PATIENT Acute Respiratory Illness Inventory

Have you in the last TWO weeks had any of the following symptoms?			***DO YOU NOW EXPERIENCE ANY OF THE FOLLOWING SYMPTOMS?***		
Fever >100.4°F (38° C)	☐Yes	☐No	***Fever >100.4° F (38° C)***	☐**Yes**	☐**No**
Subjective Fever *(felt feverish)*	☐Yes	☐No	***Subjective Fever (felt feverish)***	☐**Yes**	☐**No**
Loss of smell or taste	☐Yes	☐No	***Loss of smell or taste***	☐**Yes**	☐**No**
Chills	☐Yes	☐No	***Chills***	☐**Yes**	☐**No**
Headache-Acute	☐Yes	☐No	***Headache-Acute***	☐**Yes**	☐**No**
Body Aches	☐Yes	☐No	***Body Aches***	☐**Yes**	☐**No**
New Onset-Extreme Fatigue	☐Yes	☐No	***New Onset-Extreme Fatigue***	☐**Yes**	☐**No**
Runny Nose	☐Yes	☐No	***Runny Nose***	☐**Yes**	☐**No**
Sore Throat	☐Yes	☐No	***Sore Throat***	☐**Yes**	☐**No**
Acute Cough *(Or, a worsening of chronic cough)*	☐Yes	☐No	***Acute Cough (Or, a worsening of chronic cough)***	☐**Yes**	☐**No**
Wheezing *(Or worsening of existing asthma)*	☐Yes	☐No	***Wheezing (Or worsening of existing asthma)***	☐**Yes**	☐**No**
Shortness of Breath	☐Yes	☐No	***Shortness of Breath***	☐**Yes**	☐**No**
Nausea or Vomiting	☐Yes	☐No	***Nausea or Vomiting***	☐**Yes**	☐**No**
Diarrhea *(≥3 loose/looser than normal stools/24hr period)*	☐Yes	☐No	***Diarrhea (≥3 loose/looser than normal stools/24hr period)***	☐**Yes**	☐**No**
Pink Eye	☐Yes	☐No	***Pink Eye***	☐**Yes**	☐**No**

Do you currently smoke cigarettes?	☐Yes	☐No
Have you travelled OUTSIDE of the USA within the past 2 weeks?	☐Yes	☐No
Have you travelled by airplane to ANYWHERE in the USA within the past 2 weeks?	☐Yes	☐No
Have you visited a nursing home or skilled nursing facility within the last 2 weeks?	☐Yes	☐No
Is anyone in your household quarantined by a physician for presumptive coronavirus?	☐Yes	☐No
Are you a health care worker with direct patient contact?	☐Yes	☐No
Do you think you MIGHT have been exposed to someone with coronavirus?	☐Yes	☐No
I have definitively been exposed to someone with laboratory confirmed coronavirus.	☐Yes	☐No
Have you recently been exposed to a cluster of people in a group setting with acute flu, cold, or upper respiratory symptoms?	☐Yes	☐No
Are you currently taking aspirin, ibuprofen, Advil, naproxen, Aleve, or Tylenol?	☐Yes	☐No

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