

COVID-19 Questionnaire for Care of Self or Others

① *Do you have a fever AND respiratory symptoms like cough or shortness of breath?*

No YES

- If **No**, you do not have COVID-19 and do not require testing
- If **YES**, continue:

② *Have you had close contact with a person infected with COVID-19 or history of travel to a CDC affected geographic area?*

No YES

- If **No**, this is not likely to be COVID-19. If you are otherwise well, self-care at home is advised. If you have other underlying health issues, are immunosuppressed, or feel very ill, you should seek care.
- If **YES**, continue:

③ *Are you over 65, pregnant, or have a chronic lung condition, heart disease, diabetes, or on an immune suppressive medication?*

No YES

- If **Yes**, you should seek medical care. Call your MD first, use telehealth, or go to ER or call 911 for worsening symptoms or distress
- If **NO**, continue:

④ *Are you having difficulty breathing, unable to eat or drink, or too weak to care for yourself?*

No YES

- **Yes**, you should be seen. Call your MD first, use telehealth, or go to ER or call 911 for worsening symptoms of distress
- **No**, we recommend home care (rest, Tylenol and time). Avoid contact with other people (isolate, wear a mask if with others, keep social distance, wash hands frequently) until two days after you no longer have a fever and are recovering.

If you receive a CORONA TEST and are positive for Covid-19 there are additional isolation, precautions and extended timeline per CDC. INFORM YOUR NURSE