

COVID-19 Symptom Self-Assessment Questionnaire

Question 1:

Have you had close contact with anyone with acute respiratory illness or travelled outside Ontario in the past 14 days?

Question 2:

Do you have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?

Question 3:

Are you experiencing any of the following symptoms?

- Fever
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease or loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose/nasal congestion without other known cause

Question 4

If you are 70 years or older, are you experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?

If Response to ALL of the screening questions is NO	COVID Screen Negative
If Response to ANY of the screening questions is YES	COVID Screen Positive

If the **COVID Screen is positive**, please contact a COVID-19 testing centre, self-isolate until you receive the test results and advice from local health unit, and **cancel your physiotherapy appointment**.