



Precious Minds Self-Assessment Questionnaire

1. Do you or any of your household members, have any of the following **new or worsening** symptoms or signs? Symptoms should not be chronic or related to other known causes or conditions.

Fever or Chills	YES	NO
Difficulty breathing or shortness of breath	YES	NO
Cough	YES	NO
Sore throat, trouble swallowing	YES	NO
Runny nose/stuffy nose or nasal congestion	YES	NO
Decrease or loss of smell or taste	YES	NO
Nausea, vomiting, diarrhea, abdominal pain	YES	NO
Not feeling well, extreme tiredness, sore muscles	YES	NO

2. Have you or any of your household members travelled outside of Canada in the past 14 days?

YES NO

3. Have you or any of your household members been in contact with a confirmed or probable case of COVID-19 in the past 14 days?

YES NO

If you answered **YES to any of the above questions**, please stay home and contact your health care provider or call TeleHealth Ontario (866) 797-0000 to discuss next steps.

**Thank you for helping us keep our
Precious Minds community safe during this time.**

This COVID-19 Self-Assessment is a modified version of the Ontario Ministry of Health COVID-19 Screening Tool for Workplaces (Businesses and Organizations).