected:

Specify Other: _____

Dial in Language Line.
Press 1 for Spanish
Press 2 Mandarin
Press 3 Russian
Press 4 Cantonese
Press 5 Bengali
Press 6 for all others and then it will prompt you to speak the language.

IDENTITY VERIFICATION

I want to let you know that this call will be recorded for quality assurance purposes.

Because I am calling about a health issue, I need to verify your identity.

What is your date of birth?
MONTH DD, YYYY format

***Date of Birth Confirmed?**
Yes/No

What is your address?

Primary Address	**Alternate Address**
Street Address	Street Address
State	State
City	City
State	State
Zip	Zip

If Primary Address is not confirmed:
"Do you have a previous or alternate address?"

Address Confirmed?
Yes/No

If Yes:
select Continue and move to the next section.
If No:
Thank you for your time. I think I have the wrong phone number.

COVID-19 EDUCATION

If Probable Case, non-travel show:

I am calling you today as a follow-up to a conversation you had with one of my colleagues in the New York City COVID-19 Test and Trace Corps. I know this may be confusing because you've already received a call about being a contact of someone with COVID-19, but given that you also reported symptoms consistent with COVID-19, we believe it is important for your safety and the safety of your loved ones to assume you have COVID-19. For this reason, from now on, we're going to offer you services and guidance consistent with what is offered to anyone who is known to have COVID-19.If you haven't already done so, I strongly recommend you get tested. You can find the testing location closest to you by visiting nyc.gov/covidtest or by calling 311.

During this call, I will ask you questions about your health and people you may have come in close contact with and I will provide you with information on how to access some of the services you may need.This phone call takes most people less than 45 minutes. The information you provide me will only be used for the purposes of protecting your health and the health of other New Yorkers. The information will be kept confidential to the fullest extent of the law. I am not a doctor or nurse and cannot provide you with personalized medical advice.

If Probable Case, traveler show:

I am calling you today as a follow-up to a conversation you had with one of my colleagues in the New York City COVID-19 Test and Trace Corps. I know this may be confusing because you've already received a call from the NYC Test and Trace Corps, but given that you also reported symptoms consistent with COVID-19, we believe it is important for your safety and the safety of your loved ones to assume you have COVID-19. For this reason, from now on, we're going to offer you services and guidance consistent with what is offered to anyone who is known to have COVID-19. If you haven't already done so, I strongly recommend you get tested. You can find the testing location closest to you by visiting nyc.gov/covidtest or by calling 311.

During this call, I will ask you questions about your health and people you may have come in close contact with and I will provide you with information on how to access some of the services you may need.This phone call takes most people less than 45 minutes. The information you provide me will only be used for the purposes of protecting your health and the health of other New Yorkers. The information will be kept confidential to the fullest extent of the law. I am not a doctor or nurse and cannot provide you with personalized medical advice.

If confirmed positive Case, show

I am calling you today because you, [Case Name], were tested for COVID-19 on [Specimen Collection Date] and that test was positive. That means you have the virus that causes COVID19. I am part of a citywide initiative called the Test & Trace Corps to stop COVID-19 infections in New York and help the city re-open. We are calling everyone in New York City who tested positive so that we can provide you with information on how to take care of yourself and your loved ones. New York City is working hard to stop the spread of COVID-19 so that all New Yorkers can stay safe and this call is part of that effort.

During this call, I will ask you questions about your health and people you may have come in close contact with and I will provide you with information on how to access some of the services you may need.This phone call takes most people less than 45 minutes. The information you provide me will only be used for the purposes of protecting your health and the health of other New Yorkers. The information

will be kept confidential to the fullest extent of the law. I am not a doctor or nurse and cannot provide you with personalized medical advice.

When you complete this interview and provide us a mailing address, we will send you a care package of items that will help keep your loved ones safe. The package will include masks, hand sanitizer, thermometers and a pulse oximeter (which is a device that will help you know if it is time to seek emergency medical care).

All

"Do not ask them if they have time to speak, just tell them you plan to continue, if they stop you then mark "no", otherwise, mark "yes"."

***I am going to continue now, we'll be as fast as we can.**
Yes/No

If Yes:
Thank you. COVID-19 is caused by a virus. It often spreads from one person to another through breathing, coughing, or sneezing. While COVID-19 causes only mild illness in most people, it can cause severe illness in some people, including death.

I'm now going to review some emergency warning signs of COVID-19. These include blue colored lips or face, loss of consciousness or extreme difficulty waking up, confusion, inability to talk without catching your breath, gasping for air, and severe constant pain or pressure in the chest. You should hang up and call 911 immediately if you are experiencing any of these symptoms or having any other medical emergency.

