COVID-19 QUESTIONNAIRE**(*for in-person sessions*)

Instructions: send a SPRUCE text within 24 hours of your appointment stating either **"No to all questions"** or **"Yes to at least one question."** If you answer **"Yes to at least one question"** do **NOT** come into the office until we discuss the specifics and determine the next best steps. Your responses will be kept confidential.

1. Have you or a member of your household had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever, temperature at or greater than 100 degrees Fahrenheit?

2. Have you or a member of your household been tested for COVID-19?

3. Have you or a member of your household been advised to be tested for COVID-19 by government officials or healthcare providers?

4. Were you or a member of your household advised to self-quarantine for COVID-19 by government officials or healthcare providers?

5. Have you or a member of your household visited or received treatment in a hospital, nursing home, long-term care, or other health-care facility in the past 30 days?

6. Have you or a member of your household travelled outside the US in the past 30 days?

7. Have you or a member of your household travelled elsewhere in the past 21 days?

8. Have you or a member of your household travelled on a cruise ship in the last 21 days?
9. Are you or a member of your household healthcare providers or emergency responders?

10. Have you or a member of your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19?

11. Do you have any reason to believe you or a member of your household has been exposed to or acquired COVID-19?

12. To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19?

**Adapted from "COVID-19: A Physician Practice Guide to Reopening" from the *American Medical Association.*