

Screening Questionnaire

1. Have you had any of the following symptoms in the past 14 days without confirmation as something other than COVID-19 (such as a positive flu test, chronic medical condition, etc.)?
 - Fever greater than 100.4 deg F?
 - Cough?
 - Shortness of Breath or Difficulty breathing?
 - Sore throat?
 - Loss of taste or smell?
 - Headache?
 - Fatigue?

2. In the last 14 days, have you lived with, visited, cared for, or been in a room for a prolonged period of time with someone who is under investigation or has been confirmed for COVID-19/coronavirus infection?

If participants say “yes” to any of the questions, it is recommended that the research be rescheduled for a later date and participants be directed to Florida Department of Health (www.floridahealth.gov) or to Center for Disease Control and Prevention (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>)