

## 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.

<b>Please answer the following questions:</b>			
<b>1. What was your temperature prior to leaving home today?</b>			
<b>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)?</b> 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.	YES	NO	
<b>3. Have you exhibited any of the following symptoms that, for you, are out of the ordinary, new or worsening?</b> 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	YES	NO	
b. shortness of breath	YES	NO	
c. chills	YES	NO	
d. muscle or body aches	YES	NO	
e. sore throat	YES	NO	
f. new loss of taste or smell (smell the same thing daily to establish a reference point)	YES	NO	
g. fatigue	YES	NO	
h. headache	YES	NO	
i. congestion or runny nose	YES	NO	
j. nausea or vomiting	YES	NO	
k. diarrhea	YES	NO	
<b>4. Are you experiencing or have you experienced any of the following symptoms in the past 14 days?</b>			
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	YES	NO	
b. Shortness of breath	YES	NO	
c. Confusion or inability to stay awake	YES	NO	
d. Bluish lips or face	YES	NO	

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](#) 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.*