If No:
What is a good time to call you back today?

Date	Time
<Date Field>	<Time Field>

Thank you for your time. One of my colleagues will call you back at that time. You can also call us back at 212-540-6921 at that time or earlier if convenient for you. If we don't reach you in the next day we may come visit you at your home to make sure you have what you need to safely separate and keep your loved ones safe, so please pick up next time we call or call us when you can today. If you feel like your health is getting worse, you should talk to your health care provider. If it is an emergency, call 911.

Unless you are having an emergency, we ask that you stay in your residence. This will help to keep others safe. If you are in an indoor space with other people, please stay in one room and away from other people as much as possible. Wash your hands often with soap for 20 seconds, especially after you cough or sneeze. Cover your nose and mouth with a mask or cloth face covering such as a bandana or scarf when you are in the same room as others.

CONTACT INFORMATION

To get started, I'd like to ask you some basic questions about yourself.

What is your date of birth?
<Date field>

***What is the best phone number at which to reach you?**
<Text field>

Do you have an alternate phone number where you can be reached?
Yes/No

If Yes:

Alternate Phone Number
<Text field>

In case of an emergency, who should we call? Please provide their:

First Name <Text field>	Last Name, <Text field>
Relationship <Text field>	Phone Number <Text field>

RESIDENCE

What is the address where you normally live?

***Street Address**
<Text field>

Borough
None
Bronx
Queens
Brooklyn
Manhattan
Staten Island

***City**
<Text field>

State
AL, AK, AS, AZ, AR, CA, CO, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, MP, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, UT, VT, VI, VA, WA, WV, WI, WY

***Zip**
<Text field>

***Will you be staying overnight in NYC in the next 10 days?**
Yes/No

If Yes show next question:
If No, do not allow Continue and set Out of Jurisdiction disposition::

***Is the address where you normally live the same as the one where you will be staying at overnight for the next 10 days?**
Yes/No

If Yes skip next question
If No show next question:

***What is the address where you will be staying most nights for the next 10 days?**

***Street Address**
<Text field>

Borough
None
Bronx
Queens
Brooklyn
Manhattan
Staten Island

***City**
<Text field>

State
AL, AK, AS, AZ, AR, CA, CO, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, MP, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, UT, VT, VI, VA, WA, WV, WI, WY

***Zip**
<Text field>

Thank you for your time, your case will be transferred to the appropriate public health official to follow-up. Unless you are having an emergency, we ask that you stay inside your residence. This will help to keep others safe. If you are in an indoor space with other people, please, as much as possible, stay in one room and away from other people. Wash your hands often with soap for 20 seconds, especially after you cough or sneeze. Cover your nose and mouth with a mask or cloth face covering such as a bandana or scarf when you are in the same room as others.

WORK & LIVING SETTING

***Do you currently live in a group or congregate setting? A congregate setting is an environment where a number of people live in close proximity. Examples include homeless shelters, nursing homes, assisted living facilities, group homes, prisons, and detention centers.**
Yes/No

If Yes:

***What is the name of the setting?**
<Text field>

What is the address?

Street Address
<Text field>

Borough
None
Bronx
Queens
Brooklyn
Manhattan
Staten Island

City
<Text field>

State

AL, AK, AS, AZ, AR, CA, CO, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, MP, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, UT, VT, VI, VA, WA, WV, WI, WY

Zip
<Text field>

Thank you for your time. One of my colleagues will be calling you soon. If you feel like your health is getting worse, you should talk to your health care provider. If it is an emergency, call 911.

Unless you are having an emergency, we ask that you stay in your residence. This will help to keep others safe. If you are in an indoor space with other people, please, as much as possible, stay in one room and away from other people. Wash your hands often with soap for 20 seconds, especially after you cough or sneeze. Cover your nose and mouth with a mask or cloth face covering such as a bandana or scarf when you are in the same room as others.

If No:
Continue to next question

***Are you an essential worker? An essential worker is someone who performs work involving providing essential needs for human life or the protection of property. Some examples of essential workers are people who work in grocery stores, pharmacies, food production, emergency personnel, public safety officers, and government employees who report that they have been told by their employer that they are essential.**

Yes/No

If Yes:

***What is the name of your employer?**
<Text field>

If No:
Continue to next question

***Do you work in a healthcare setting?**
Yes/No

If Yes:
***Facility Name**
<Text field>

Facility Phone Number
<Text field>

If No:
Continue to next question

***Do you work in a group or congregate setting? A congregate setting again is one where multiple people live in close proximity like a nursing home or a homeless shelter.**
Yes/No

If Yes:
***Facility Name**

<Text field>

If No:
Continue to next question

***Are you currently hospitalized?**
Yes/No

If Yes:

Can you please tell me where you are hospitalized?

