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.*

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).*

3. **Cough**
   *Cough that is not explained by seasonal allergies or other pre-existing conditions.*

4. **Shortness of breath or difficulty breathing**
   *Difficulty breathing that is not associated with physical exertion or pre-existing conditions.*

5. **Fever**
   *Increase in body temperature that is not clearly explained by other illnesses (known strep throat, UTI).*

(Minor Symptoms)

6. **Fatigue (tiredness)**
   *Tiredness that is not explained by your daily routine or a pre-existing condition.*

7. **Diarrhea**
   *Loose or watery bowel movements that are not associated with a pre-existing condition.*

8. **Nausea**
   *Nausea that is not otherwise explained or associated with a pre-existing condition.*

9. **Vomiting**
   *Vomiting that is not associated with a pre-existing condition.*

10. **Chills**
    *Feeling cold or body shaking that is not associated with any pre-existing conditions.*

11. **Sore throat**
    *Sore throat that is not associated with a pre-existing condition.*

12. **Loss of taste**
    *New loss of taste that is not associated with a pre-existing condition.*

13. **Loss of smell**
    *New loss of smell that is not associated with a pre-existing condition.*

14. **Runny nose (more than your normal seasonal allergies)**
    *Runny nose that is not associated with seasonal allergies or a pre-existing condition.*

15. **Muscle aches (not due to exercise)**
    *Muscle aches that are not associated with physical exertion or a pre-existing condition.*

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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)