

# HMIS Data Collection for COVID-19 Sub-Assessment - [ALL CLIENTS] - [ALL PROJECTS]

This form is for all project types. There may be multiple Record Dates over time; use a new form for a new Record Date.

**RECORD DATE (Month / Day / Year):**

		/			/				
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## Section I: Client has symptoms of Covid-19

**DATE SYMPTOMS STARTED? (Month / Day / Year):**

		/			/				
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FEVER?	COUGH?	SHORTNESS OF BREATH?	CHILLS?	MUSCLE PAIN?	HEADACHE?	SORE THROAT?	NEW LOSS OF TASTE OR SMELL?
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

**IF QUARANTINED OR SELF-QUARANTINED, DATE BEGAN? (Month / Day / Year):**

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**IF HOSPITALIZED, DATE? (Month / Day / Year):**

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**CLIENT HEALTH NOTES:**

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## Section II: Official COVID-19 Test Information

**DATE TESTED FOR COVID-19 (Month / Day / Year):**

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TYPE OF COVID-19 TEST?
<input type="checkbox"/> Viral Test – indicating current infection status
<input type="checkbox"/> Antibody Test – indicating
<input type="checkbox"/> Unknown

IF KNOWN, TEST RESULT/CONFIRMED DISEASE STATUS?
<input type="checkbox"/> Viral Test – Positive: Confirmed to have COVID-19
<input type="checkbox"/> Viral Test – Negative: Confirmed to NOT have COVID-19
<input type="checkbox"/> Antibody Test – Positive: Confirmed to have COVID-19 antibodies
<input type="checkbox"/> Antibody Test – Negative: Confirmed to NOT have COVID-19 antibodies

**DATE OF COVID-19 DIAGNOSIS? (Month / Day / Year):**

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**NAME OF HEALTH PROVIDER PROVIDING DIAGNOSIS:**

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**Section III: Contact Information**

**EMERGENCY CONTACT: FULL NAME & RELATIONSHIP**

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**EMERGENCY CONTACT: CONTACT INFORMATION**

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**\*\*COMPLTE WHEN A CLIENT NO LONGER HAS SYMPTOMS\*\***

**RECOVERY DATE:**

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