



**ASIAN COUNSELING  
and REFERRAL SERVICE**

# COVID SELF SCREENING QUESTIONS

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1. Have you had any of the following symptoms in the past 10 days?
  - fever or chills
  - cough
  - shortness of breath or difficulty breathing
  - fatigue
  - muscle or body aches
  - headache
  - new loss of taste or smell
  - sore throat
  - congestion or runny nose
  - nausea or vomiting
  - diarrhea
2. Have you tested positive for COVID in the past 10 days ?
3. Have you been in close contact with someone with confirmed or suspected COVID in the past 14 days?