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](Yes)
   ![Yes/No](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](Yes)
   ![Yes/No](No)

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

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

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

(Minor Symptoms)

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

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

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

9. Vomiting
   Vomiting that is not associated with a pre-existing condition.
   ![Yes/No](Yes)
   ![Yes/No](No)

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

11. Sore throat
    Sore throat that is not associated with a pre-existing condition.
    ![Yes/No](Yes)
    ![Yes/No](No)

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

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

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

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)