

HOME ASSESSMENT TOOL

- 1. **Patient Under Investigation (PUI) / Self Assessment for person with symptoms and signs of respiratory tract infection but is not warded.**
- 2. **Close contact of person infected and positive of COVID-19**

Name	:	
No. Identity Card	:	
No. Telephone	:	Mobile: Home:
Type of exposure	:	Category (1) OR (2) (please circle an appropriate choice and fill the details below)
Home Address	:	
PATIENT UNDER INVESTIGATION (PUI)		
Date arrival in Malaysia	:	
Flight No.	:	
Date of symptom onset	:	
CLOSE CONTACT OF POSITIVE COVID-19 CASE		
Relation to case	:	
Date of exposure*	:	

** please state the date of the latest contact*

TABLE FOR DAILY MONITORING

INSTRUCTION: Please(√) the symptoms that you experience for each day.

Symptoms	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
	Date: .../.../...	Date: .../.../...	Date: .../.../...	Date: .../.../...	Date: .../.../...	Date: .../.../...	Date: .../.../...	Date: .../.../...	Date: .../.../...	Date: .../.../...	Date: .../.../...	Date: .../.../...	Date: .../.../...	Date: .../.../...
Fever														
Chills														
Rigors														
Myalgia														
Headache														
Sore throat														
Nausea or Vomiting														
Diarrhea														
Fatigue														
Nasal Congestion / Running Nose														
Cough														
Shortness of Breath														
Difficulty in Breathing														
Anosmia (loss of smell)														
Ageusia (loss of taste)														

NOTE: Days of self monitoring can be added to the instructed period IF a person has recurrent exposure to the risk of infection.

Please do all the below while you are under home surveillance:

- Be contactable at all time.
- Stay at home during the self-monitoring period.
- Limit visitors to your house.
- List the name of those visiting you.
- Always practice good cough etiquette.
- If you develop any symptom, always wear face mask. If you did not wear *face mask*, close your mouth and nose with tissues when coughing or sneezing. Throw the tissues into closed dustbin and **immediately WASH YOUR HANDS** with soap or hand sanitiser.
- Limit your distance with healthy person (s) to at least 1 meter.
- Wear face mask when you go out of your room and avoid contact with others.
- Open all windows in your house to ensure good ventilation.
- Do not share utensils, tableware and personal hygiene items.

MONITOR YOURSELF FOR DEVELOPMENT OR WORSENING OF SYMPTOMS

IF YOU ARE CATEGORY 1: Patient Under Investigation (PUI) / Self Assessment for person with symptoms and signs of respiratory tract infection but is not warded.

If your symptoms worsen, such as:

- Difficulty in breathing; OR
- Prolonged fever more than 2 days

IMMEDIATELY contact the District Health Office at _____.

IF YOU ARE CATEGORY 2: Close contact of person infected and positive of COVID-19

If you develop any of the following symptoms such as fever/ chills / rigors / myalgia / headache / sore throat / nausea / vomit / diarrhea / fatigue / nasal congestion / running nose / cough / shortness of breath / difficulty in breathing / anosmia / ageusia

IMMEDIATELY contact the District Health Office at _____.