

Elon University IRB Scripts for Screening for Symptoms Associated with COVID-19

Includes scripts for pre-screening, on-site screening, and follow-up screening

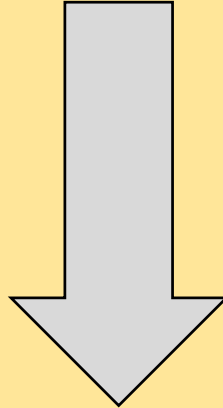
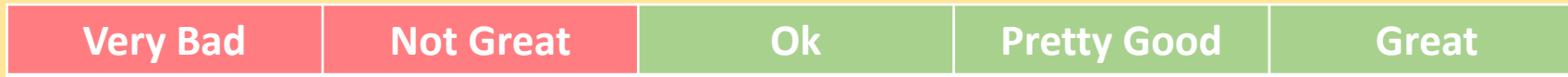
June 1, 2020

***Principal Investigator is responsible for documenting and keeping a record of all responses.**

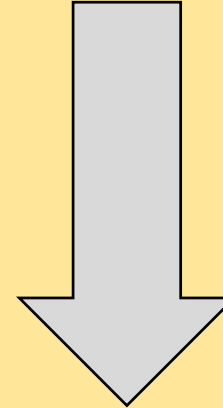
Pre-Screening

Whenever it is possible this screening should be completed approximately 24 hours prior to research interaction by participants and researchers.