***Hospital Name**
<Text field>

Are you currently hospitalized because of COVID-19?
Yes/No

SYMPTOMS

I am going to read you a list of symptoms that are associated with COVID-19. Please think back to the last three-and-a-half weeks. After I get done reviewing, I'm going to ask you about the first date you experienced any of these symptoms. This date will help us determine your infectious period and how long you need to stay safely separated from others. After we have a date, I will review the symptoms one by one, so you can tell me more about your illness.

***The list of symptoms associated with COVID-19 include: fever, cough, chills, difficulty breathing or shortness of breath, sore throat, muscle aches, diarrhea, headache, vomiting or nausea, loss of smell or taste, fatigue, sinus congestion. In the last three-and-a-half weeks, have you experienced new onset of any of these symptoms?** (required)
□ Yes □ No
If "No", hide the list of all symptoms
If yes, display list of all symptoms (by default, will not show any of the individual symptoms on the page)
If yes to any symptoms, shows question:

All the symptom questions will be shown by default and should will be shown on UI only if "No" is selected for the question

Fever	Y/N
Temperature Reading (Fahrenheit) - If fever is yes	Text Field
Cough	Y/N

Chills	Y/N
Difficulty Breathing or Shortness of Breath	Y/N
Sore Throat	Y/N
Muscle Aches	Y/N
Diarrhea	Y/N
Headache	Y/N
Vomiting or Nausea	Y/N
Loss of Smell or Taste	Y/N
Fatigue	Y/N
Sinus Congestion	Y/N
Chest Pain	Y/N
Confusion	Y/N

If Yes to any of the above:

***When did your illness begin?** required
Collect date of symptom onset (with furthest date that can be selected of 24 days from date of case investigation)

If no: skip question

If individual said yes to Difficulty Breathing OR Shortness of Breath OR Chest Pains OR Confusion, state:

Based on your answers, we strongly recommend that you speak with your doctor about the symptoms you are experiencing. If you do not have a doctor or you cannot get ahold of your doctor, you can call NYC Health + Hospitals at 1-844-692-4692. To reach the COVID-19 Provider Hotline, press 0. If at any point you feel your symptoms require emergency medical attention, call 911 or go to your nearest Emergency Room.

Will be shown if Difficulty Breathing OR Shortness of Breath" OR "Chest Pain" OR “Confusion” is answered No:
If you have any medical questions about your symptoms or about having COVID-19, I encourage you to speak with your doctor. If you do not have a doctor or you cannot get ahold of your doctor, you can call New York City Health + Hospitals at 1-844-692-4692. To reach the COVID-19 Provider Hotline, press 0. If at any point you feel your symptoms require emergency medical attention, call 911 or go to your nearest Emergency Room.

EXPOSED CONTACTS

One of the most important things that we as a community can do to stop the spread of this virus is to identify people who were exposed and who are at risk of getting COVID-19. We need your help to do this and to help keep your family and loved ones safe.

For this reason, I have some questions about the people with whom you had close contact at any time since **[2 days before symptom onset if symptomatic or actual collection date/time if asymptomatic] through [10 days after symptom onset/ actual collection date/time].**

We want to make sure that your contacts do not get sick from COVID-19, to let them know what to do if they do start to feel sick, and to encourage them to get tested.

When we reach out to them, we will not share your name and they will not find out that you have COVID. However, if you feel comfortable, we recommend that you contact them yourself to let them know that we will be calling them and to encourage them to separate from others.

