

## COVID-19 Screening Questionnaire (Clients)

All clients will be pre-screened prior to scheduling an appointment in the CNIH Dental Clinic. An appointment cannot be scheduled if the client has not been reached in advance to be pre-screened. The following questions<sup>1</sup> will be asked by clinical reception:

		YES	NO
•	ive you been in close contact with anyone no has had acute respiratory illness?		
2) Ha	ive you travelled outside of Ontario within the last 14 days?		
•	ive you been a confirmed case of COVID-19 been in contact with a confirmed case of COVID-19?		
	<ul> <li>Fever</li> <li>New onset of cough</li> <li>Worsening chronic cough</li> <li>Shortness of breath</li> <li>Difficulty breathing</li> <li>Sore throat</li> <li>Difficulty swallowing</li> <li>Decrease or loss of sense of taste or smell</li> <li>Chills</li> <li>Headaches</li> <li>Unexplained fatigue/malaise/muscle aches (myalgias)</li> <li>Nausea/vomiting, diarrhea, abdominal pain</li> <li>Pink eye (conjunctivitis)</li> <li>Runny nose/nasal congestion without other known cause</li> </ul> For individuals over 70 years old: are you experiencing any of the following symptoms: confusion, dizziness, a		
	sudden change in the ability to function or worsening of chronic conditions?		
questic	: Date: estions are answered "no," they are considered "COVID screen negative" and can enter the is answered "yes," they are considered "COVID screen positive" and cannot enter the criteria for "COVID screen negative."		

This is a living document and CNIH reserves the right to make amendments as needed.

2. "COVID-19 Patient Screening Guidance Document." (2020). Ministry of Health. Retrieved from <a href="http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\_patient\_screening\_guidance.pdf">http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\_patient\_screening\_guidance.pdf</a>