**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?