Do not display text "through [10 days after symptom onset/ specimen collection]" if [10 days after symptom onset/ specimen collection] >= Today

Do you live with anyone in your home such as family members, roommates, housemates, or a spouse?
Yes/No

If Yes:
Add Contact

If No:
Proceed to Next question

***Did anyone provide services in your household like a home health aide, nurse, child care provider or maintenance professional since** [insert date starting 2 days before symptom onset date or 2 days before date of actual collection date/time for the positive test if symptoms were not present] through [10 days after symptom onset/ sactual collection date/time]?
Yes/No

Do not display text "through [10 days after symptom onset/ specimen collection]" if [10 days after symptom onset/ specimen collection] >= Today

If Yes:
Add Contact

If No:
Proceed to Next question

***Have you had close contact with anyone else since** [insert date starting 2 days before symptom onset date or 2 days before date of actual collection date/time for the positive test if symptoms were not present] through [10 days after symptom onset/ actual collection date/time] ? **For our purposes, "close contact" is defined as being within 6 feet of another person for at least 10 minutes. Let's think together about who you may have seen. Have you been around anyone due to work or for social events or outings or at a house of worship? If helpful we can walk through a few days of your calendar or your phone call log to jog your memory. For this section, it is not necessary to list people who are healthcare personnel who you interacted with in a healthcare facility such as a hospital or clinic.**
Yes/No

Do not display text "through [10 days after symptom onset/ specimen collection]" if [10 days after symptom onset/ specimen collection] >= Today

If Yes:
Add Contact

If No:
Proceed to Next question

*** Only ask this question if the person who doing the interview is answering questions for themself (that is, the interview is not being done using a proxy) and the person is 18 years of age or older. If the person doing the interview is a proxy or the person is less than 18 years of age, then answer "no" to this question: Are you comfortable answering questions about your personal relationships?**

- **If no, answer no to the question below.**
- **If Yes, proceed below**

***Do you have any partners who are not members of your household that you kissed or had intimate relations with since** [insert date starting 2 days before symptom onset date or 2 days before date of specimen collection for the positive test if symptoms were not present] **through** [10 days after symptom onset/ specimen collection]**?**
Yes/No

Do not display text "through [10 days after symptom onset/ specimen collection]" if [10 days after symptom onset/ specimen collection] >= Today

If Yes:
Add Contact

If No:
Proceed to Next question

If the contact responds "No" to every question in the "Exposed Contacts" section or if no contacts provided, include this new additional question:

***You haven't provided any close contacts. Is that because:**

- You haven't had any close contact with anyone since [date]
- You can't remember whom you've been in contact with
- You are hesitant to provide me with contacts

At this time, we are recommending that ALL contacts of cases, not only those that you've just listed, get tested for COVID-19. We ask that you get in touch with anyone you've had contact with and suggest that they get tested. They can arrange for a test by visiting nyc.gov/covidtest or calling 311.

Data Points to Collect for Contacts

If case names a household contact but does not provide a phone number, please read:

Thank you for providing me with the name of your household contact. Are you sure you do not have a phone number for this person? Household contacts, including family members, roommates, or guests, are at an increased risk of contracting COVID-19. If you cannot find a phone number for this person, we will list your phone number and call you each day to check in on that person. This may mean that you get multiple calls a day from our team. One of the calls would be to check in on you, and the other calls would be to check in on this other person. When we call you about this other person, you can put them on your phone but please note that this may allow them to learn that you have COVID. Also, it is important that they not touch your phone because there would be a risk that they could get infected; instead, you can put them on speaker phone.

First Name	*Y*	*N*
Last Name	*Y*	*N*
Data of Last Contact (do not ask if they live in the same household)	*Y*	*N*
Birth Date	*Y*	*N*
Phone Number (s)	*Y*	*N*
Alternate Phone Number		
Street Address (if different from case)		
City/Borough		
State		
Zip		

Below section and questions only available for confirmed positive Cases (not presumed positive Contacts)

COVID Alert NY Proximity App

Are you familiar with the COVID Alert NY proximity app?

- If no: The COVID Alert NY app is a COVID exposure notification app you can download on your phone that can help stop the spread of COVID. The app sends an alert to other app users who have been exposed to someone with COVID who also uses the app. But the app does not tell those exposed users who exposed them, so no one will have their identify revealed by the app. The more New Yorkers that use the app, the more effective it will be at stopping the spread of COVID. Downloading and using this app is voluntary and free. Information about close contacts would only be released by the app with your consent. Please consider downloading the app yourself and also encourage your friends and family to download it. Let us know if you decide to download the app at any time. (end)

- If yes: **Great. Do you have the app downloaded on your phone?**

    - If no: Okay, Downloading and using this app is voluntary and free. Information about close contacts would only be released by the app with your consent. Please consider downloading the app yourself and also encourage your friends and family to download it. The more New Yorkers that use the app, the more effective it will be at stopping the

spread of COVID. Please let us know if you decide to download the app at any time. (end)

