



**COVID-19 HOME QUESTIONNAIRE**  
Rehabilitation Institute of Washington, PLLC

**Before leaving the house today, please check the following for yourself:**

**1. Do I have a fever or have I had a fever in the past 24 hours? (Fever is defined as a temperature of 100.4 degrees Fahrenheit / 38 degrees Celsius or more.)**

If the answer is YES, you should **not** attend therapies today – please call the clinic.

If the answer is NO, please proceed to question 2.

If you are unable to check your own temperature at home, please proceed to question 2.

**2. Do I have a cough or shortness of breath that is NEW in the past 14 days?**

If the answer is YES, you should **not** attend therapies today – please call the clinic.

If the answer is NO, please proceed to question 3.

**3. Have I had recent (in the past 14 days) close contact with anyone with a known COVID-19 diagnosis?**

If the answer is YES, you should **not** attend therapies today – please call the clinic.

If the answer is NO, please proceed to question 4.

**4. Do I have two or more of the following symptoms:**

- Chills
- Repeated shaking with chills
- New muscle pain that is not associated with exercise/activity
- New headache
- Sore throat
- New loss of taste or smell
- New nausea, vomiting, or diarrhea

If the answer is YES to having two or more of the above symptoms, please call the clinic at (206) 859-5030 and ask to speak with one of the members of the medical team.

**If you answered NO to all of the above, please make sure that you have your mask before you leave your home and we look forward to seeing you today!**

**Please note that you will be screened again upon arrival to the clinic.**