COVID SELF ASSESSMENT QUESTIONS

Instructions for how to use this script are at the end of the script.

Upon meeting the study participant at the building entrance take them to a private location and read the following:

This self-assessment is only meant as an aid and cannot diagnose you. If you have medical questions, consult a health practitioner or the local public health unit.

1. Do you have any of the following new or worsening symptoms or signs? Symptoms should not be chronic or related to other known causes or conditions.

- Fever and/or chills
  Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
- Cough or barking cough (croup)
  Continuous, more than usual, making a whistling noise when breathing, not related to other known causes or conditions (for example, asthma, post-infectious reactive airways, COPD)
- Shortness of breath
  Out of breath, unable to breathe deeply, not related to other known causes or conditions (for example, asthma)
- Decrease or loss of smell or taste
  Not related to other known causes or conditions (for example, allergies, neurological disorders)
- Sore throat
  Not related to other known causes or conditions (for example, seasonal allergies, acid reflux)
- Difficulty swallowing
  Painful swallowing, not related to other known causes or conditions
- Pink eye
  Conjunctivitis, not related to other known causes or conditions (for example, reoccurring styes)
- Runny or stuffy/congested nose
  Not related to other known causes or conditions (for example, seasonal allergies, being outside in cold weather)
- Headache that is unusual or long lasting
  Not related to other known causes or conditions (for example, tension-type headaches, chronic migraines)
- Digestive issues like nausea/vomiting, diarrhea, stomach pain
  Not related to other known causes or conditions (for example, irritable bowel syndrome, menstrual cramps)
- Muscle aches that are unusual or long lasting
  Not related to other known causes or conditions (for example, a sudden injury, fibromyalgia)
- Extreme tiredness that is unusual
  Fatigue, lack of energy, not related to other known causes or conditions (for example, depression, insomnia, thyroid dysfunction)
- Falling down often
  For older people

Yes or No
2. Have you travelled outside of Canada in the past 14 days?
If you have travelled and are fully vaccinated, have been exempted from Government of Canada quarantine requirements, and are asymptomatic, please answer No to this question.

Yes or No

3. In the last 14 days, have you been identified as a close contact of someone who currently has COVID-19?
Close physical contact means any of the following, without a medical/surgical mask:
• being less than 2 metres away in the same room, workspace, or area for 15 minutes or more
• living in the same home

Yes or No

4. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?

Yes or No

5. Does anyone in your household have COVID-19 symptoms or is anyone in your household waiting for test results after experiencing symptoms?

Yes or No

6. In the last 14 days, have you received a COVID Alert exposure notification on your cell?
If you already went for a test and got a negative result, select No.

Yes or No

Instructions for the researcher
If the answer is “no” to a screening question, continue on to the next question. If all are answered as “no”, use the script below and then proceed with any other entry requirements such as COVID-19 Risks Letter, contact tracing form etc.

“That’s great. Do you have any questions?”

If the answer is “yes” to any of the screening questions, please use the following instruction:

“I am sorry, but I am not able to allow you to participate in the study today. Please return home and contact your health care provider.”