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

|  |  |
| --- | --- |
| **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**