

YOUR RISKS	Body Mass Index > 3? What's this?	COPD or Asthma?	Type 1 or Type 2 Diabetes?	Serious heart disease or Hypertension?	Cancer and/or a compromised immune system	Chronic kidney disease	Pregnancy	A medical complexity (neurologic, genetic, metabolic, etc)?
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
YOUR FAMILY'S RISKS	Does your spouse / partner have any of the health concerns listed above?	Child 1: Does this child have any health concerns listed above?	Child 2: Does this child have any health concerns listed above?	Child 3: Does this child have any health concerns listed above?	Other adult: Does anyone else live in your household who has any of the health concerns listed above?	Caregiving: Do you regularly provide care for an elderly adult (over age 65) in your home?	What other health concerns do you have that might contribute to your risk profile?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
YOUR EXPOSURES	Are you or is anyone in your household considered an essential worker?	Does anyone in your household work outside the home in a public-facing job?	Do workers regularly come to your home to perform personal or housekeeping services?	Do you take public transportation when you need to run errands away from home?	Have you traveled away from your home by car for an over-night vacation or work-related purpose?	Have you traveled by airplane in the last 30 days?	Do you or does anyone in your household regularly attend meetings or gatherings in person?	Do you or does anyone in your household regularly keep health-related appointments in person?
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
YOUR PRACTICES	How careful are you about maintaining a 6' social distance?	How important to you is wearing a mask when in public?	How often do you use hand sanitizer when in public spaces?	How do you handle groceries before bringing them into your home?	If you purchase prepared meals from a restaurant do you eat there or take the food home?	What kinds of outdoor activities do you and family enjoy? Where are you comfortable going?	Do you have a trusted group of people you are comfortable socializing with in person? Where do you get together?	Have you gone shopping just for fun? Have you attended an indoor event? Would you go to a movie?

*This matrix is intended to help you think about two things: your risk profile and your risk tolerance. Your **risk profile** tells you about things that you can't change or that would be hard to change; checking any of the boxes in the first three rows indicates some level of risk. The more boxes you check, the higher your risk. Your **risk tolerance** is how you feel about taking precautions to minimize your chances of becoming infected with corona virus and of transmitting the virus to others. Answer the questions in the fourth row honestly, and be honest with your fellow podders when deciding to enter into a pod for the purposes of child care and/or education. You, your family, and your fellow podders will be safer and healthier if you pod up with people who share your general risk profile and tolerance.*

Prepared by the Great Start Collaborative of Traverse Bay/5toONE & United Way of NW MI for distribution to families raising young children and seeking guidance on creating/joining pandemic pods for the purposes of early care and education.