1. How are you feeling today?

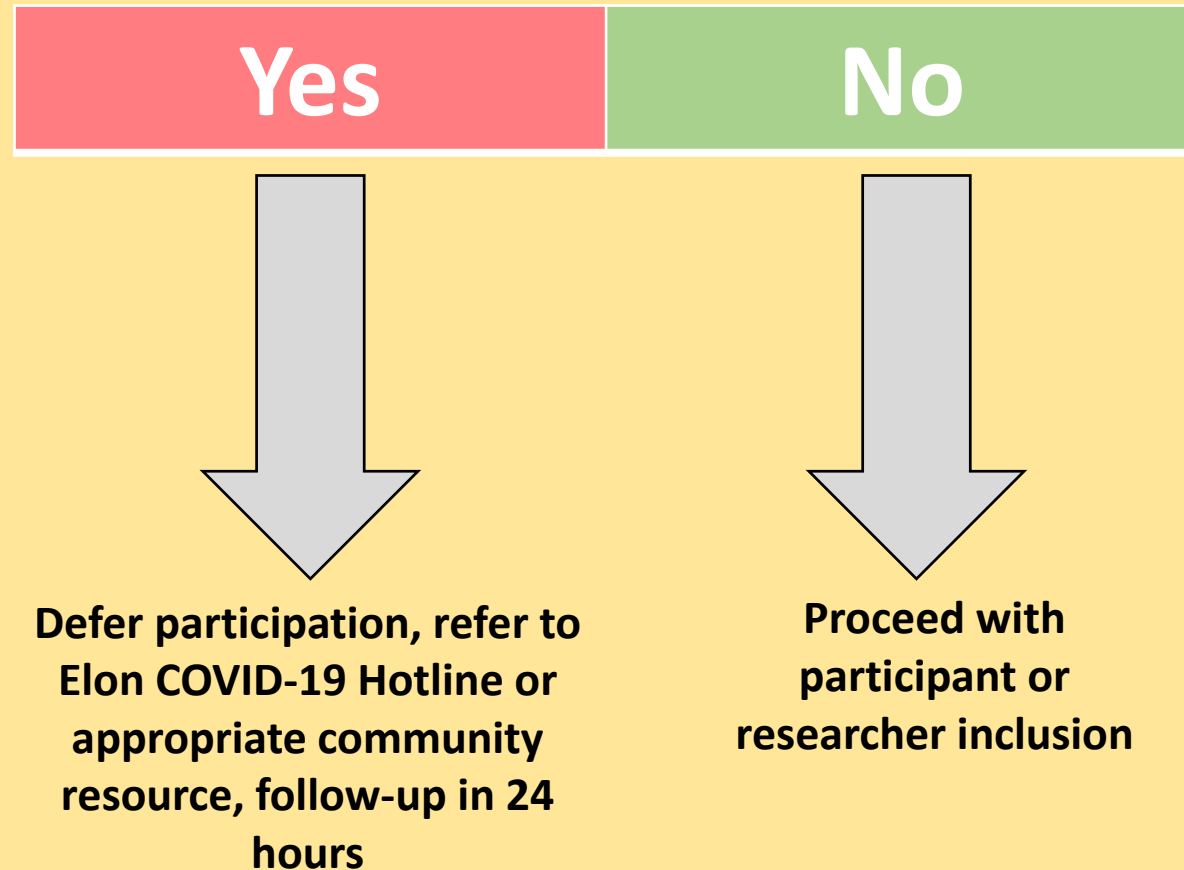


**Delay participation until
participant or researcher can
provide more positive response**

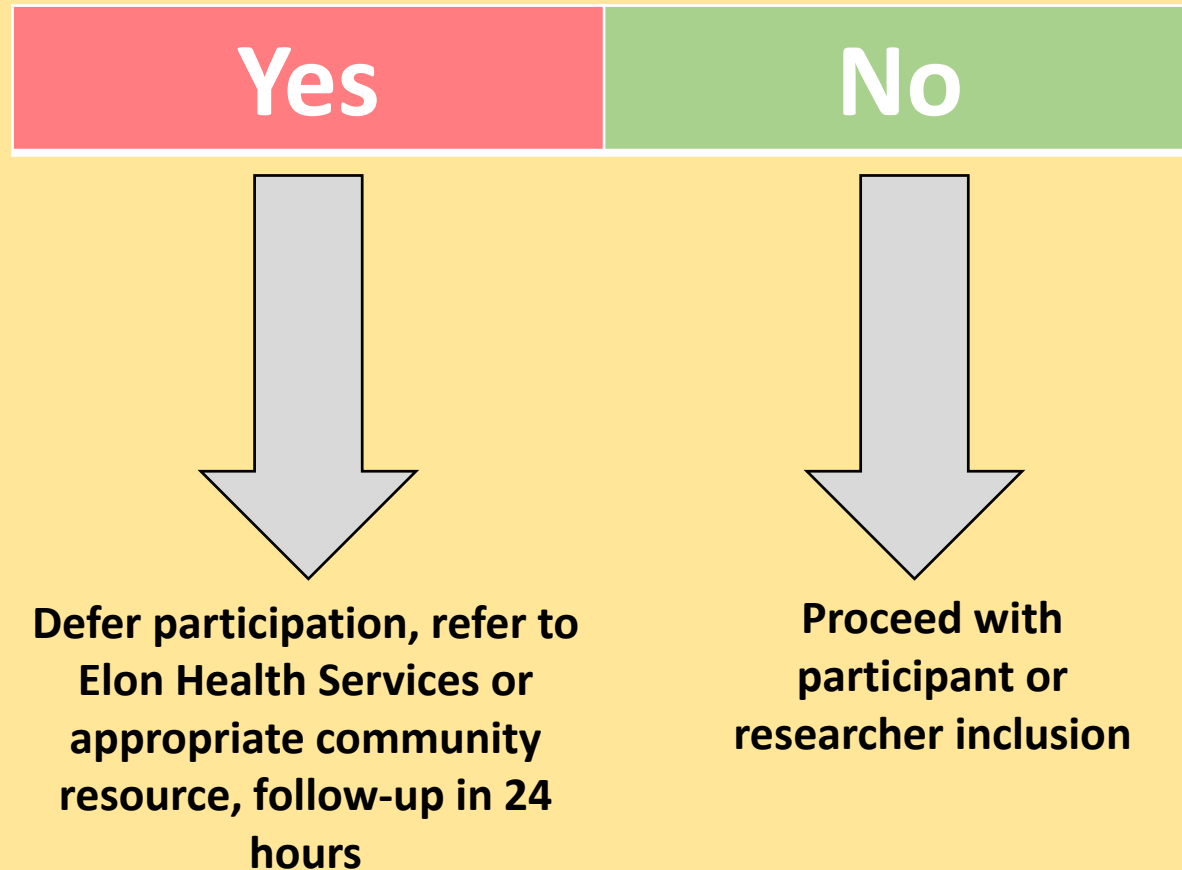


