

## COVID Case Follow Up Q&A

1. \* Have your symptoms changes at all?
2. Do you have any of the following symptoms? (Please ask each symptom individually)
  - Fever (feeling hot and cold)
  - Shortness of Breath
  - Cough
  - Sore Throat
  - Runny Nose
  - Loss of sense of smell
3. Do you have any of these other symptoms?
  - Headache
  - Muscular Pain
  - General Weakness
  - Irritability/confusion
  - Chest Pain
  - Abdominal Pain
  - Joint Pain
  - Nausea/vomiting
  - Other (specify)
4. Please specify any 'Other' symptoms
5. Please specific any further details relating to this individual's symptoms
6. \* Please confirm that you have asked about each symptom individually
7. Are you feeling worse than yesterday?
8. \* Have you checked your temperature in the last 24 hours?
9. How did you take your temperature?
10. Does this COVID Case meet the criteria to be released from self-isolation?

### Next

11. \* Does anyone in your household (who is not already a close contact or case) feel unwell?
12. What symptoms do people in your household have?
  - Fever (feeling hot and cold)
  - Shortness of Breath
  - Cough
  - Sore Throat
  - Runny Nose
  - Loss of Sense of Smell
  - Headache
  - Muscular Pain
  - General Weakness
  - Irritability/confusion
  - Chest Pain
  - Abdominal Pain
  - Joint Pain
  - Nausea/vomiting
  - Other (specify)
13. Please specify any 'Other' symptoms

### Next

14. \* Have you left your property in the last 24 hours?
15. \* Have any people visited your house?
16. Please specify further details regarding whether this individual has left their property or had visitors.

### Next

17. \* Do you require any welfare assistance?
18. What welfare assistance do you require?
  - Food
  - Accommodation
  - Financial Support
  - Prescriptions
  - Animal Needs
  - Medical Needs
  - Disability Needs
19. \* Is anyone in your household feeling anxious or stressed?
20. Is there anything else concerning you or anything else you need?
21. \* *Is there anyone else that you have been supporting who will be affected by your self-quarantine?*
22. *Details about impact on supported people*
23. Do you require a translator?
24. What is your preferred language?

### Next

25. Any other comments about today's check-in call: