COVID-19 Screening Questionnaire

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?*

______________________________

*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.

For the latest updates, visit chicago.gov/coronavirus or cdc.gov/coronavirus.