**Proceed with participant or
researcher inclusion**

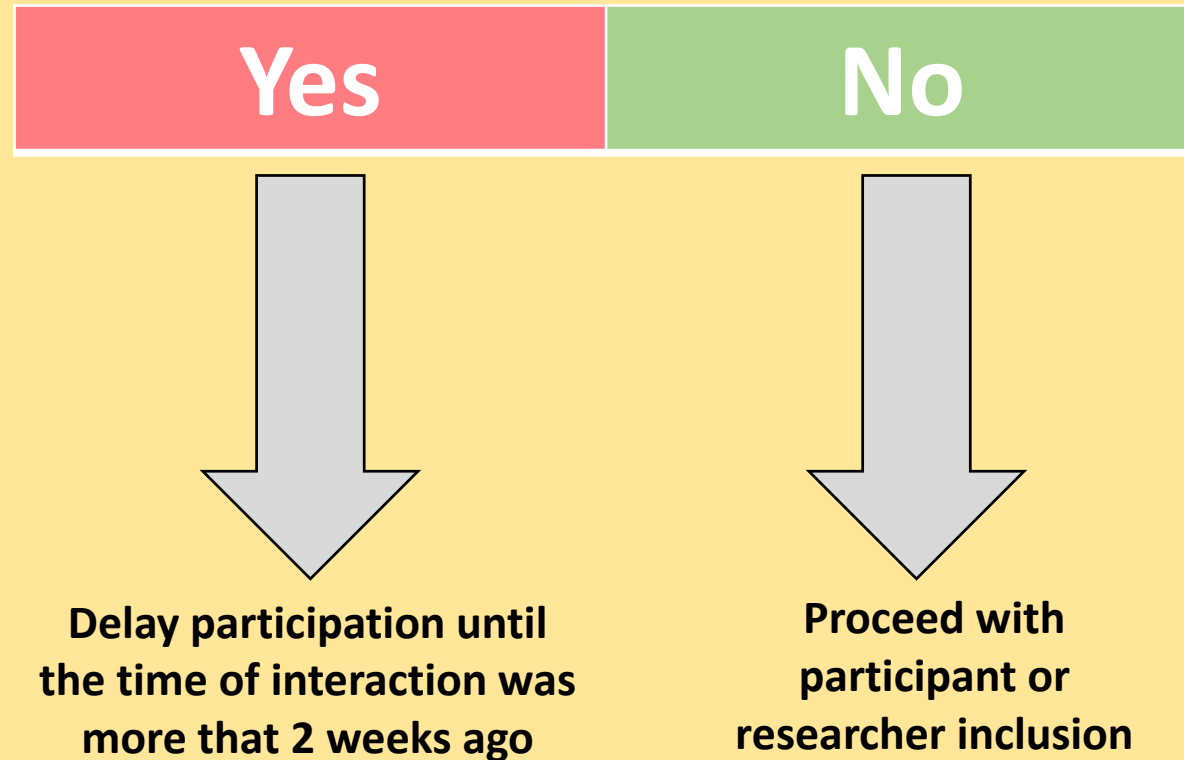
2. Have you had a fever, cough, or shortness of breath during the past 7 days?



