

COVID-19 Self-Assessment

Are you experiencing any of the following:

- Severe difficulty breathing (e.g. struggling to breathe or speaking in single words)
- Severe chest pain
- Having a very hard time waking up
- Feeling confused
- Losing consciousness

No

Yes

Are you experiencing any of the following:

- Inability to lie down because of difficulty breathing
- Chronic health conditions that you are having difficulty managing because of difficulty breathing

No

Yes

Are you experiencing cold, flu or COVID-19-like symptoms, even mild ones?

Symptoms include: Fever, chills, cough or worsening of chronic cough, shortness of breath, sore throat, runny nose, loss of sense of smell or taste, headache, fatigue, diarrhea, loss of appetite, nausea and vomiting, muscle aches.

While less common, symptoms can also include: stuffy nose, conjunctivitis (pink eye), dizziness, confusion, abdominal pain, skin rashes or discoloration of fingers or toes.

No

Yes

Have you received a **NEW** COVID-19 test result?

No

Yes

Did you provide care or have close contact with a person with confirmed COVID-19?

No

Yes