

Screening Questionnaire for Aerosol Transmissible Diseases

Date: _____

Interviewer Name: _____

Client/Guest Name: _____

Client/Guest Location: _____

At check-in, ask every client questions to screen them for possible ATD.

Ask:

Do you have a cough?

Yes No Comments: _____

Do you have a sore throat?

Yes No Comments: _____

Do you feel like you've been having fevers or chills?

Yes No Comments: _____

Do you have any rashes or extreme itchiness on your skin?

Yes No Comments: _____

If clients answer affirmatively to any of the questions, note their names, symptoms, and bed locations, so they can be followed up with later by designated staff members or a medical professional. If a client is coughing or sneezing, provide the client with a mask at check-in.