

## COVID-19 RESIDENT QUESTIONNAIRE

Name:

Location:

Date Reported:

**QUESTION: In the last 14 days...**

Diagnosed with COVID positive:      Yes          No          Not Tested Yet      Date:

Exposed to someone COVID positive:      Yes          No          Do Not Know      Date:

Exposure or positive minus 2 days:      **Starting tracing date:**

Review screening form date of incident minus 2 days:      No symptoms confirmed:      Yes          No

Describe your work day pattern since exposure or tested positive: (Include information on wearing of mask, 6 ft. distance and handwashing)

**SERIES OF YES / NO QUESTIONS**

**If YES, please provide details. Please provide details starting 2 days prior to onset of COVID-19 symptoms or since the date of exposure to someone with COVID positive. If test positive and do not have symptoms, provide details since the test date.**

Y	N	Have you been confined to your home? <i>How Long?</i>
Y	N	Has anyone been to your home? <i>Who?</i>
Y	N	Have you been to another resident's home? <i>Whose?</i>
Y	N	Have you come into contact with any other community Resident or staff member? <i>Include Who, Where and When</i>
Y	N	Have you had Housekeeping lately? <i>When?</i>
Y	N	Have you been in any common areas? <i>Where?</i>

SHC COVID-19\_Resident Questionnaire - continued

Y	N	Have you been to the mail area?
Y	N	Have you received any packages/handled mail?
Y	N	Have you been to the refuse/trash room?
Y	N	<p>Do you have a pet?</p> <p><i>I/We have appointed a Designee to manage and conduct all affairs regarding my/our pet(s). Designee agrees to care for or secure/admit said pet(s) to an appropriate facility during my/our absence, whatever the reason.</i></p> <p><i>Provide name and phone number of Designee:</i></p>
Y	N	<p>Have you spent time sitting in the lobby area in the last 14 days?</p> <p><i>Please provide name(s) of anyone with you</i></p>
Y	N	Have you been to the Rec Center Office area in the last 14 days?
Y	N	<p>Have you been out to any stores?</p> <p><i>Which one(s)?</i></p>
Y	N	Did you touch shopping carts or baskets?
Y	N	<p>Have you been to a Hospital, Urgent Care or Doctor's Office/Clinic?</p> <p><i>Where?</i></p>
Y	N	<p>Have you traveled in the last 14 days?</p> <p><i>Where?</i></p>
Y	N	Have you been in contact with anyone who has traveled in the last 14 days?
Y	N	Have you been to any place else INSIDE our community that we have not asked about?
Y	N	Have you been to any place else OUTSIDE our community that we have not asked about?
Y	N	Do you have a care giver? From what Company?

**List of residents to be tested or observed for symptoms:**

**List of Employees to be tested or observed for symptoms:**

**Locations need terminal clean or sealing off:**

**Other actions:**

Reviewer Name

Title

Date