

# COVID-19: Screening Questionnaire

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## **SYMPTOMS**

Do you feel like you have a fever?

- a. Yes
- b. No

Do you have a cough?

- a. Yes
- b. No
- c. Observed by staff

Are you experiencing difficulty breathing?

- a. Yes
- b. No
- c. Observed by staff

→ If any symptoms are reported or observed, client should be escorted to the designated area and informed about social distancing measures.

## **RISK FACTORS**

Are you over the age of 60?

- a. Yes
- b. No

Do you have an underlying health condition such as diabetes, heart disease, cancer?

- a. Yes
- b. No
- c. If yes, what is the condition? \_\_\_\_\_

→ If any risk factors are reported, call your clinical contact with the client to determine next steps.

For the latest updates, visit [chicago.gov/coronavirus](http://chicago.gov/coronavirus) or [cdc.gov/coronavirus](http://cdc.gov/coronavirus).