

# COVID-19 questionnaire

Dear patients

We are all doing our best to contain the spread of the coronavirus. To achieve this goal, we ask you to fill out the questionnaire truthfully. We thank you for your valued cooperation. Please let us know immediately should your state of health have changed since you filled out this form.

**Last name:** ..... **First name:** .....

**Date of birth:** .....

**Appointment for:**     a consultation             a surgery             as visitor

### Questions on disease symptoms

	Yes	No	If 'yes'	comments
In the past 48 hours (2 days), did you have any of the following symptoms?				
• cough (mostly dry)	<input type="checkbox"/>	<input type="checkbox"/>	..... on date	
• difficulties breathing/ shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	..... on date	
• fever, feverish feeling, muscle aches	<input type="checkbox"/>	<input type="checkbox"/>	..... on date	
• headache	<input type="checkbox"/>	<input type="checkbox"/>	..... on date	
• sudden loss of the sense of smell and/ or taste	<input type="checkbox"/>	<input type="checkbox"/>	..... on date	

### Specific questions with regard to COVID-19:

	Yes	No	If 'yes'	
• Are or were you in quarantine or (self) isolation in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>	..... on date	
• Have you had a COVID-19 test in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>	..... on date	<b>result of the test</b> <input type="checkbox"/> positive (showing a COVID-19 infection) <input type="checkbox"/> negative (absence of a COVID-19 infection)
• Have you been in close contact with a confirmed or suspected COVID-19 person?	<input type="checkbox"/>	<input type="checkbox"/>	..... on date	<b>comments:</b>

Considered as close contact: contact less than 2 meters apart and for longer than 15 minutes, intimate contact, living in the same household, nursing or direct contact with respiratory secretions or body fluids without personal protection measures

Place / date: ..... signature: .....  
(patient or relative)