

APPENDIX 2: COVID-19 SCREENING QUESTIONNAIRE/SCRIPT

Appropriate screening questions might include the following, which could be modified to fit your participant population and the location of in-person interactions. Any YES answer should be considered sufficient reason to postpone in-person visits if it cannot be explained by an underlying medical condition. Please refer to your facility's screening requirements if applicable, as well.

Note: Using these screening questions, with or without a temperature check, does NOT require an IRB modification if the data will not be used for research.

1. Have you had any of the following symptoms in the past two weeks, **which were not diagnosed as something other than Covid-19 (e.g. COPD, heart failure, etc.)**, even if they were mild?³

- ☐ Fever (higher than 100.4o F [38.0o C])
- ☐ Cough
- ☐ Shortness of breath or difficulty breathing
- ☐ New loss of the sense of smell or taste
- ☐ Sore throat
- ☐ Chills
- ☐ Muscle pain or body aches not due to injury or strain
- ☐ Nausea or vomiting
- ☐ Diarrhea
- ☐ Fatigue
- ☐ Headache
- ☐ Congestion or runny nose

2. In the last 14 days, have you lived with, visited, cared for, or been in a room for a prolonged period with someone who is under investigation or has been confirmed for COVID-19/coronavirus infection?

- ☐ Yes ☐ No

³ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>