

### **SELF ASSESSMENT FOR COVID19**

The following questions reflect what would be asked on the BC COVID19 SELF ASSESSMENT TOOL found online at [bc.thrive.health/covid19/en](https://bc.thrive.health/covid19/en). If you honestly answer 'no' to all questions you are currently able to come to the clinic and receive treatment. If you answer 'yes' to any question please contact the clinic and cancel/reschedule your appointment. You will need to complete this assessment prior to each appointment.

#### **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

YES  NO

#### **Are you experiencing any of the following:**

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

YES  NO

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

Symptoms include: fever, chills, cough, shortness of breath, sore throat and painful swallowing, stuffy or runny nose, loss of sense of smell, headache, muscle aches, fatigue or loss of appetite.

YES  NO

#### **Have you travelled to any countries outside Canada (including the United States) within the last 14 days?**

YES  NO

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

Note: This means you would have been contacted by your health authority's public health team.

YES  NO