

**Interim 2019 novel coronavirus (2019-nCoV) patient under investigation (PUI) form**

As soon as possible, notify and send completed form to: 1) your local/state health department, and 2) CDC: email (eoevent185@cdc.gov, subject line: nCoV PUI Form) or fax (770-488-7107). If you have questions, contact the CDC Emergency Operations Center (EOC) at 770-488-7100.

Today's date \_\_\_\_\_ State patient ID \_\_\_\_\_ NNDSS local record ID/Case ID<sup>1</sup> \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Patient first name \_\_\_\_\_ Patient last name \_\_\_\_\_ Patient date of birth \_\_\_\_\_

Interviewer's name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_ Pager or Email \_\_\_\_\_

Sex  M  F Age \_\_\_\_\_ yr  mo Residency  US resident  Non-US resident, country \_\_\_\_\_ PUI

*Criteria*

Date of symptom onset \_\_\_\_\_

**Does the patient have the following signs and symptoms (check all that apply)?**

Fever<sup>2</sup>  Cough  Sore throat  Shortness of breath

**Does the patient have these additional signs and symptoms (check all that apply)?**

Chills  Headache  Muscle aches  Vomiting  Abdominal pain  Diarrhea  Other, Specify \_\_\_\_\_

**In the 14 days before symptom onset, did the patient:**

Spend time in China?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Does the patient live in China?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Date traveled to China _____ Date traveled from China _____ Date arrived in US _____	
Spend time in Wuhan City, China?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Does the patient live in Wuhan City?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Spend time in Hubei Province (not Wuhan City)?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Does the patient live in Hubei Province (not Wuhan City)?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Spend time outside of the U.S. (not China)?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Name of country _____	
Does the patient live in this country?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Date traveled to country (not China) _____ Date traveled from country (not China) _____	
Date arrived in US from country (not China) _____	
Have close contact <sup>3</sup> with a person who is under investigation for 2019-nCoV?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Have close contact <sup>3</sup> with a laboratory-confirmed 2019-nCoV case?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Was the case ill at the time of contact?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Is the case a U.S. case?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Is the case an international case?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
In which country was the case diagnosed with 2019 n-CoV? _____	

*Additional Patient Information*

Is the patient a health care worker?  Y  N  Unknown

Have history of being in a healthcare facility (as a patient, worker, or visitor) in China?  Y  N  Unknown

Care for a nCoV patient?  Y  N  Unknown

Is patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which nCoV is being evaluated?  Y  N  Unknown

Diagnosis (select all that apply): Pneumonia (clinical or radiologic)  Y  N Acute respiratory distress syndrome  Y  N

Comorbid conditions (check all that apply):  None  Unknown  Pregnancy  Diabetes  Cardiac disease  Hypertension

Chronic pulmonary disease  Chronic kidney disease  Chronic liver disease  Immunocompromised  Other, specify \_\_\_\_\_

Is/was the patient: Hospitalized?  Y, admit date \_\_\_\_\_  N Admitted to ICU?  Y  N

Intubated?  Y  N On ECMO?  Y  N Patient died?  Y  N

Does the patient have another diagnosis/etiology for their respiratory illness?  Y, Specify \_\_\_\_\_  N  Unknown

**Respiratory diagnostic results**

Test	Pos	Neg	Pending	Not done
Influenza rapid Ag <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza PCR <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. metapneumovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parainfluenza (1-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adenovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhinovirus/enterovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test	Pos	Neg	Pending	Not done
Coronavirus (OC43, 229E, HKU1, NL63)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>M. pneumoniae</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>C. pneumoniae</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Specimens for 2019-nCoV testing**

Specimen type	Specimen ID	Date collected	Sent to CDC?
NP swab			<input type="checkbox"/>
OP swab			<input type="checkbox"/>
Sputum			<input type="checkbox"/>
BAL fluid			<input type="checkbox"/>
Tracheal aspirate			<input type="checkbox"/>

Specimen type	Specimen ID	Date collected	Sent to CDC?
Stool			<input type="checkbox"/>
Urine			<input type="checkbox"/>
Serum			<input type="checkbox"/>
Other, specify _____			<input type="checkbox"/>
Other, specify _____			<input type="checkbox"/>

<sup>1</sup> For NNDSS reporters, use GenV2 or NETSS patient identifier.

<sup>2</sup> Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations

<sup>3</sup> Close contact is defined as: a) being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment. Data to inform the definition of close contact are limited. At this time, brief interactions, such as walking by a person, are considered low risk and do not constitute close contact.

**Supplemental questions to:  
Interim 2019 novel coronavirus (2019-nCoV) patient under investigation (PUI) form**

For all identified PUIs, please complete this form in addition to the 2019-nCoV PUI form.

1. Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_\_(mm/dd/yyyy)
2. State Patient ID (if available)\_\_\_\_\_
3. CDC PUI ID (if available)\_\_\_\_\_
4. Jurisdiction\_\_\_\_\_
5. Name of person completing form\_\_\_\_\_
6. Contact information of person completing form\_\_\_\_\_
7. Patient name (first & last)\_\_\_\_\_
8. Patient DOB \_\_\_\_/\_\_\_\_/\_\_\_\_\_(mm/dd/yyyy)
9. Patient temporary address (city, state, zip, country)  
\_\_\_\_\_
10. Patient permanent address (city, state, zip, country)  
\_\_\_\_\_
11. Patient phone\_\_\_\_\_
12. If patient is a student, name of school\_\_\_\_\_

**Proceed to next page**

**13. Travel History Outside of the United States** (from 14 days before symptom onset to present)

Note: ask about all international travel, including to China, and all cities visited (e.g. Wuhan City)

Location (city, province, country)	Dates visited
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____

**14. Places Visited within the United States** (from 14 days before symptom onset to present)

Note: ask about possible transmission settings, including where the patient might have worked, met with friends, ate, visited, etc.

Location (city, state, place visited)	Dates visited
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____
i. _____	_____
j. _____	_____

**If you need more space, please add information to the blank page at the end of this form.**

15. **Modes of Travel** (from 14 days before symptom onset to present)

Note: ask about travel by plane, bus, train, private vehicles, etc.

Travel mode	Departure location/date/time	Arrival location/date/time	Carrier/Seat #
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____
g.	_____	_____	_____
h.	_____	_____	_____
i.	_____	_____	_____
j.	_____	_____	_____

16. **Exposure to Healthcare Facilities** (from 14 days before symptom onset to present)

Note: ask about healthcare facility exposures as either a patient or as a visitor

Facility type	Name	Location	Reason for visit	Dates admitted/visited
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

**If you need more space, please add information to the blank page at the end of this form.**

17. **Patient Contacts** (from 14 days before symptom onset to present)

Note: ask about family or household contacts, friends, caregivers, coworkers, etc.

Name	Relationship to Patient	Contact numbers
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
k.		

**If you need more space, please add information to the blank page at the end of this form.**

**Please use this space to include any additional notes:**