# COVID-19: Screening Questionnaire

**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 or cdc.gov/coronavirus.

*This version was released on 03/20/2020. It may be updated with new guidance. Please visit www.chicago.gov/coronavirus to find the latest version.*

CDPH
Chicago Department of Public Health