UCSD Center for fMRI - COVID-19 Phone Screen

Script for Research Staff:				
Subject ID#:	Name, Date, Time of Phone Screen:_			
IRB#:	PI Last Name:			

"For health safety reasons, and to help prevent the spread of the Coronavirus, we are asking a few questions regarding how you are feeling and any cold or flu-like symptoms you may have, before you come to your appointment."

Are you currently experiencing any of the following symptoms that started within the last 10 days OR tested covid positive in the past 10 days?

Symptom	Yes/No	Comments
Fever or chills		
Cough		
Shortness of breath or difficulty breathing		
Fatigue		
Muscle or body aches		
Headache		
Loss of taste or smell		
Sore throat		
Congestion or runny nose		
Nausea or vomiting		
Diarrhea		

Over the past 10 days are any of the following true:

- 1. Have you been informed by a public health agency or a healthcare system that you have been exposed to COVID-19? (Yes/No)
- 2. Have you or a person in your household been diagnosed with COVID-19 infection? (Yes/No)

If NO to ALL:

"Great, please plan on the study visit [tomorrow or DATE]. Do you need any directions to the facility, [or can I answer any questions you may have?]'

Thank the volunteer and say goodbye.

If YES to ANY SYMPTOM or QUESTION:

"Out of an abundance of caution, we must reschedule your in-person appointment. You will be contacted by a member of the study team in one to two weeks. [If you have fever:] We recommend you self-quarantine (stay at home) and contact your healthcare provider. Thank you for your understanding."

<u>Definitions of Fever and Close Contact:</u> Fever is considered ≥100F. May not be present in some subjects, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Informed judgment should be used to guide testing of research subjects in such situations. Close contact is defined as: a) being within approximately 6 feet (2 meters), or within the room or care area, of a novel Coronavirus case for a prolonged period of time (>15 min) while not wearing recommended PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection) b) Close contact can include caring for, living with, visiting, or sharing a waiting area or room with a novel Coronavirus case c) having direct contact with infectious secretions of a novel Coronavirus