



UNIVERSAL COVID-19 SCREENING QUESTIONNAIRE *Effective August 10, 2020**

Protecting seniors, vulnerable adults, and their caregivers while preventing the spread of COVID-19 is of paramount importance. Based on guidance from the Centers for Disease Control & Prevention (CDC, 2020), the Illinois Department on Aging (IDoA) recommends screening of staff, participants and other individuals who may be present when providing care and/or assistance to seniors. For additional information on timing of screening, documentation, and related issues please refer to specific provider guidance.

Within the past 14 days:

1) Have you or someone you live with been experiencing new onset of any of the following symptoms:

- | | | |
|---|--|--|
| <input type="checkbox"/> Fever or chills | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Congestion/runny nose | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Nausea & Vomiting | <input type="checkbox"/> New loss of taste/smell |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Shortness of breath or difficulty breathing | |

2) Have you or someone you live with been tested positive for COVID-19? Yes No

3) Have you or someone you live with been exposed to an individual with a positive COVID-19 diagnosis?

- Yes No

**Individuals should be encouraged to report any symptoms to their provider should they arise between the time of screening and provision of services.*

References: Centers for Disease Control & Prevention. (2020). Symptoms of Coronavirus.
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

*IDoA reserves the right to update the screening questionnaire based on future recommendations of the CDC.