

* CASE ACCESSION NUMBER	INVESTIGATION ID	ADDITIONAL ACCESSION NUMBERS (COMMA SEPARATED)
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CORONAVIRUS DISEASE 2019 (COVID-19) CASE INVESTIGATION FORM



CASE FORM

FORM UPDATES: _____ (YYYY-MM-DD) _____ (YYYY-MM-DD)

I. CASE IDENTIFICATION

investigation quick entry > client details
full features: subject > client details > client demographics > personal information

1. *LAST NAME		2. *FIRST NAME		3. *DATE OF BIRTH YYYY - MM - DD	
4. ALTERNATE LAST NAME			5. ALTERNATE FIRST NAME		
6. *SEX <input type="radio"/> FEMALE <input type="radio"/> MALE <input type="radio"/> INTERSEX <input type="radio"/> UNKNOWN		7. *REGISTRATION NUMBER (FORMER MHSC) 6 DIGITS		8. *HEALTH NUMBER (PHIN) 9 DIGITS	
9. ALTERNATE ID SPECIFY TYPE					
10. *ADDRESS AT TIME OF DIAGNOSIS → <input type="checkbox"/> ADDRESS IN FIRST NATION COMMUNITY					11. *CITY/TOWN/VILLAGE
12. *PROVINCE/TERRITORY			13. *POSTAL CODE A#A #A#		14. *PHONE NUMBER ### - ### - ####
15. ETHNIC ORIGIN (VOLUNTARY, SELF-REPORTED – CHOOSE ONE ONLY)					
<input type="radio"/> AFRICAN		<input type="radio"/> EUROPEAN (INCLUDES EASTERN EUROPE)		<input type="radio"/> NORTH AMERICAN INDIGENOUS	
<input type="radio"/> ASIAN (INCLUDES MIDDLE EAST, PHILIPPINES)		<input type="radio"/> LATIN, CENTRAL AND SOUTH AMERICAN (INCLUDES MEXICO)		<input type="radio"/> OCEANIA (INCLUDES PACIFIC ISLANDS)	
<input type="radio"/> CARIBBEAN		<input type="radio"/> NORTH AMERICAN (INCLUDES CANADA, USA)		<input type="radio"/> DECLINED	
<input type="radio"/> NOT ASKED		<input type="radio"/> UNKNOWN			
16. *INDIGENOUS IDENTITY DECLARATION (VOLUNTARY, SELF-REPORTED) <input type="radio"/> FIRST NATIONS <input type="radio"/> MÉTIS <input type="radio"/> INUIT <input type="radio"/> DECLINED			17. *FIRST NATIONS STATUS (VOLUNTARY, SELF-REPORTED) <input type="radio"/> STATUS <input type="radio"/> NON-STATUS <input type="radio"/> DECLINED		MHSU USE ONLY
18. ALTERNATE LOCATION INFORMATION (IF ANY)					

II. INVESTIGATION INFORMATION

investigation quick entry > disease details
full features: investigation > investigation details > investigation information or resp. org/investigator

19. *INVESTIGATION DISPOSITION	<input type="radio"/> FOLLOW-UP COMPLETE	<input type="radio"/> UNABLE TO COMPLETE INTERVIEW	<input type="radio"/> PENDING
20. *RESPONSIBLE ORGANIZATION (PRIMARY)	<input type="radio"/> WRHA	<input type="radio"/> NRHA	<input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC
21. OTHER ORGANIZATIONS INVOLVED	<input type="checkbox"/> WRHA	<input type="checkbox"/> NRHA	<input type="checkbox"/> PMH <input type="checkbox"/> SH-SS <input type="checkbox"/> IERHA <input type="checkbox"/> FNIHB <input type="checkbox"/> CSC <input type="checkbox"/> DND

III. INFECTION INFORMATION

investigation quick entry > disease details
full features: investigation > investigation details > disease summary