- If yes: **Great. If you agree, I can generate a six-digit code that you can enter into the app. If you enter this code into the app, the app can send alerts to other app users that have been in close contact to you. The app will never reveal who you are or where the contacts happened. I will generate the code now. Do you agree?**
  - If no: Okay – please let us know if you change your mind at any time. This is an easy and anonymous way to let others know they may have been exposed and that they need to take steps to stay safe. Remember, no one will know it was you. (end)
  - If yes: **Please open the COVID Alert NY app and click "My COVID Alerts" at the bottom of the screen. Then click "What to do if you test positive" and "Share Your Close Contact Codes"**

Once case confirms they have done this:

- **I will now provide you with the six-digit number to enter into the app. I can either send you the number via text message, or I can read it to you over the phone. Which do you prefer?**
  - Text message: **What phone number should we use for the text message?** Case Investigator enters this number into Salesforce and clicks the button to retrieve a code. System will text and display the six-digit number, which Case Investigator can read over the phone if there is any issue receiving the text message.
  - Read over phone: Case Investigator will click the button in Salesforce to retrieve a code. System will return a six-digit number that can be read over the phone.
  - **Please enter your six-digit number into the app, click "Next", and then click "Share" when asked if you want to Share Random IDs.**

ISOLATION

To keep your loved ones safe and to help stop the spread of the virus through New York City, you must stay inside your home and away from other people starting immediately, except for essential medical care such as dialysis or for emergencies, until at least ***[Monitoring End Date]***.
I know it may be difficult to stay in your home and away from other people for that long and that this news may be stressful to hear.

I am now going to walk you through a number of services we are providing to make this period easier and doable.

First, one of the hardest parts of staying home is not being able to work. In response to the COVID-19 outbreak, New York State has guaranteed some workers get job protection and financial compensation if

they are required to separate from others because of COVID-19. If you need a letter to give to your employer explaining that you cannot go to work or have questions about the new Paid Family Leave program related to COVID-19, please call 1-855-491-2667.

Mental Health

Second, we understand that COVID-19 can be very stressful. If you need someone to talk to, you can call 1-888-NYC-WELL (1-888-692-9355) or text "well" to 65173.

We also know COVID-19 is causing stress for families. We have seen an increase in family violence and threats, so we are telling everyone that if you don't feel safe at home, you can call 800-621-HOPE(4673). And of course, if you're in immediate danger, you should call 911.

These calls are confidential and you can trust the people answering the phone to help you.

WHETHER PREVIOUSLY A CONTACT AND REASON FOR TESTING

***In the last 21 days, were you told by any health professional such as a contact tracer like myself that you were exposed to the virus that causes COVID? (select one of the following)**

- Yes
- No

Why did you decide to get tested for COVID? (select all that apply)

- A health professional such as a contact tracer or my doctor told me to get tested
- A friend or family member told me to get tested
- I had contact with someone who had or might have had COVID
- My work required that I get tested
- To meet screening requirements for some program, event, or travel
- I regularly go to get tested
- I had symptoms of COVID
- Other (open up free text option if this is selected)

HOTEL INTEREST
Third, during your period of isolation, you may be eligible to stay in a hotel room in New York City, free of charge.

In particular, we are offering these free hotel rooms to people who do not have their own bedroom or bathroom, or whose living circumstances generally would make it difficult to keep their distance from others in their household.

We are also offering these free hotel rooms to people who are concerned about basic necessities such as food, electricity, and phone service, while isolating at home. The hotels offer all basic services, including meals.

***Are you interested in staying in a hotel room? I can connect you to a reservationist who can give you more information about the hotel program.**
Yes/No

If yes, move to **Hotel Exclusion Questions**
If no, move to **Basic Necessities Questions**

For Yes or Maybe, check Yes

If case asks you questions about the hotel:

Use the Hotel Program FAQ Job Aide to answer their questions. If you cannot answer their questions you can say “I’m sorry but I don’t have the answer to that question but I can provide you with a number to ask more questions about the hotels: 212-242-2692 (Press 2)” or if they are unsure about the hotel, you can say “If you change your mind or if have questions about the hotels in the future, you can always call 212-242-2692 (Press 2) to ask more questions and get connected to the hotel program”.

WRAPAROUND SERVICES

***To help you remain in your home, except for essential medical care or emergencies, do you need help getting basic necessities, like food?**

Yes/No

If No, continue to Monitoring Preference.

If yes, state the below, and if they agree to the below place referral to Resource Navigator and continue to the following 4 questions. If they don't agree change the last question to "no" and move to Monitoring Preference.

