This tool is only intended as an example, the items can be modified as needed based on the specific needs of the study.

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| --- |
| **TELEPHONE SCREENING - DAY BEFORE APPOINTMENT** |
| **PROTOCOL #:** | **DATE: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_** **DAY MONTH YEAR** |
| **SUBJECT ID:** | **SCREENER:** |

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Symptoms – In the past 15 days have you had…** |
| [ ]  | [ ]  | a feeling that you had a fever (felt feverish) |
| [ ]  | [ ]  | a fever (temperature above 99 degrees F) |
| [ ]  | [ ]  | a dry cough |
| [ ]  | [ ]  | a productive cough |
| [ ]  | [ ]  | shortness of breath or difficulty breathing |
| [ ]  | [ ]  | extreme fatigue, muscle pain or joint pain |
| [ ]  | [ ]  | diarrhea |
| [ ]  | [ ]  | abdominal pain |
| [ ]  | [ ]  | loss of taste or smell |
| [ ]  | [ ]  | a sore throat |
| [ ]  | [ ]  | reddening of the eye with discharge (conjunctivitis) |
| [ ]  | [ ]  | new onset of low back pain |
| **Yes** | **No** | **Scenarios – In the past 15 days…** |
| [ ]  | [ ]  | did you care for or have close contact with someone diagnosed with COVID-19 |
| [ ]  | [ ]  | have you worked or volunteered in a healthcare facility |
| [ ]  | [ ]  | had a positive COVID test. *(If yes)* When was the positive test? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Infection[ ]  | Antibody[ ]  | Unknown[ ]  | *(If yes)* What type of COVID test was positive (the test for active infection or the test for antibodies)? |
| **If any of the answers above are “Yes” the patient should have their study appointment rescheduled.** |
| This subject is [ ]  **cleared** or[ ]  **not cleared** for in-person appointment |
| Date and time of the rescheduled appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 **[PI SIGNATURE OPTIONAL – AT INVESTIGATORS DISCRETION – DELETE IF NOT REQUIRED]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal** **Investigator (or approved delegate) Signature**