

Screening Questions

Q # 1: Do you have any signs of COVID? Please see full list below.

- **Fever or chills**
- **New or worsening cough**
- **New or worsening shortness of breath and/or difficulty breathing**
- **New issues with taste or smell**
- **New or unexplained runny nose, sneezing and/or congestion**
- **New or unexplained extreme fatigue, lethargy or general malaise**
- **Sore throat or difficulty swallowing**
- **New or unexplained muscle aches or joint pain**
- **Abdominal pain and nausea, vomiting, or diarrhea (particularly in children)**
- **Any new or unusual symptoms? (Esp. delirium, pink-eye, acute functional decline, increased falls, exacerbation of chronic conditions, decreased or lack of appetite)**

In the last 10 days:

Q # 2: Had any COVID symptoms, tested positive or are you awaiting COVID test results?

Q # 3: Come in contact with any confirmed or probable case of COVID-19?

Q # 4: Have you had an exposure to an outbreak in a congregate living setting? (hospital, LTC, prison, shelter, etc.)

Q # 5: Do you have any housemates with COVID symptoms, confirmed positive or waiting on COVID test results?

Q # 6: In the last 14 days, have you or someone you live with travelled outside of Canada AND have symptoms OR been asked to quarantine by the Canadian border services?