**Pre-screening Questionnaire**

Please see below for the pre-screening questionnaire that we will administer at all study encounters with enrolled participants or patients interested in joining this study:

* Were any risks of coronavirus exposure or infection identified during your screening today?
* Are you experiencing any of the following symptoms? (If yes to any, ask “Is this related to any other long-term health condition?”)
  + Temperature of 100.4F or higher
  + Chills
  + New onset cough
  + Trouble breathing
  + Sore throat
  + Unusual sinus pain
  + New loss of taste or smell
  + Nausea or vomiting
  + Muscle or body aches
  + Excessive fatigue
  + Diarrhea
* Are you waiting for the results of a coronavirus test you took because of symptoms or exposure to coronavirus?
* Are you caring for someone with coronavirus or a possible coronavirus infection?