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

<table>
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<tr>
<th>Participant Name or ID Number:</th>
<th>______________________________</th>
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#### Assess Exposure:
- □ Y □ N 1. Had contact in the last 14 days with someone with confirmed COVID-19?
- □ Y □ N 2. Lives in a facility that has COVID-19 confirmed cases in the last 14 days?
- □ Y □ N 3. Tested positive for COVID-19 in the last 14 day?

#### Assess for Symptoms:

**In the last 14 days have you had any TWO of the following:**
- □ Y □ N 1. Fever (100 F [37.8 C])?
- □ Y □ N 2. Chills or rigors?
- □ Y □ N 3. Muscle aches and pain?
- □ Y □ N 4. Headache?
- □ Y □ N 5. Sore throat?
- □ Y □ N 6. New loss of taste or smell?

**In the last 14 days have you had ONE of the following:**
- □ Y □ N 7. Cough?
- □ Y □ N 8. Shortness of breath?
- □ Y □ N 9. Difficulty breathing?
- □ Y □ 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.