



# Contact Tracing –

## Personal Activity Log

If your test results confirm you have COVID-19, your local health department will need to know who you had contact with recently. This Personal Activity Log will help you remember your activities and the individuals you had contact with each day so you don't forget any details when speaking with your local health department. This is your own personal worksheet. Your local health department will **ONLY** contact you if you test positive for COVID-19.

### Do you have any of the following symptoms?

Date symptoms started

Fever	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>
Difficulty breathing	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>
Dry cough	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>
Headache	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>
Tired	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>
Muscle aches	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>
Sore throat	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>
Runny nose	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>
Other new signs and symptoms	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="text"/>

If you answered **'YES'** to any of the symptoms above, start filling out the activity log with the date of your earliest symptom.

If you answered **'NO'** to all of the above symptoms, start with the date you had your COVID-19 test.



List the places you went and the people you interacted with just before getting ill.

Places I went and people I interacted with:

		Morning	Afternoon	Evening	Night
<input type="checkbox"/> Day of first symptom or <input type="checkbox"/> COVID test Date: _____	Places I attended (e.g., workplace or store)				
	People I interacted with (e.g., a co-worker or friend)				
The day before the first symptom or test Date: _____	Places				
	People				
Two days before the first symptom or test Date: _____	Places				
	People				

If you have no symptoms and were tested, use the day you were tested as the first day above. If you have symptoms, use the date you first had symptoms.

List the people that you recall being around in the days **after your symptoms began** and before you self-isolated after being tested.

**Places I went and people I interacted with:**

		Morning	Afternoon	Evening	Night
<b>Day after</b> <input type="checkbox"/> first symptom or <input type="checkbox"/> COVID test Date: _____	Places I attended (e.g., workplace or store)				
	People I interacted with (e.g., a co-worker or friend)				
<b>Two days after</b> first symptom or test Date: _____	Places				
	People				
<b>Three days after</b> the first symptom or test Date: _____	Places				
	People				
<b>Four days after</b> the first symptom or test Date: _____	Places				
	People				

**Close contact is generally considered to be closer than 2 metres (six feet).**