

## HMIS COVID-19 Data Collection Form for Solano County HMIS Projects

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### General Instructions

This is the COVID-19 assessment form for ALL projects in Solano County.

This form should be filled out for all household members and entered into HMIS accordingly.

Please note that current HMIS policies require that all data be entered into HMIS within three days of acquisition.

If you are confused about how to answer a question, please refer to the HMIS Data Dictionary which is contained in the resources folder for HMIS accessible through ServicePoint. If the data dictionary does not answer your question, please reach out to [solanoHMIS@homebaseccc.org](mailto:solanoHMIS@homebaseccc.org) for assistance.

CLIENT NAME:

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DATE ADMINISTERED:

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## COVID-19 INFORMATION

### SYMPTOMS

*Is the client experiencing symptoms consistent with COVID-19 (e.g. fever of 100.4° or higher, cough, shortness of breath, loss of sense of smell, loss of taste)?*

<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	No	<input type="checkbox"/>	Client refused

### DATE SYMPTOMS BEGAN

*When did the client begin experiencing symptoms?*

		/			/				
Month			Day			Year			

### ISOLATION

*When did the client begin isolating?*

		/			/				
Month			Day			Year			

### QUARANTINE

*When did the client begin quarantine?*

		/			/				
Month			Day			Year			

### HOSPITALIZATION

*If hospitalized, when was the client admitted?*

		/			/				
Month			Day			Year			

### TEST RESULT

*If known, what is the COVID-19 test result or confirmed disease status?*

<input type="checkbox"/>	Negative	<input type="checkbox"/>	Positive
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### TEST DATE

*If tested for COVID-19, when was the client tested?*

		/			/				
Month			Day			Year			

### DATE TEST RESULTS MADE AVAILABLE

*If tested for COVID-19, when were the results made available?*

		/			/				
Month			Day			Year			

### SYMPTOMATIC DISPOSITION

*What is the client's current symptomatic disposition?*

<input type="checkbox"/>	Currently symptomatic	<input type="checkbox"/>	Confirmed recovery
<input type="checkbox"/>	No longer symptomatic	<input type="checkbox"/>	Deceased

## COVID-19 INFORMATION (CONT.)

## CLINICAL HEALTH NOTES

[illegible]