

## Participant Screening Questions

1. Have you been in contact with anyone who has tested positive for COVID-19 in the past 14 days?
2. Have you travelled internationally (including the United States) in the past 14 days?
3. In the last 24 hours have you experienced any of the following:
  - Fever or chills
  - New or worsening cough
  - Shortness of breath
  - Sore throat or difficulty swallowing
  - Running, stuffy or congested nose
  - Lost sense of smell or taste
  - Pink eye
  - Unusual or long-lasting headache
  - Nausea, vomiting, diarrhea, or stomach pain
  - Unusual headaches that can't be explained

**If you answered yes to any of these questions, please go home & self-isolate right away**