

S.L. HUNTER SPEECHWORKS COVID-19 SCREENING QUESTIONS

1. Have you or a member of your household/in-home support staff had **ANY** of the following symptoms **in the last 5 days**:
 - Fever
 - New onset of coughs
 - Worsening chronic cough
 - Shortness of breath
 - Difficulty breathing
 - Sore throat
 - Difficulty swallowing
 - Decreased or loss of sense of taste or smell
 - Chills
 - Headache
 - Unexplained fatigue/malaise/muscle aches
 - Nausea/vomiting, diarrhea, abdominal pain
 - Pink eye (conjunctivitis)
 - Runny nose/nasal congestion without other known cause
 - For young children and infants: sluggishness or lack of appetite
2. Have you or a member of your household/in-home support staff travelled outside of Canada in the past 14 days AND been advised to quarantine per the federal government quarantine requirements?
3. Have you or a member of your household/ in-home support staff tested positive for COVID-19, or had close contact (total of 15 minutes of exposure within 6 feet in a 24 hour period, regardless of PPE) with a confirmed case of COVID-19 or someone being investigated for COVID-19?
4. If you are 70 years of age or older, are you experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions.