**Covid-19 Health Screening Questionnaire**

* In the past 14 days, have you or anyone in your household tested positive for COVID-19?
* In the past 14 days, have you or anyone in your household had any of the following symptoms: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit?
* In the past 14 days, have you or anyone in your household been in close proximity to any individual who has COVID-19?
* In the past 14 days, have you traveled within a community with significant community spread of COVID-19, visited a state that New York state has placed on the mandatory 14-day quarantine list, traveled internationally, or traveled on a cruise ship? (Researcher should have available the current list either on paper or electronically for the participant to view.)

If there is a A yes answer to any question above, face-to-face participation in the study for that participant will be postponed.

**Faculty, staff, and students must have completed the mandatory campus daily health screening and periodic testing.**