Daily COVID-19 Self-Observation Questionnaire

The purpose of this questionnaire is for you to self-observe your health prior to starting every day. It was developed using criteria from the Centers for Disease Control and Prevention.

Please answer the following questions:

1. **What was your temperature prior to leaving home today?**

2. **Have you had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish", or had a temperature that is elevated for you above 100.4°F (38°C)?** If yes, contact Healthcare provider or Wellness Services to be tested for COVID-19; stay home until symptoms improve, for at least 10 days from when symptoms appeared and you have had no fever for 24 hours.

3. **Have you exhibited any of the following symptoms that, for you, are out of the ordinary, new or worsening?** If yes, contact Healthcare provider or Wellness Services to be tested for COVID-19; stay home until symptoms improve, for at least 10 days from when symptoms appeared and you have had no fever for 24 hours.

   a. cough
   b. shortness of breath
   c. chills
   d. muscle or body aches
   e. sore throat
   f. new loss of taste or smell (smell the same thing daily to establish a reference point)
   g. fatigue
   h. headache
   i. congestion or runny nose
   j. nausea or vomiting
   k. diarrhea

4. **Are you experiencing or have you experienced any of the following symptoms in the past 14 days?**

   If you answer YES to at least one of these questions, follow up with your healthcare provider or wellness services by phone. These can be life threatening symptoms; call 911 in case of an emergency. When you are able, notify your supervisor/dept. chair.

   a. Chest Pain
   b. Shortness of breath
   c. Confusion or inability to stay awake
   d. Bluish lips or face

Once you begin your day, continue to observe yourself for any changes such as fever, coughing and/or difficulty breathing. If you develop symptoms throughout the day, go home, review symptoms, notify your supervisor/dept. chair or wellness services and utilize [CDC self-checker system](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) for further guidance.

Please use this personal tool to help track symptoms and temperature prior to coming to work or attending class. This document should not be submitted to your supervisor, department chair, or the university.