Great. I am going to place a referral to a resource navigator who can help you get basic necessities like food and other services you may need. To place the referral, I will need to share limited information with a partner Community Based Organization working with our team to help people access resources. Your information will remain confidential. Do you agree to let me place the referral and share information so that the resource navigator can contact you?

If yes continue with script as is, if no, change the last question to "no" and move to Monitoring Preference.

My colleague will call you back. In the meantime, let me see if I can help you.

Food
Are you concerned about having enough to eat?
Yes/No

If Yes, state:
You can call 311 and say "GetFood" or visit nyc.gov/getfood for information about the closest food pantry or free meal delivery. As a person who has been exposed to COVID-19, you are eligible to have meals delivered even if you do not meet the general requirements for free meal delivery. Your resource navigator will set that up for you when they call you back.

If No, continue.

Medications
Are you concerned about getting your medications?
Yes/No

If Yes, state:
Many pharmacies are delivering; you can find out about pharmacy delivery by calling your pharmacy or doctor. If you need a doctor, you can call 1-**844-NYC-4NYC (1-844-692-4692)** for a new patient tele-medicine appointment. For methadone, treatment programs are now delivering; you can call your treatment program to request home delivery. We are here to support you, if you are unable to make these calls right now, when your resource navigator calls you they can assist you in setting up pharmacy delivery as well.

If No, continue to the next question.

Phone
Will you have access to a phone and minutes to reach out for help if you need it?
Yes/No

If Yes, continue to the next question.

If No, state:
I want to remind you that you can always call 911, even if you do not have minutes or a phone plan and we may be able to help you access more minutes. The Resource Navigator can speak with you about this.

Utilities
Are you concerned about your air conditioning, heat, water, or electricity being shut off?
Yes/No

If yes, state:
I want you to know that right now, no utility can turn off a service if a person cannot pay their bill. More information is available if you call 311 and say “rent and utilities”

If No, continue to Monitoring Preference.

MONITORING PREFERENCE

If DOB is Not present on the Person record then this Monitoring Section is shown

Starting tomorrow we'll do daily check-ins until at least **[Monitoring End Date]**. Most of your daily check-ins will happen over the phone. You may also receive a visit from someone on our team to see how you are doing and confirm that you are able to safely separate from others. Each day, whether over the phone or in-person, you will have the ability to request assistance with services to help you stay separated from others. You will also have the ability to provide the name and contact information for a close contact you may have forgotten to include today. If you prefer to complete your daily check-in with us before we contact you, you can call us at 212-242-2692. You can also call that same number if you have questions for us. We are open 9am-9pm every day of the week.

If DOB is present on the Person record then this Monitoring Section is shown

Starting tomorrow we'll do daily check-ins until at least [Monitoring End Date]. Most of your daily check-ins will happen over the phone or by text message. You may also receive a visit from someone on our team to see how you are doing and confirm that you are able to safely separate from others. Each day, whether over the phone, text message or in-person, you will have the ability to request assistance with services to help you stay separated from others. You will also have the ability to provide the name and contact information for a close contact you may have forgotten to include today. If you prefer to complete your daily check-in with us before we contact you, you can call us at 212-242-2692. You can also call that same number if you have questions for us. We are open 9am-9pm every day of the week.

Would you like us to call you or would you prefer to receive a text message for these daily check-ins? Note: In order to be eligible to use SMS monitoring, you must have an Android or iPhone smartphone running the supported operating system.

- Phone
- SMS

If user select SMS , then show below question and dialog text

***What mobile phone number can we use for these check-ins?**
<Mobile Number>

Only US mobile numbers are supported for SMS check-ins.

Thank you for providing your mobile phone number for SMS monitoring. You are about to receive a series of SMS messages from the Test & Trace program. Please respond "Yes" to these messages to complete your enrollment in SMS monitoring.

Each day during monitoring, we'll send you a text message with a link to a secure website and a brief list of questions. If you do not respond by text by 2 PM, you will receive a call from a contact tracer to complete your monitoring.

By providing your phone number, you agree to receive messages from the NYC Health + Hospitals. Message and data rates may apply. You can reply STOP to cancel at any time.

FROM HERE ON OUT IF THE CALL ENDS IT CAN BE MARKED COMPLETE.

IMPORTANT REMINDERS

Let's review what you should do to protect others from getting sick. This information is available at www.cdc.gov if you want to refer back to it.