22. DISEASE: <input type="checkbox"/> COVID-19	23. *CASE CLASSIFICATION	<input type="radio"/> LAB CONFIRMED	<input type="radio"/> PROBABLE
		<input type="radio"/> NOT A CASE	
24. *MOST LIKELY ACQUISITION TYPE (STAGING)	<input type="radio"/> TRAVEL ACQUIRED <input type="radio"/> CLOSE CONTACT OF KNOWN CASE <input type="radio"/> UNKNOWN		

IV. SIGNS AND SYMPTOMS

investigation quick entry > signs & symptoms
full features: investigation > signs & symptoms

25. *SYMPTOM ONSET		*ONSET DATE YYYY-MM-DD	ONSET TIME (IF APPLICABLE) HH:MM	ESTIMATE D
<input type="radio"/> ASYMPTOMATIC	<input type="radio"/> SYMPTOMATIC			<input type="checkbox"/>
26. *SIGNS AND SYMPTOMS				
<input type="checkbox"/> ABDOMINAL PAIN/CRAMPING	<input type="checkbox"/> DIARRHEA	<input type="checkbox"/> RENAL FAILURE	<input type="checkbox"/> OTHER	
<input type="checkbox"/> ACUTE RESPIRATORY DISTRESS SYNDROME	<input type="checkbox"/> ENCEPHALITIS	<input type="checkbox"/> SEIZURE		
<input type="checkbox"/> CHILLS	<input type="checkbox"/> FEVER (>38 °C)	<input type="checkbox"/> SEPTICEMIA OR SEPSIS		
<input type="checkbox"/> CONFUSION, ALTERED MENTAL STATE	<input type="checkbox"/> HEADACHE	<input type="checkbox"/> SHORTNESS OF BREATH		
<input type="checkbox"/> COUGH, DRY	<input type="checkbox"/> MUSCLE PAIN (MYALGIA)	<input type="checkbox"/> SORE THROAT		
<input type="checkbox"/> COUGH, PRODUCTIVE	<input type="checkbox"/> PNEUMONIA	<input type="checkbox"/> VOMITING	SPECIFY	

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V. RISK FACTOR INFORMATION

investigation quick entry > risk factors
full features: subject > risk factors

COMPLETE THE FOLLOWING AND SPECIFY DETAILS WHERE REQUESTED. FOR EXPOSURES (27-31), PROVIDE A BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI.	YES	NO	UN-KNOWN	DECLINED TO ANSWER	NOT ASKED
27. * OUTBREAK ASSOCIATED <small>SPECIFY NAME AND/OR OUTBREAK CODE</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. * ANIMAL OR ANIMAL WASTE CONTACT (LIVE ANIMAL MARKETS, <u>NOT INCLUDING DOMESTIC PETS</u>, WITHIN 14 DAYS OF SYMPTOM ONSET) <small>PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. * CONTACT OF A NEW OR PREVIOUSLY DIAGNOSED CASE (CONFIRMED OR PROBABLE, WITHIN 14 DAYS OF SYMPTOM ONSET) <small>PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. * CONTACT WITH SOMEONE WITH SIMILAR ILLNESS (WITHIN 14 DAYS OF SYMPTOM ONSET) <small>PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. * EXPOSURE SETTING LOCATION: OTHER PROVINCE IN CANADA (WITHIN 14 DAYS OF SYMPTOM ONSET) <small>PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. * EXPOSURE SETTING LOCATION: OUTSIDE CANADA (WITHIN 14 DAYS OF SYMPTOM ONSET) <small>PROVIDE BRIEF DESCRIPTION, AND THEN INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. * PREGNANT AT TIME OF DIAGNOSIS <small>SPECIFY EDC: YYYY-MM-DD</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. * SENSITIVE ENVIRONMENT <input type="checkbox"/> CHILD CARE (WORK/VOLUNTEER/ATTENDEE) <input type="checkbox"/> CORRECTIONAL CENTER (WORK/RESIDENT) <input type="checkbox"/> HEALTH CARE FACILITY (RESIDENT/PATIENT) <input type="checkbox"/> HEALTH CARE FACILITY (WORK/VOLUNTEER) <input type="checkbox"/> LONG-TERM CARE FACILITY (RESIDENT) <input type="checkbox"/> LONG-TERM CARE FACILITY (WORK/VOLUNTEER) <input type="checkbox"/> LABORATORY WORKER <input type="checkbox"/> OTHER CONGREGATE SETTING (WORK/VOLUNTEER/RESIDENT, SPECIFY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. * UNDERLYING ILLNESS <input type="checkbox"/> CARDIAC DISEASE <input type="checkbox"/> DIABETES <input type="checkbox"/> CHRONIC PULMONARY DISEASE <input type="checkbox"/> HYPERTENSION <input type="checkbox"/> CHRONIC KIDNEY DISEASE <input type="checkbox"/> IMMUNOCOMPROMISED <input type="checkbox"/> CHRONIC LIVER DISEASE <input type="checkbox"/> OTHER (SPECIFY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. OTHER RISK FACTOR (SPECIFY) <input type="checkbox"/> SMOKING <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> VAPING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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VI. ACQUISITION EXPOSURES
(POTENTIAL SOURCE OF THE INFECTION)

