**Self-Assessment Test**

**Are you currently experiencing any of these issues? Call 911 if you are.**

**Severe difficulty breathing**(*struggling for each breath, can only speak in single words*)

**Severe chest pain**(*constant tightness or crushing sensation*)

**Feeling confused or unsure of where you are**

**Losing consciousness**

**YES/NO**

**Are you currently experiencing any of these symptoms? Choose any/all that apply.**

Fever (*feeling hot to the touch, a temperature of 37.8 degrees Celsius or higher*)

Chills

Cough that's new or worsening (*continuous, more than usual*)

Barking cough, making a whistling noise when breathing (*croup*)

Shortness of breath (*out of breath, unable to breathe deeply*)

Sore throat

Difficulty swallowing

Runny nose (*not related to seasonal allergies or other known causes or conditions*)

Stuffy or congested nose *(not related to seasonal allergies or other known causes or conditions)*

Lost sense of taste or smell

Pink eye *(conjunctivitis)*

Headache that’s unusual or long lasting

Digestive issues *(nausea/vomiting, diarrhea, stomach pain)*

Muscle aches

Extreme tiredness that is unusual *(fatigue, lack of energy)*

Falling down often

For young children and infants: *sluggishness or lack of appetite*

None of the above

**Are you in any of these at-risk groups?**

* **70 years old or older**
* **getting treatment that compromises (weakens) your immune system***(for example, chemotherapy, medication for transplants, corticosteroids, TNF inhibitors)*
* **having a condition that compromises (weakens) your immune system***(for example, lupus, rheumatoid arthritis, other autoimmune disorder)*
* **having a chronic (long-lasting) health condition***(for example, diabetes, emphysema, asthma, heart condition)*
* **regularly going to a hospital or health care setting for a treatment***(for example, dialysis, surgery, cancer treatment)*

**YES/ NO**

**In the last 14 days, have you been in close physical contact with someone who tested positive for COVID-19?**

Close physical contact means:

* **being less than 2 metres away in the same room, workspace, or area for over 15 minutes**
* **living in the same home**

**YES/NO**

**In the last 14 days, have you been in close physical contact with a person who either:**

**• is currently sick with a new cough, fever, or difficulty breathing?**

 or

**• returned from outside of Canada in the last 2 weeks?**

Close physical contact means:

* **being less than 2 metres away in the same room, workspace, or area for over 15 minutes**
* **living in the same home**

**YES/NO**

**Have you travelled outside of Canada in the last 14 days?**

**YES/NO**