

PATIENT NAME:

INSTRUCTION TO PATIENT:

Below is a list of questions regarding Covid-19. Please read each one carefully and tick the relevant box.

No.		Yes	No
1.	Have you been diagnosed of corona virus infection in the past 2 weeks?		
2.	Have you been in contact with any one who has symptoms of corona virus within the last 2 weeks?		
3.	Does anyone in your household currently have symptoms of Corona virus?		
4.	Do you suffer from any long term respiratory conditions?		
5.	Are you currently on any immune suppressant treatment?		
6.	Are you currently shielding due to long term health problems?		
7.	Have you developed cough in the last 14 days?		
8.	Have you developed sore throat in the last 14 days?		
9.	Have you been experiencing new onset body ache or muscle pains in the last 14 days?		
10.	Do you currently have a fever (Temperature above 37.5c)?		
11.	Do you have any shortness of breath that is unusual for you?		
12.	Are you experiencing any new onset fatigue?		