

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

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 for assistance.

CLIENT NAME:

DATE ADMINISTERED:

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

