COVID-19 Health

An assessment of your symptoms and other risk factors related to the current COVID-19 situation.

In the past 14 days, have you had contact with someone who has a confirmed case of COVID-19 (contact is defined as being less than 6 feet apart for more than 15 minutes)?

- Yes
- No

Do you work in any of the following settings? (Check all that apply)

- Clinical
- Hospital
- Senior Care Facility
- Other health or medical facility
- I don’t work in any of these settings
COVID-19 Health

An assessment of your symptoms and other risk factors related to the current COVID-19 situation.

Are you practicing social distancing (defined as not shaking hands, avoiding crowds, standing several feet from other people, and staying home if you feel sick)?

- Yes
- No

Are you currently experiencing any of the following symptoms? (Check all that apply)

- Coughing
- Shortness of breath
- Fever
- Diarrhea
- Nausea or vomiting
- Blurred vision
- Rapid heartbeat
- Congestion
- Other symptoms not listed
- No symptoms
COVID-19 Health

An assessment of your symptoms and other risk factors related to the current COVID-19 situation.

In general, are you currently managing any health conditions? (Check all that apply)

- High blood pressure
- Bleeding
- Heart disease
- Arrhythmia or pacemaker
- Stroke
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Tuberculosis
- Emphysema
- Allergies
- Liver disease or hepatitis
- Congestive heart failure
- Hemodialysis
- Alzheimer’s disease
- Cancer
- Kidney disease
- Diabetes (Type 1 or Type 2)
- Arthritis
  - I currently undergo chemotherapy or radiation for cancer
  - I currently experience immune system suppression (ex. being treated with chemotherapy, am HIV positive, had an organ transplant, am taking immune system suppression, etc.)
- Not managing any conditions listed here
- Not managing any health conditions at all
COVID-19 Health

An assessment of your symptoms and other risk factors related to the current COVID-19 situation.

Are you currently pregnant?

- Yes
- No

Are you currently in an area with a stay-at-home order?

- Yes
- No

How many people are currently living or staying with you?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11 or more
COVID-19 Health

An assessment of your symptoms and other risk factors related to the current COVID-19 situation.

What state or U.S. territory do you currently reside in?

Select one

What is your age?

- Under 5 years old
- 5-17 years old
- 18-24 years old
- 25-44 years old
- 45-64 years old
- 65 years old or older

NEXT
COVID-19 Health

An assessment of your symptoms and other risk factors related to the current COVID-19 situation.

How would you rate your current health?

- Well below average
- Below average
- Average
- Above average
- Well above average

Do you currently smoke tobacco on a daily basis, less than daily, or not at all?

- Daily
- Less than daily
- Not at all
- I don’t know
COVID-19 Health

An assessment of your symptoms and other risk factors related to the current COVID-19 situation.

Do you exercise three or more times a week?

- Yes
- No

Since January 1, 2020, have you traveled to any of the following areas? (Check all that apply)

- China
- Iran
- South Korea
- Italy
- Other countries or countries in Europe
- Other
- I have not traveled to those locations in 2020