

Self-Assessment Tool Questions

1. **Are you or any members of your household experiencing any of the following?**

Severe difficulty breathing (e.g., struggling for each breath, speaking in single words)

Severe chest pain

Having a very hard time waking up

Feeling confused

Lost consciousness

Shortness of breath at rest

Inability to lie down because of difficulty breathing

Chronic health conditions that you are having difficulty managing because of your current respiratory illness

Yes

No

2. **Do you have any of the following?**

Chills

Painful swallowing

Stuffy nose

Headache

Muscle or joint ache

Feeling unwell, fatigue or severe exhaustion

Nausea, vomiting, diarrhea or unexplained loss of appetite

Conjunctivitis (pink eye)

Yes

No

3. **Have you travelled outside of Canada in the last fourteen days?**

Yes

No

Signature :