

# COVID-19 Screening Questionnaire

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## Symptoms

**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

**What is the measured temperature?\***

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*\*If you do not have a thermometer:*

**Do you feel like you have a fever?**

- a. Yes
- b. No

**Do you feel like you have chills?**

- a. Yes
- b. No

**Are you experiencing any muscle pain?**

- a. Yes
- b. No

**Do you have a headache?**

- a. Yes
- b. No

**Do you have a sore throat?**

- a. Yes
- b. No

**Are you experiencing any new loss of taste or smell?**

- a. Yes
- b. No

→ If either cough or difficulty breathing or at least 2 of the other symptoms are reported or observed, client should be escorted to the designated area and informed about social distancing measures. Fever is a temperature reading of 100.4 degrees Fahrenheit or 38 degrees Celsius.

## RISK FACTORS

**Are you over the age of 60?**

- a. Yes
- b. No

**Do you have an underlying health condition such as chronic lung diseases or asthma, heart disease, diabetes, severe obesity, chronic kidney or liver 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.

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