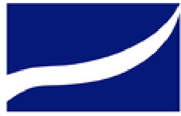

DR. SAM LEE
DR. AMAR KURUGANTI
DR. ANH-QUAN NGUYEN

Covid-19 Self-Assessment Questionnaire

1. Do you or did you have any of the following symptoms in the past 14 days:

    - New onset of Cough
    - Shortness of Breath
    - Worsening of chronic cough
    - Fever
    - Difficulty breathing
    - Sore throat
    - Difficulty swallowing
    - Decrease or loss of sense of taste or smell
    - Chills
    - Headaches
    - Unexplained fatigue/Malaise/muscle aches(myalgias)
    - Nausea/vomiting, diarrhea, abdominal pain
    - Pink eye (conjunctivitis)
    - Runny nose/nasal congestion without other known cause

2. Do you have a confirmed case of Covid-19 or had close contact with a confirmed case of Covid-19?
3. Did you have close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14days?
4. If you are 70 years of age or older, are you experiencing any of the following: delirium, unexplained or increase number of falls, acute functional decline, or worsening of chronic conditions?
5. Have you or a family member previously been asked to self-isolate or self quarantine in the past 14 days?