- Do not leave your home except to seek essential medical care or for emergencies or if you are going to an isolation hotel with our program.
- Stay at least 6 feet from everyone in your home. If you cannot stay 6 feet from others, wear a mask or face covering.
- Stay in a separate room away from others and sleep alone in a room that has a window with good airflow. If you share a bathroom, disinfect surfaces and fixtures (anything you touch) after each use.
- Avoid sharing any household items (plates, combs, toothbrush, cups, sheets/blankets etc.) with others.
- Wash your laundry separately with detergent.
- Cover your mouth with tissue when coughing or sneezing, throw the tissue away and avoid touching your face as much as possible.
- Wash your hands frequently throughout the day with soap and water for at least 20 seconds.
- Throw away your gloves, tissues, masks, and other trash in a tied bag immediately after use.
- Anyone you come in contact with (including anyone in your home) should watch themselves for fever, cough, and other symptoms, and should seek testing even if they do not have symptoms. If they develop symptoms, they should get tested again and speak to their healthcare provider.

And let's review things you can do to take care of yourself:

- Stay hydrated and drink plenty of water.
- Stay away from caffeine and alcohol.
- Get plenty of rest. If you are currently working out of the house you now need to stay home, if you are working at home take it easy or stop working so you can give your body rest needed to help recover.
- Seek healthcare if your symptoms worsen.

MEDICAL CONDITIONS

We are almost done; we've got about five minutes left. I am going to ask you a few questions about yourself that will help our team understand how to fight the virus and keep New Yorkers safe.
Next, I'm going to read you a list of chronic conditions. Please indicate whether you have any of these conditions by saying 'yes' or 'no' as I walk you through the options:

Do you have a weak immune system because of a medical condition or because of medications you take?	Y	N
Do you have chronic lung disease, like COPD or asthma?	Y	N
Do you have heart disease?	Y	N
Do you have liver disease or cirrhosis?	Y	N
Do you have diabetes?	Y	N
Do you have chronic kidney disease (CKD)?	Y	N
Do you have high blood pressure or hypertension ?	Y	N
Do you smoke or vape?	Y	N
Do you have cancer?	Y	N
Are you overweight?	Y	N
Do you have sickle cell disease?	Y	N
Have you had an organ transplant?	Y	N

RECENT TRAVEL

In the two weeks before becoming sick or getting tested, have you traveled to another state or territory outside of New York State?

Yes/No

If Yes:

Which states or territories have you traveled? [Multi Select Picklist]

If No:

Continue to next question

In the two weeks before becoming sick or getting tested, have you traveled internationally?

Yes/No

If Yes:

Which counties? <Text Field>

If No:

Continue to next Section

SOURCE OF INFECTION

"I'd like to ask you how you think you became infected with or exposed to COVID-19."

Do you think you know who exposed you to the virus that causes COVID?"

- If No, go to the next question ("In the two weeks before becoming sick or getting tested, did you have an in-person interaction with anyone who was sick or anyone who was diagnosed with COVID-19?")
- If Yes, ask "We would like to check our system to see if this person is known to have COVID. We may also follow up with this person but we will not tell them that you gave us their name. We will preserve your confidentiality. Would you be comfortable giving us their name and some related information?"
    - If Yes, display the following fields:
        - First Name
        - Last Name
        - Date of Birth
        - Phone number
        - Address (Street Address, Borough, City, State, Zip code)
        - Date that the case thinks they got the infection from the person they just named
        - Why do you think this person gave you the virus? (select as many of the below answers as needed)
            - We went to an indoor social gathering such as a party, restaurant, religious service, or musical event together
            - We went to an outdoor social gathering such as a party, restaurant, religious service, or musical event together
            - We took transport together
            - We work together
            - We exercise together
            - We are intimate partners
            - We live together
            - They work or support me in my home (e.g., home health aide, cleaning, childcare)
            - We were at school, college, or university together
            - We were at a childcare facility, camp, or afterschool activity together
            - Other
        -
- If No, move to the next question

In the two weeks before becoming sick or getting tested, did you have an in-person interaction with anyone who was sick or anyone who was diagnosed with COVID-19?

Yes/No

In the two weeks before becoming sick or getting tested, did you go to any events or gatherings where you were not able to maintain 6 feet of distance from others – you should answer yes if you went to any restaurants or bars, houses of worship etc…?

Yes/No

If Yes:

Where was this gathering and when? <Text Field>

If it was at an establishment like a house of worship or a restaurant please list the name, address, and date you went. If it was at a private party or gathering – including small dinner parties – please list the name of the host and their contact information and the date.

If No:

Continue to next question

In the two weeks before becoming sick or getting tested, did you go to work in-person?

Yes/No

In the two weeks before becoming sick or getting tested, did you interact with people outside of your home who were not wearing face coverings?

