



## COVID-19 Phone Screening Questions for Research Recruitment of Minors at Center for Advanced Brain Imaging (CABI)

(To be completed on Day 1 of recruitment)

Note: Form should be completed and emailed to [cabi-support@gatech.edu](mailto:cabi-support@gatech.edu) to have scan session approved on the Booked calendar

IRB#: \_\_\_\_\_ PI Last Name: \_\_\_\_\_  
Participant URSI: \_\_\_\_\_ Date/Time of Scan: \_\_\_\_\_  
Date/Time of Screening: \_\_\_\_\_ Research Personnel's Name: \_\_\_\_\_

### **Script for Research Staff:**

*"For health safety reasons, and to help prevent the spread of the Coronavirus, we are asking a few questions regarding how your child is feeling and any cold or flu-like symptoms your child may have, before your child can be scheduled for the MRI portion of this study at our imaging center."*

*Researchers, participants and caregivers (if applicable) are required to participate in contact tracing. If any individual tests positive for COVID-19 Version 11-02-2020 Georgia Institute of Technology within 14 days of being physically present in a Georgia Tech research facility, they must contact the contact person named in the consent form or Stamps Health Services to report the positive test result for COVID-19. If the contact person for the study is informed by a subject that they have tested positive for COVID-19, the information will be forwarded to Stamps Health Services. In accordance with Institute guidance, Stamps Health Services will notify the Georgia Department of Public Health for possible contact tracing.*

1. "Has your child had a fever greater than 100.4 within the past 14 days?"

\_\_\_\_\_ NO \_\_\_\_\_ YES

2. "Has your child had new or worsening cough within the past 14 days?"

\_\_\_\_\_ NO \_\_\_\_\_ YES

3. "Has your child had new or worsening shortness of breath, or other respiratory symptoms within the past 14 days?"

\_\_\_\_\_ NO \_\_\_\_\_ YES

4. "Has your child had a loss of sense of taste and/or smell within the past 14 days?"

\_\_\_\_\_ NO \_\_\_\_\_ YES

5. "Has your child, or any immediate family members, had close contact with a person who has tested positive for COVID-19 or is under investigation for COVID-19?"

\_\_\_\_\_ NO \_\_\_\_\_ YES

6. "Has any member of your immediate family traveled domestically to any other major cities within US, or internationally within the last 14 days?"

\_\_\_\_\_ NO \_\_\_\_\_ YES

7. "Is your child comfortable wearing a mask covering their mouth and nose for an extended period of time?"

\_\_\_\_\_ NO \_\_\_\_\_ YES

**If NO to 1-6:** If regular inclusion criteria are met then you may schedule the MRI scan. "Please inform us of any change in status of your child's symptoms or potential exposure or travel. One day prior to the scan we will ask you these questions again over the phone. However, for now please plan on the MRI visit on [DATE]. Can I answer any questions you may have?"

**If YES to any of the above questions:** "Out of an abundance of caution, we must reschedule your child's in-person appointment. You will be contacted by a member of the study team in 2-3 weeks. **If the subject has fever:** We recommend your child self-quarantine (stay at home) and contact your child's healthcare provider. Thank you for your understanding".