

Resident Daily Screening Questionnaire

This screener is to be completed as a self-check by all residents for signs of COVID-19. For any resident unable to complete a self-check, staff must complete the questionnaire for any resident who has routine interface with staff (e.g. personal care) at least **once** daily. Documentation of screening must be kept in the resident chart.

In addition, any resident leaving the site **must** be screened at re-entry. Screening **must** include temperature check using a non-invasive infrared or similar device.

Please complete the following COVID-19 Resident Questionnaire:

		CIRCLE ONE	
1.	Do you/Does the resident have any of the following symptoms:		
	Fever (37.8 degrees Celsius or higher)	YES	NO
	Any new or worsening respiratory symptoms:		
	o Cough	YES	NO
	o Shortness of Breath / Difficulty Breathing	YES	NO
	o Runny Nose or sneezing	YES	NO
	o Nasal congestion/Stuffy Nose	YES	NO
	o Hoarse voice	YES	NO
	o Sore throat/Painful Swallowing	YES	NO
	o Difficulty swallowing	YES	NO
	Any new symptoms including but not limited to:		
	Chills	YES	NO
	Muscle/Joint Aches	YES	NO
	Nausea / Vomiting / Diarrhea / Unexplained Loss of Appetite	YES	NO
	Feeling unwell / Fatigued / Severe Exhaustion	YES	NO
	Headache	YES	NO
	Loss of Sense of Smell or Taste	YES	NO
	Conjunctivitis (commonly known as pink eye)	YES	NO
Altered Mental Status	YES	NO	
2.	Have you travelled outside of Canada in the last 14 days OR have you had close contact with anyone showing symptoms who has travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close contact (face to face contact within 2 metres/6 feet) with someone who is ill with cough and/or fever in the last 14 days without the use of appropriate PPE?	YES	NO
4.	Have you had close contact (face to face contact within 2 metres/6 feet) in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19 without the use of appropriate PPE?	YES	NO

If a **resident** answers YES to any of the screening questions, the individual must immediately be given a procedure/surgical mask, isolated in their room, or an available isolation room and should be asked to consent to testing for COVID-19. Note: If you have a fever, cough, shortness of breath, runny nose or sore throat, you are legally required to isolate for at least 10 days from the start of your symptoms or until they resolve, whichever is longer.

Completed By: _____ Date: _____