APPENDIX 2: COVID-19 PRE-SCREENING QUESTIONNAIRE/SCRIPT

Appropriate screening questions should include the following, which could be modified to fit your specific participant population and the location of in-person interactions. Any YES answer should be considered a sufficient reason to postpone in-person visits for at least 14 days. If applicable, please also refer to your facility’s screening requirements.

**Note:** Using these screening questions, with or without a temperature check, does NOT require an IRB modification amendment if the data will not be used for research purposes.

Protocol #: _______________________  PI Last Name: _____________________________

Subject ID: __________________________

Research Personnel’s Name: ________________________________

Date, Time of Phone Screen: ______________________________

**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 you are feeling and any cold or flu-like symptoms you may have, before you are scheduled for your research study”

Have you had any of the following within the past two weeks (14 days):

1. A fever (temperature over 100.4°F or 38.0°C)?
2. A loss of smell or taste?
3. A cough?
4. Muscle aches (those not associated with physical over-exertion)?
5. Sore throat?
6. Shortness of breath?
7. Chills?
8. A new or unusual headache?
9. Any gastrointestinal symptoms such as nausea/vomiting, diarrhea, loss of appetite?
10. Have you, or anyone you have been in close contact with, been diagnosed with Covid-19, or been placed on quarantine because of possible exposure to Covid-19?
11. Have you, or anyone you have been in close contact with, been in a workplace or other setting where someone has been diagnosed with Covid-19, or been placed on quarantine because of possible exposure to Covid-19?

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12. Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?

If any of the questions have been answered **YES**, the in-person visits should be postponed for 14 days.

"Out of an abundance of caution, we must reschedule your 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 you self-quarantine (stay at home) and contact your healthcare provider. Thank you for your understanding."

If all answers have been answered **NO**, proceed to the next item.

14. Decisions about in-person visits should be especially cautious for people at higher risk per public health recommendations. If any of the below describe you, you may wish to postpone your in-person visit:
   - Older adults age 65 and over; and
   - People of all ages with underlying medical conditions, including but not limited to:
     - Heart disease/conditions, high blood pressure, chronic lung disease or moderate to severe asthma, severe obesity (body mass index of 40 or higher), diabetes, chronic kidney disease, or liver disease
     - Weakened immune system (immunocompromised)
     - Pregnant

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.

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