

APPENDIX 2: Example COVID-19 SCREENING QUESTIONNAIRE/SCRIPT

Screening questions can include those listed in the sample COVID-19 Screening Tool below, which can be modified to fit the 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.

Note: Using these screening questions does NOT require an IRB modification if the data will not be used for research.

COVID-19 Screening Tool	
Participant Name or ID Number: _____	
Assess Exposure:	
<input type="checkbox"/> Y <input type="checkbox"/> N	1. Had contact in the last 14 days with someone with confirmed COVID-19?
<input type="checkbox"/> Y <input type="checkbox"/> N	2. Lives in a facility that has COVID-19 confirmed cases in the last 14 days?
<input type="checkbox"/> Y <input type="checkbox"/> N	3. Tested positive for COVID-19 in the last 14 day?
Assess for Symptoms:	
<i>In the last 14 days have you had any TWO of the following:</i>	
<input type="checkbox"/> Y <input type="checkbox"/> N	1. Fever (100 F [37.8 C])?
<input type="checkbox"/> Y <input type="checkbox"/> N	2. Chills or rigors?
<input type="checkbox"/> Y <input type="checkbox"/> N	3. Muscle aches and pain?
<input type="checkbox"/> Y <input type="checkbox"/> N	4. Headache?
<input type="checkbox"/> Y <input type="checkbox"/> N	5. Sore throat?
<input type="checkbox"/> Y <input type="checkbox"/> N	6. New loss of taste or smell?
<i>In the last 14 days have you had ONE of the following:</i>	
<input type="checkbox"/> Y <input type="checkbox"/> N	7. Cough?
<input type="checkbox"/> Y <input type="checkbox"/> N	8. Shortness of breath?
<input type="checkbox"/> Y <input type="checkbox"/> N	9. Difficulty breathing?
<input type="checkbox"/> Y <input type="checkbox"/> N	10. Vomiting or diarrhea?
If yes to the above questions:	
Reschedule the visit for at least 3 weeks later.	
If no to the above questions:	
Notify them of the required PPE per the guidance document.	