

# COVID-19 screening questionnaire

We value the health of you, ourselves, and your family. That's why we just need to be informed if you are experiencing symptoms of COVID-19. Once you complete this form, please advise us if you answered "yes" to any questions. All information captured on this form is kept confidential and your privacy is assured.

**1) Are you experiencing any of the following:**

- Severe difficulty breathing (e.g. struggling to breathe or speaking in single words)
  - Severe chest pain
  - Having a very hard time waking up
  - Feeling confused
  - Losing consciousness
- No Yes\*

**2) Are you experiencing any of the following:**

- Mild to moderate shortness of breath
  - Inability to lie down because of difficulty breathing
  - Chronic health conditions that you are having difficulty managing because of difficulty breathing
- No Yes\*\*

**3) Are you experiencing cold, flu or COVID-19-like symptoms, even mild ones?**

Symptoms include: fever, chills, cough, shortness of breath, sore throat and painful swallowing, stuffy or runny nose, loss of sense of smell, headache, muscle aches, fatigue or loss of appetite.

No Yes

**4) Have you travelled to any countries outside Canada (including the United States) within the last 14 days?**

No Yes

**5) Did you provide care or have close contact with a person with confirmed COVID-19?**

Note: This means you would have been contacted by your health authority's public health team.

No Yes

\*If you answered "Yes" to question 1, you should **call 9-1-1 immediately**, or go directly to your nearest emergency department.

\*\*If you answered "Yes" to question 2, you can call 8-1-1 anytime to talk to a nurse at HealthLinkBC and get advice about how you are feeling and what to do next. Pay attention to how you are feeling. If it becomes harder to breathe, you can't drink anything or feel much worse, seek urgent medical care at an urgent care clinic or emergency department.