

APPENDIX III SELF-ASSESSMENT QUESTIONS

Are you or any member of your household experiencing any of the following?

- Fever
- New cough or worsening chronic cough
- New or worsening shortness of breath
- New or worsening difficulty breathing
- Sore throat
- Runny nose
- Chills
- Painful swallowing
- Stuffy nose
- Headache
- Muscle or joint aches
- Feeling unwell in general, new fatigue or severe exhaustion
- Gastrointestinal symptoms (nausea, vomiting, diarrhea or unexplained loss of appetite)
- Loss of sense of smell or taste
- Conjunctivitis, commonly known as pink eye

In the past 14 days, did you return from travel outside of Canada, or did you have close contact with somebody who is confirmed as having COVID-19?