

CSU COVID-19 Screening Questionnaire

Please complete this form prior to your research appointment.

Research Participant's ID#: _____ Today's Date: _____

COVID-19 Status:

Have you had a positive test for Coronavirus/COVID-19 in the last 14 days?

- YES
 NO

If answer is **YES → STOP** and send participant home to quarantine. Notify immediate direct report and follow CSU policy and procedures for COVID-19.

If answer is NO → proceed to the next question

Communicable Disease Screening

In the last 14 days, have you been in close contact with someone who was confirmed or suspected to have Coronavirus/COVID-19?

- YES
 NOT THAT I'M AWARE OF

If answer is **YES → STOP** and send participant home and instruct them to contact their healthcare provider for testing. Notify immediate direct report and follow CSU policy and procedures for COVID-19.

If answer is NOT THAT I'M AWARE OF → proceed to the next question

In the last 14 days, have you traveled internationally, or to a location that is on the Ohio COVID-19 travel advisory? (Please see Ohio travel advisories [here](#).)

- YES
 NO

If **YES → STOP** and send participant home. The participant may return after 14 days if healthy.

If answer is NO → proceed to the next question

Have you had the onset of, or change in any of the following symptoms within the last 14 days?

<input type="radio"/> No	<input type="radio"/> Unable to assess	<input type="radio"/> Abdominal Pain	<input type="radio"/> Bruising / Bleeding
<input type="radio"/> Cough	<input type="radio"/> Diarrhea	<input type="radio"/> Fever	<input type="radio"/> Joint pain
<input type="radio"/> Loss of Smell	<input type="radio"/> Muscle Pain	<input type="radio"/> Rash	<input type="radio"/> Red eye
<input type="radio"/> Severe Headache	<input type="radio"/> Shortness of breath	<input type="radio"/> Sore Throat	<input type="radio"/> Vomiting
<input type="radio"/> Weakness			

If answer is **YES → STOP** and send participant home and instruct them to contact their healthcare provider for testing. Notify immediate direct report and follow CSU policy and procedures for COVID-19.

If answer is NO → the subject may proceed with the investigation

Form completed by (Signature): _____

Principle Investigator (Signature): _____