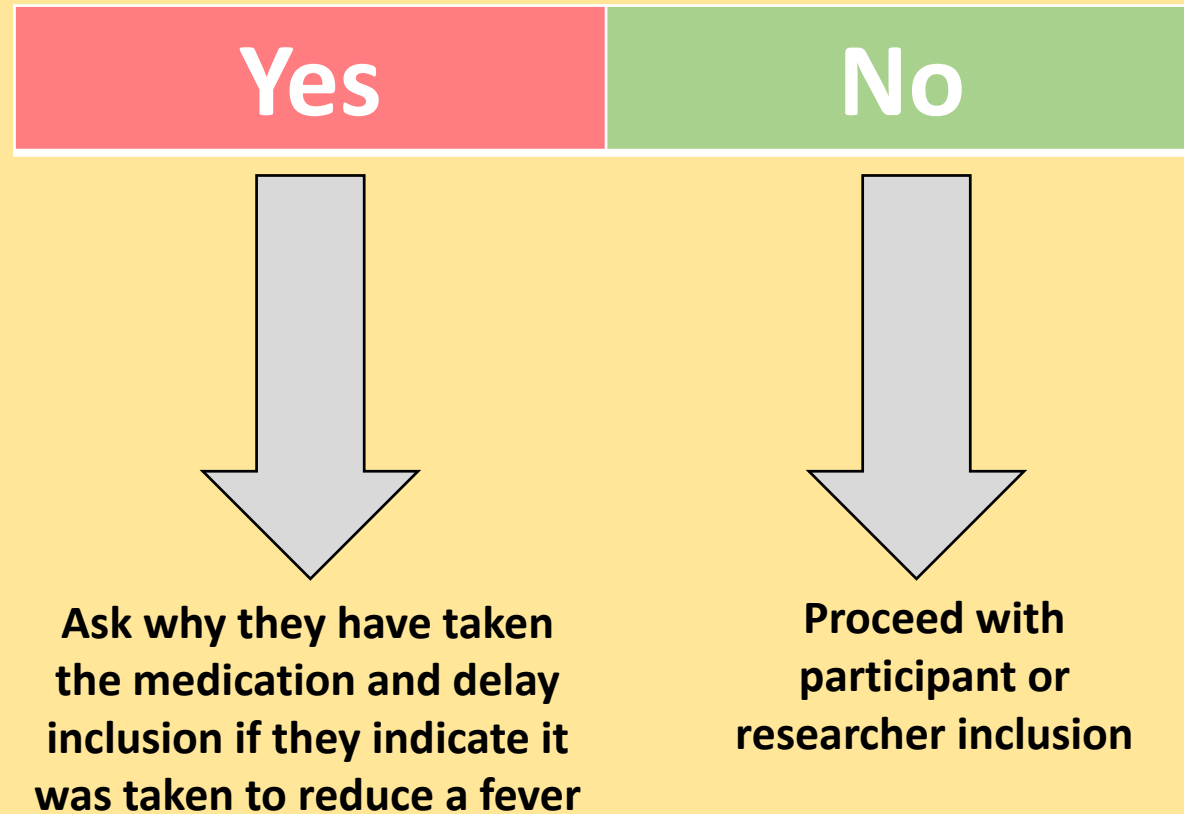
3. Have you had any vomiting or diarrhea during past 7 days?



4. Have you had contact with someone who has been diagnosed with having COVID-19 during the last 2 weeks?



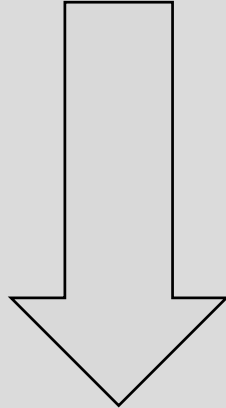
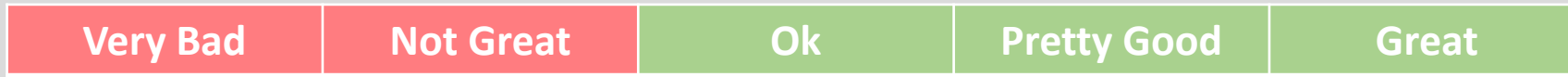
5. Have you taken any over the counter medications like aspirin or Tylenol during the last 24 hours?



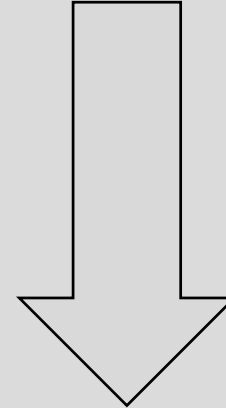
On-Site Screening

To be completed by participants and researchers immediately before entering the research area.