investigation quick entry > exposure summary > acquisition quick entry
full features: investigation > exposure summary > create acquisition event

INDICATE ALL SETTINGS WHERE THE CASE MAY HAVE ACQUIRED THE INFECTION. IF TRAVEL-RELATED, SPECIFY DETAILS OF TRAVEL IN TABLE BELOW. COPY THIS PAGE IF REQUIRED FOR ADDITIONAL SETTINGS.

WHEN COMPLETE, PLEASE MAKE OVERALL ASSESSMENT ON MOST LIKELY ACQUISITION TYPE IN SECTION III INFECTION INFORMATION.

37. *SETTING TYPE	38. *EXPOSURE SETTING DETAILS (NAME/DESCRIPTION/LOCATION)	39. *EXPOSURE START DATE YYYY-MM-DD	40. *EXPOSURE END DATE YYYY-MM-DD
<input type="checkbox"/> TRAVEL (DETAILS BELOW) <input type="checkbox"/> COMMUNITY CONTACT <input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> CLOSE, NON-HOUSEHOLD			
<input type="checkbox"/> TRAVEL (DETAILS BELOW) <input type="checkbox"/> COMMUNITY CONTACT <input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> CLOSE, NON-HOUSEHOLD			
<input type="checkbox"/> TRAVEL (DETAILS BELOW) <input type="checkbox"/> COMMUNITY CONTACT <input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> CLOSE, NON-HOUSEHOLD			

COMPLETE FOR ANY TRAVEL IN 14 DAYS PRIOR TO SYMPTOM ONSET. ALL DATES AND TIMES SHOULD BE LOCAL TIMES. REGIONS ARE RESPONSIBLE FOR VERIFYING TRAVEL DETAILS (I.E. FLIGHT DETAILS) TO ENSURE THEY ARE CORRECT. COPY THIS PAGE IF MORE ROOM NEEDED.

41. CRUISE	NAME OF CRUISESHIP	ORIGIN AND DESTINATION	ROOM NUMBER	SAILING DATES	OTHER NOTES

PLANE	AIRLINE AND FLIGHT NUMBER	ORIGIN AND DESTINATION	ROW AND SEAT NUMBER	DATES/TIMES	OTHER NOTES

CONFERENCE/EVENT	NAME OF EVENT / EVENT SPACE	LOCATION	DATES/TIMES	OTHER NOTES

ACCOMODATION	NAME OF HOTEL / RESIDENCE	LOCATION	DATES/TIMES	OTHER NOTES

OTHER MODE OF TRANSPORTATION	NAME OF OPERATOR	INTINERARY	DATES/TIMES	OTHER NOTES

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VII. INTERVENTIONS

investigation quick entry > interventions
 full features: investigation > treatment and interventions > interventions summary

