

COVID-19 Screening Questionnaire

YES NO

Have you traveled outside of the country in the past two weeks?

Have you been exposed to someone known to have had, or was suspected of having COVID-19?

Have you tested positive for COVID-19 in the last 14 days?

Do you have any of the following symptoms?

Fever or chills?

Achiness?

Shortness of breath or difficulty breathing?

New or worsening cough?

Loss of smell, taste, or appetite?

Sore throat?

Vomiting or diarrhea?

If participants answer YES to any of these questions, DO NOT allow them to participate in research or interact with any research personnel.