Infection Screening Questionnaire

Instructions: The following screening information must be collected from the research participant within 24 hours of the participant’s planned in-person visit.

Please answer the following questions to the best of your ability:

1. Have you been diagnosed with COVID-19 within the last 10 days? ☐ ☐

2. Have you been exposed to anyone who has tested positive for COVID-19 within the last 10 days? ☐ ☐

3. Do you currently have any of the following symptoms? (Select “Yes” if any of the following apply):
   ☐ ☐
   • Fever at or above 99
   • New shortness of breath or difficulty breathing
   • New cough
   • New chills/repeated shaking with chills
   • New muscle or body aches
   • New loss of smell/taste
   • Cough/dry cough
   • Fatigue
   • Sore throat
   • Headache
   • Nausea/vomiting/diarrhea

4. Have you been diagnosed with Monkeypox within the last 21 days? ☐ ☐

5. Have you been exposed to anyone who has tested positive for Monkeypox within the last 21 days? ☐ ☐

Participants can only continue to an in-person visit when the answers to these screening questions are all “no”.