

# COVID-19 Symptom Survey

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

## (Major Symptoms)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>1. Been diagnosed with COVID-19 in the past 14 days</b><br><i>Received a positive test or otherwise presumed positive for COVID-19.</i>   | Yes<br><input type="radio"/> | No<br><input type="radio"/> |
| <b>2. Recent close contact (less than 6 feet for greater than 15 minutes) with someone known or suspected to have COVID-19</b><br><i>This does not apply to contacts occurring during the course of providing health care while wearing personal protective equipment (PPE).</i> | Yes<br><input type="radio"/> | No<br><input type="radio"/> |
| <b>3. Cough</b><br><i>Cough that is not explained by seasonal allergies or other pre-existing conditions.</i>  | Yes<br><input type="radio"/> | No<br><input type="radio"/> |
| <b>4. Shortness of breath or difficulty breathing</b><br><i>Difficulty breathing that is not associated with physical exertion or pre-existing conditions.</i>   | Yes<br><input type="radio"/> | No<br><input type="radio"/> |
| <b>5. Fever</b><br><i>Increase in body temperature that is not clearly explained by other illnesses (known strep throat, UTI).</i>   | Yes<br><input type="radio"/> | No<br><input type="radio"/> |

Researcher/Participant Temperature: \_\_\_\_\_

## (Minor Symptoms)

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>6. Fatigue (tiredness)</b><br><i>Tiredness that is not explained by your daily routine or a pre-existing condition.</i>  | Yes<br><input type="radio"/> | No<br><input type="radio"/> |
| <b>7. Diarrhea</b><br><i>Loose or watery bowel movements that are not associated with a pre-existing condition.</i>   | Yes<br><input type="radio"/> | No<br><input type="radio"/> |
| <b>8. Nausea</b><br><i>Nausea that is not otherwise explained or associated with a pre-existing condition.</i>  | Yes<br><input type="radio"/> | No<br><input type="radio"/> |
| <b>9. Vomiting</b><br><i>Vomiting that is not associated with a pre-existing condition.</i>   | Yes<br><input type="radio"/> | No<br><input type="radio"/> |
| <b>10. Chills</b><br><i>Feeling cold or body shaking that is not associated with any pre-existing conditions.</i>   | Yes<br><input type="radio"/> | No<br><input type="radio"/> |
| <b>11. Sore throat</b><br><i>Sore throat that is not associated with a pre-existing condition.</i>  | Yes<br><input type="radio"/> | No<br><input type="radio"/> |
| <b>12. Loss of taste</b><br><i>New loss of taste that is not associated with a pre-existing condition.</i>  | Yes<br><input type="radio"/> | No<br><input type="radio"/> |
| <b>13. Loss of smell</b><br><i>New loss of smell that is not associated with a pre-existing condition.</i>  | Yes<br><input type="radio"/> | No<br><input type="radio"/> |
| <b>14. Runny nose (more than your normal seasonal allergies)</b><br><i>Runny nose that is not associated with seasonal allergies or a pre-existing condition.</i> | Yes<br><input type="radio"/> | No<br><input type="radio"/> |
| <b>15. Muscle aches (not due to exercise)</b><br><i>Muscle aches that are not associated with physical exertion or a pre-existing condition.</i>                  | Yes<br><input type="radio"/> | No<br><input type="radio"/> |

**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)