COVID-19 Screening

The following questions assess whether you are able to interact with research participants today. For your safety and the safety of others, answer all questions honestly. This information is used only to verify whether it is safe for you to interact with participants. Your responses will not be retained.

1. **Have you tested positive for COVID-19 within the past 10 days?**
   - YES  [IF YES, STOP HERE]
   - NO

2. **Symptoms of COVID-19 are wide ranging; common symptoms include:**
   - Fever or chills
   - New loss of taste or smell
   - Cough – dry cough or coughing up mucus
   - Excess or unexplained fatigue
   - Shortness of breath
   - Muscle or body aches (not due to arthritis or injury)
   - Sore throat
   - Headache
   - Nasal congestion or runny nose
   - Diarrhea

   **Do you currently have any of the symptoms listed above?**
   - YES  [IF YES, STOP HERE]
   - NO

   **Have you had any of these symptoms within the last 10 days?**
   - YES  [IF YES, STOP HERE]
   - NO

3. **Recent higher-risk activities may have increased your potential exposure to COVID-19. Within the last 14 days, have you done ANY of the following activities?**

<table>
<thead>
<tr>
<th>YES</th>
<th>Traveled outside central Iowa.</th>
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<tbody>
<tr>
<td></td>
<td>Attended a large gathering of people where social distancing (6 feet between all persons) could not be maintained (e.g., bar, restaurant, concert, indoor religious service, gym, casinos, etc.).</td>
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<tr>
<td>NO</td>
<td>Had close contact (less than 6 feet of distance for 15 minutes or more) with someone who is known or suspected to have COVID-19.</td>
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