

## Questionnaire for Patients attending Bon Secours, Cork

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of questionnaire completion: _____		
	Yes	No
<b>A: Symptoms (within last 14 days)</b>		
➤ Fever / Chills / Sweating		
➤ New or worsening shortness of breath		
➤ New / worsening cough		
➤ Sore throat		
➤ Tiredness / Aches		
➤ Headache		
➤ Vomiting / Diarrhoea		
➤ Loss of taste or smell		
➤ Runny Nose		
➤ Do you feel like you have a cold?		
<b>B: Exposure (within last 14 days)</b>		
➤ Recent travel (incl. "green list")		
➤ Have you been in contact with a confirmed or presumed positive COVID case?		
➤ Have you been in contact with a person who is self isolating because they have symptoms of COVID and is awaiting to be tested or awaiting results of a COVID test?		
➤ Have you stayed overnight in residential care		
<b>C: History of COVID</b>		
➤ Have you been diagnosed with COVID		
➤ If yes when did you have it (Date)		
<b>D: Public Health Guidance (within last 14 days)</b>		
➤ Do you feel you may be at increased risk of COVID due to social interactions?		
➤ Have you been in contact with someone who has returned from the UK or South Africa who did not restrict their movements?		
➤ In Jan 2021 were you identified as a close contact of a confirmed case and not tested?		

Signature: \_\_\_\_\_