COVID-19 Symptom Survey

Please check “Yes” if you are experiencing any of the symptoms below and “No” if you are not:

### (Major Symptoms)

1. **Been diagnosed with COVID-19 in the past 14 days**  
   Received a positive test or otherwise presumed positive for COVID-19.  
   [ ] Yes  [ ] No

2. **Recent close contact (less than 6 feet for greater than 15 minutes) with someone known or suspected to have COVID-19**  
   This does not apply to contacts occurring during the course of providing health care while wearing personal protective equipment (PPE).  
   [ ] Yes  [ ] No

3. **Cough**  
   Cough that is not explained by seasonal allergies or other pre-existing conditions.  
   [ ] Yes  [ ] No

4. **Shortness of breath or difficulty breathing**  
   Difficulty breathing that is not associated with physical exertion or pre-existing conditions.  
   [ ] Yes  [ ] No

5. **Fever**  
   Increase in body temperature that is not clearly explained by other illnesses (known strep throat, UTI).  
   [ ] Yes  [ ] No

### (Minor Symptoms)

6. **Fatigue (tiredness)**  
   Tiredness that is not explained by your daily routine or a pre-existing condition.  
   [ ] Yes  [ ] No

7. **Diarrhea**  
   Loose or watery bowel movements that are not associated with a pre-existing condition.  
   [ ] Yes  [ ] No

8. **Nausea**  
   Nausea that is not otherwise explained or associated with a pre-existing condition.  
   [ ] Yes  [ ] No

9. **Vomiting**  
   Vomiting that is not associated with a pre-existing condition.  
   [ ] Yes  [ ] No

10. **Chills**  
    Feeling cold or body shaking that is not associated with any pre-existing conditions.  
    [ ] Yes  [ ] No

11. **Sore throat**  
    Sore throat that is not associated with a pre-existing condition.  
    [ ] Yes  [ ] No

12. **Loss of taste**  
    New loss of taste that is not associated with a pre-existing condition.  
    [ ] Yes  [ ] No

13. **Loss of smell**  
    New loss of smell that is not associated with a pre-existing condition.  
    [ ] Yes  [ ] No

14. **Runny nose (more than your normal seasonal allergies)**  
    Runny nose that is not associated with seasonal allergies or a pre-existing condition.  
    [ ] Yes  [ ] No

15. **Muscle aches (not due to exercise)**  
    Muscle aches that are not associated with physical exertion or a pre-existing condition.  
    [ ] Yes  [ ] No

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**Eligible for participation:**  
(1) “No” to all questions, or  
(2) “Yes” to only one minor symptom (Questions 6 – 15) and “No” to all other questions

**Not eligible for participation:**  
(1) “Yes” to any major symptoms (Questions 1-5), or  
(2) “Yes” to two or more minor symptoms (Questions 6 – 15)