



### **Questionnaire #1 – Basic customer/visitor**

1. In the last 14 days, have you been diagnosed with or suspected to have COVID-19?
2. In the last 14 days, have you spent time (within 6 feet for greater than 5 minutes) with anyone diagnosed with or suspected to have COVID-19?
3. In the last 14 days, have you developed any of the following symptoms: Fever, chills, muscle aches, cough, shortness of breath, headache, sore throat, or loss of taste or smell?

### **Questionnaire #2 – Intermediate with Temperature**

1. In the last 14 days, have you been diagnosed with or suspected to have COVID-19?
2. In the last 14 days, have you spent time (within 6 feet for greater than 5 minutes) with anyone diagnosed with or suspected to have COVID-19?
3. In the last 14 days, have you developed any of the following symptoms? Fever, chills, muscle aches, cough, shortness of breath, headache, sore throat, or loss of taste or smell.
4. Is your temperature above 100.4 F or are you unable to take your temperature?

### **Questionnaire #3 – Advanced Comprehensive**

1. In the last 14 days, have you been diagnosed with or suspected to have COVID-19?
2. In the last 14 days, have you spent time (within 6 feet for greater than 5 minutes) with anyone diagnosed with or suspected to have COVID-19?
3. In the last 14 days, have you developed any of the following symptoms? Fever, chills, muscle aches, cough, shortness of breath, headache, sore throat, or loss of taste or smell.
4. In the last 14 days, have you spent time (within 6 feet for greater than 5 minutes) with anyone exhibiting the following symptoms: Fever, chills, muscle aches, cough, shortness of breath, headache, sore throat, or loss of taste or smell.
5. Have you tested positive for COVID-19 by any method?
  - a. Specify method if known.
6. In the last 14 days, have you missed work for any health-related reason?
7. Is your temperature above 100.4 F or are you unable to take your temperature?
  - a. Specify temperature and method temperature taken.
8. Would you like to speak with a health professional concerning your questionnaire?