



Contact Tracing Analysis Questionnaire

Name _____

Rank

First

M.I.

Last

Unit

Phone

Email

Prior to administering the questions, the following statement will be read to the infected individual/ PUI: "You will be asked a series of questions related to your activities over the past few days. You are being asked to answer these questions because you have either tested positive for COVID-19 or have been identified as a person under investigation. At this time, you are not suspected of having committed a crime or any violation under the UCMJ. When answering the questions, if you feel that you may potentially incriminate yourself, you may choose not to answer. Your responses will not be compelled. Please answer the following questions to the best of your recollection in order for us to get a more accurate assessment of the situation at hand. If you cannot recall the information requested, simply leave the question blank."

Witness _____

Witness Print

Patient _____

Patient Print

Witness Signature

Date

Patient Signature

Date

Day/ Date Being Traced _____

1. Identify/ describe your activities on this day. (Who, What, When, Where)

2. Were you symptomatic on this day? If yes, identify/ describe symptoms noted. (Yes or No)

3. What protective/ preventive measures did you take on this day to minimize exposure to, or spread of, COVID-19?

4. Identify/ describe exposure to other students within your class/ close-contact cohort on this day.

5. Identify/ describe exposure to other students outside your class/ close-contact cohort on this day.

6. Identify/ describe exposure to instructors/support personnel on this day.

7. Identify/ describe exposure to anyone not already identified (Family Members, Friends, other Service Members, etc.) on this day.

8. Did you use the chow hall on this day? (Yes or No)

If the answer is yes, specify which meals (Breakfast, Lunch, Dinner) and identify any individuals dining with you.

9. Identify/ describe locations on base that you may have shared the virus due to close contact with people or objects.

(e.g. Base Gym, Commissary, Barracks)

Patient Signature