42. *INTERVENTION	43. *INTERVENTION SUB-TYPE	44. *START DATE (OR DATE OF EVENT) YYYY-MM-DD	45. *END DATE (IF APPLICABLE) YYYY-MM-DD	46. LOCATION / ADDRESS (IF APPLICABLE)
<input type="checkbox"/> ISOLATION	<input type="checkbox"/> FACILITY ISOLATION <input type="checkbox"/> HOME ISOLATION <input type="checkbox"/> SELF ISOLATION (OTHER LOCATION)			IF ISOLATION IS AT DIFFERENT ADDRESS THAN HOME
PHIMS REGIONS CAN REGULARLY MONITOR STATUS ASSESSMENTS IN PHIMS. FOR NON-PHIMS REGIONS, INCLUDE STATUS AT TIME OF FORM COMPLETION AND UPDATE ANYTIME THERE IS A CHANGE IN STATUS (E.G., CASE IS HOSPITALIZED OR CASE HAS RECOVERED).				
<input type="checkbox"/> STATUS ASSESSEMENT	<input type="checkbox"/> FATAL			
	<input type="checkbox"/> HOME ISOLATION			
	<input type="checkbox"/> HOSPITALIZATION			
	<input type="checkbox"/> ICU			
	<input type="checkbox"/> MECHANICAL VENTILATION			
	<input type="checkbox"/> RECOVERED			
	<input type="checkbox"/> UNKNOWN			

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VIII. *TRANSMISSION EXPOSURES - SETTINGS

investigation quick entry > transmission event quick entry
 full features: investigation > exposure summary > create transmission event

(POTENTIAL SPREAD TO CONTACTS DURING PERIOD OF COMMUNICABILITY)

INDICATE ALL SETTINGS WHERE THE CASE MAY HAVE SPREAD THE INFECTION TO CONTACTS. IF TRAVEL-RELATED, LIST IN THIS TABLE AND SPECIFY DETAILS OF TRAVEL IN TABLE BELOW. COPY THIS PAGE IF REQUIRED FOR ADDITIONAL SETTINGS.

47. *SETTING #	48. *SETTING TYPE	49. *EXPOSURE SETTING DETAILS (NAME/DESCRIPTION/LOCATION)	50. *EXPOSURE START DATE YYYY-MM-DD	51. *EXPOSURE END DATE YYYY-MM-DD	52. *NUMBER OF CONTACTS FOR THIS SETTING
	<input type="checkbox"/> TRAVEL (DETAILS BELOW) <input type="checkbox"/> COMMUNITY CONTACT <input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> CLOSE, NON-HOUSEHOLD				
	<input type="checkbox"/> TRAVEL (DETAILS BELOW) <input type="checkbox"/> COMMUNITY CONTACT <input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> CLOSE, NON-HOUSEHOLD				
	<input type="checkbox"/> TRAVEL (DETAILS BELOW) <input type="checkbox"/> COMMUNITY CONTACT <input type="checkbox"/> HOUSEHOLD <input type="checkbox"/> CLOSE, NON-HOUSEHOLD				

COMPLETE FOR ANY TRAVEL DURING THE PERIOD OF COMMUNICABILITY. ALL DATES AND TIMES SHOULD BE LOCAL TIMES. REGIONS ARE RESPONSIBLE FOR VERIFYING TRAVEL DETAILS (I.E. FLIGHT DETAILS) TO ENSURE THEY ARE CORRECT. COPY THIS PAGE IF MORE ROOM NEEDED.

CRUISE	NAME OF CRUISESHIP	ORIGIN AND DESTINATION	ROOM NUMBER	SAILING DATES	OTHER NOTES
PLANE	AIRLINE AND FLIGHT NUMBER	ORIGIN AND DESTINATION	ROW AND SEAT NUMBER	DATES/TIMES	OTHER NOTES
CONFERENCE/EVENT	NAME OF EVENT / EVENT SPACE		LOCATION	DATES/TIMES	OTHER NOTES
ACCOMODATION	NAME OF HOTEL / RESIDENCE		LOCATION	DATES/TIMES	OTHER NOTES
OTHER MODE OF TRANSPORTATION	NAME OF OPERATOR		INTINERARY	DATES/TIMES	OTHER NOTES

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