COVID-19 Self-Screening Questionnaire

INSTRUCTIONS: Please use the tool/questions below to self-screen prior to each visit to Villa Colombo Toronto (VCT). If you answer yes to any of the questions below, please do not attend Villa Colombo Toronto until your symptoms resolve or IPAC at VCT has cleared you.

1. In the last 10 days, have you experienced any of these symptoms? Choose any/all that are new, worsening, and not related to other known causes or conditions that you already have.

		Select "No" if all of these apply: • Since your symptoms began, you tested negative for COVID-19 on one PCR test or rapid molecular test or two rapid antigen tests taken 24 to 48 hours apart; **and** • You do not have a fever; **and** • Your symptoms have been improving for 24 hours (48 hours if you have nausea, vomiting, and/or diarrhea)	
☐ Yes ☐ No		Do you have one or more of the following symptoms?	
a)	☐ Yes ☐ No	Fever and/or chills	Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
b)	☐ Yes ☐ No	Cough, dry cough or barking cough (croup)	Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have
c)	☐ Yes ☐ No	Shortness of breath	Not related to asthma or other known causes or conditions you already have
d)	☐ Yes ☐ No	Decrease or loss of smell or taste	Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have
e)	☐ Yes ☐ No	Muscle aches/joint pain	Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have) *If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, select "No."*
f)	☐ Yes ☐ No	Fatigue	Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have) *If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select "No."*
g)	☐ Yes ☐ No	Sore throat, hoarse voice	Painful or difficulty swallowing (not related to post-nasal drip, acid reflux, or other known causes or conditions you already have)
h)	☐ Yes ☐ No	Runny or stuffy/ congested nose, sneezing	Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have
i)	☐ Yes ☐ No	Headache	New, unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have *If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing a headache that only began after vaccination, select "No."*
j)	☐ Yes ☐ No	Nausea, vomiting and/or diarrhea	Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have

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2. Have you been told you that you should currently be quarantining, isolating, staying at home, or not attending a highest risk setting (e.g., LTCH or RH)?
   Could include being told by a doctor, health care provider, public health unit, or other government authority.
   ☐ Yes ☐ No

3. In the last 10 days (regardless of whether you are currently self-isolating or not), have you tested positive for COVID-19, including on a rapid antigen test or a home-based self-testing kit? *If you have since tested negative on a lab-based PCR test, select "No."* ☐ Yes ☐ No

4. In the last 10 days (regardless of whether you are currently self-isolating or not), have you been identified as a "close contact" of someone (regardless of whether you live with them or not) who has tested positive for COVID-19 or have symptoms consistent with COVID-19?

   Note: *If a non-palliative, general visitor or caregiver answers "Yes", advise them to postpone visit for 10 days after last exposure.* ☐ Yes ☐ No

5. **CAREGIVERS and GENERAL VISITORS:** Have you visited a resident in another home who is self-isolating or symptomatic in the last 10 days?
   Note: *If you followed PPE requirements during your visit, select "No".* ☐ Yes ☐ No