

## **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.**

<b>Please answer the following questions to the best of your ability:</b>	<b>YES</b>	<b>NO</b>
1. Have you been diagnosed with COVID-19 within the last 10 days?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been exposed to anyone who has tested positive for COVID-19 within the last 10 days?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you currently have any of the following symptoms? (Select "Yes" if any of the following apply):	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Fever at or above 99</li><li>• New shortness of breath or difficulty breathing</li><li>• New cough</li><li>• New chills/repeated shaking with chills</li><li>• New muscle or body aches</li><li>• New loss of smell/taste</li><li>• Cough/dry cough</li><li>• Fatigue</li><li>• Sore throat</li><li>• Headache</li><li>• Nausea/vomiting/diarrhea</li></ul>		
4. Have you been diagnosed with Monkeypox within the last 21 days?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been exposed to anyone who has tested positive for Monkeypox within the last 21 days?	<input type="checkbox"/>	<input type="checkbox"/>

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