



## COVID-19 Self-Assessment Questionnaire

Please return Questionnaire to Christie

Your First and Last Name: \_\_\_\_\_

Have you worked/volunteered in a Long Term or Continuing Care Home or affiliate facility for any period of time today?  Yes  No

Have you worked/volunteered in any other SHA facility (not LTC) for any period of time today?  Yes  No

Are you experiencing any of the following:  Yes  No

- severe difficulty breathing (e.g., struggling for each breath, speaking in single words)
- severe chest pain
- having a very hard time waking up
- feeling confused
- lost consciousness

Are you experiencing any of the following:  Yes  No

- short of breath at rest
- inability to lie down because of difficulty breathing
- chronic health conditions that you are having difficulty managing because of your current respiratory illness

Do you have any of the following:  Yes  No

- Fever
- Cough
- Shortness of breath
- Sore throat
- Chills
- Headache
- Runny nose
- Conjunctivitis
- Nasal congestion
- Muscle or joint aches and pains
- Loss of sense of smell or taste
- Dizziness
- Nausea
- Vomiting
- Diarrhea
- Loss of appetite
- Fatigue

Were you exposed to someone who is under investigation for COVID-19 or has been confirmed as having COVID-19 within the last 14 days?  Yes  No

In the past 14 days have you returned from international travel?  Yes  No

If you have answered yes to any of the questions, you must not enter the meeting room and should contact a community testing centre by phoning HealthLine 811 as soon as possible.

Visit <https://www.saskatchewan.ca/coronavirus> for more information.

Questions taken from the Saskatchewan Health Self-Assessment:  
<https://public.ehealthsask.ca/sites/COVID-19/>