

COVID-19 QUESTIONNAIRE

1. Are you experiencing any of the following symptoms? Please select all that apply.
 - a. Fever or chills
 - b. New or worsening cough
 - c. Fatigue
 - d. Body aches
 - e. Reduced sense of smell or taste
 - f. Difficulty breathing
 - g. Sore throat
 - h. None of the above
2. Have you been told by a health official that you may have been exposed to COVID-19 (coronavirus)?
 - a. Yes
 - b. No
3. Have you been around someone who is known to have COVID-19 (coronavirus)?
 - a. Yes
 - b. No
4. Have you been tested before for COVID-19?
 - a. Yes, positive
 - b. Yes, waiting on results
 - c. Yes, negative
 - d. No
5. In the last 14 days, have you been in an area of high-risk for COVID-19 (coronavirus)?
 - a. Yes
 - b. No
 - c. I don't know
6. In the last 14 days, have you traveled internationally?
 - a. Yes
 - b. No
7. In the last 14 days, have you been around someone who recently traveled to a high-risk area and is also sick?
 - a. Yes
 - b. No
 - c. I don't know
8. COVID-19 (coronavirus) can affect people who have weaker immune systems from things like chemotherapy, HIV/AIDS, organ transplant, being pregnant, or prolonged steroid use. Do you have a weakened immune system from a known cause?
 - a. Yes
 - b. No