

## Appendix N Covid-19 Day of Screening Tool

1. Do you have a fever and/or shortness of breath, unexplained cough, extreme fatigue?
  - No
  - Yes
    - If yes, participant will be disqualified, and researcher will state: “Please contact your medical provider to discuss your needs. In addition to contacting your medical provider, if you are an NC State University employee, use this form to self report: [Employee Self Report Form](#). If you are an NC State University student use this form to report: [Student Self Report Form](#). If you are unaffiliated with NC State University, please call your medical provider to report symptoms.”
  
2. Have you been in close contact with someone who has been diagnosed as having COVID-19 by a healthcare professional?
  - No
  - Yes
    - If yes, participant will be disqualified, and researcher will state: “Please contact your medical provider to discuss your needs. In addition to contacting your medical provider, if you are an NC State University employee, use this form to self report: [Employee Self Report Form](#). If you are an NC State University student use this form to report: [Student Self Report Form](#). If you are unaffiliated with NC State University, please call your medical provider to report symptoms.”