

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 100.4⁰ F or 38⁰ 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?

12. Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?
13. Have you traveled domestically to any other major cities within the US, or internationally within the last 14 days?

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 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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