If Yes:

Can you tell me more about that or those interactions? <Text Field>

Please make sure to record any contact information available.

If No:

Continue to next question

In the two weeks before becoming sick or getting tested, did you interact with people outside of your home while you were not wearing a face covering?

Yes/No

EMPLOYMENT

Are you currently employed?

Yes/No

If Yes:

What sector do you work in? (picklist)

- Office and administrative support
- Management or Business and Financial Operations

- Retail salesperson
- Sales or related, other than retail
- Educational instruction and library
- Food preparation and serving related
- Healthcare support
- Health care practitioner or other technical health care
- Arts, design, entertainment, sports, and media
- Transportation
- Building and grounds cleaning and maintenance
- Construction and extraction
- Personal care and service
- Emergency Response services
- Other (specify in text field)

What is the name of your employer? (text)

How do you primarily get to work? (Multi select checkbox)

- Subway or bus
- Taxi or ride-sharing app (such as Uber or Lyft)
- Driving your own car or a rented car
- Biking
- Walking
- Work from home
- Other
- Don’t know / Not sure

If No:

Continue to next section

RACE & ETHNICITY

~~Now I am going to ask you some questions about your race and ethnicity as well as your gender and sexual orientation.~~

The next set of questions are about groups you may identify with and some people consider these questions very personal. If you do not feel comfortable answering these questions, we can skip them, but they really help us understand subpopulations who may be most affected by COVID.

Are you comfortable answering questions about your race and ethnicity?

- If NO, skip the questions below and move on to the next step.
- If Yes, proceed to ask questions below.

Do you identify as Hispanic, Latino, or Latina? You may decline to answer.

- Yes
- No
- Unknown
- Declined to answer

Which race do you identify as? You may choose more than one as I walk you through the options. or you may decline to answer.

- Asian, including South Asian
- Black, including African American or Afro-Caribbean
- Native American or Alaska Native
- Native Hawaiian or Pacific Islander
- White
- I do not identify as any of these races
- Unknown

Declined to answer

Which specific ethnic or cultural groups do you identify as, if any? You may choose more than one as I walk you through the options. or you may decline to answer.

- Arab
- Chinese
- Dominican
- Guyanese
- Haitian
- Indian
- Italian
- Jamaican
- Jewish
- Mexican
- Puerto Rican
- Russian
- Declined to answer
- Another group or groups. Please specify: Specify ethnic group _____
- I do not identify as any specific ethnic or cultural group

GENDER & SEXUAL ORIENTATION

Are you comfortable answering questions about your gender?

- If NO, Skip the next two questions.
- If Yes, proceed to ask the next two questions

How do you currently identify your gender? Do not read the options out loud and instead let them self-identify their gender.

- Woman/Girl
- Man/Boy
- Transgender Woman
- Transgender Man
- Non-binary or Genderqueer Person
- A gender identity not listed: Specify Gender Identity_____
- Unknown
- Declined to answer

What sex were you assigned at birth? Please select one:

- Female
- Male
- Neither female nor male
- Unknown

Only ask this question if the person doing the interview is answering questions for themself (that is, the interview is not being done using a proxy) and the person is 18 years of age or older. If the person doing the interview is a proxy or the person is less than 18 years of age, then answer "no" to this question:

Are you comfortable answering questions about people you have intimate relations with?

- If No, Skip the question below and move on to the next step.
- If Yes, proceed to ask the question below.

Which of the following best describes your sexual orientation? Please select the one that best describes you. or you may decline to answer.

- Gay or lesbian
- Straight or heterosexual
- Bisexual
- Queer
- Questioning
- A sexual orientation not listed: _____
- Unknown
- Declined to answer

Disability

Are you comfortable answering questions about disabilities?

- If No, skip the questions below and proceed to end of intake.
- If Yes, proceed to ask questions below.

Are you deaf or do you have serious difficulty hearing?	Y	N
Are you blind or do you have serious difficulty seeing, even when wearing glasses?	Y	N
Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	Y	N
Do you have serious difficulty walking or climbing stairs?	Y	N
Do you have difficulty dressing or bathing?	Y	N
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	Y	N

End of Intake

That concludes your interview. Thank you so much for taking the time to talk with me today. One of my colleagues will be in touch with you tomorrow and remember, if we cannot get a hold of you on the phone we may come to your home just to make sure everything is okay and that you are isolating. You can always call us at 212-242-2692. We are here 9am-9pm. Please remember to keep your family safe by following the guidelines you've heard today. Thank you.