1. How are you feeling today?

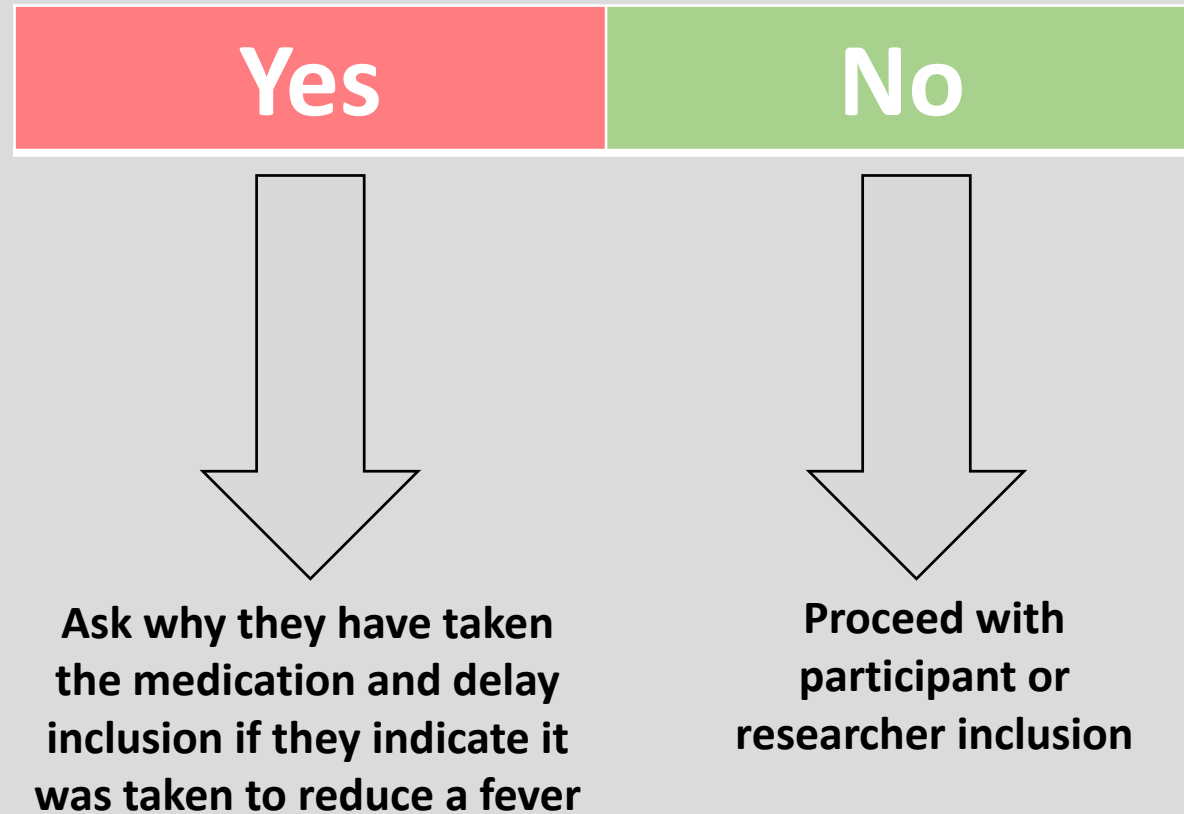


**Delay participation until
participant or researcher can
provide more positive response**

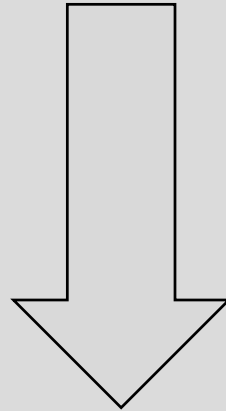


**Proceed with participant or
researcher inclusion**

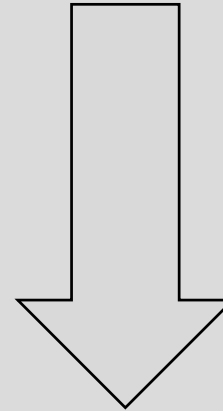
2. Have you taken any over the counter medications like aspirin or Tylenol during the last 24 hours?



3. Measure body temperature*



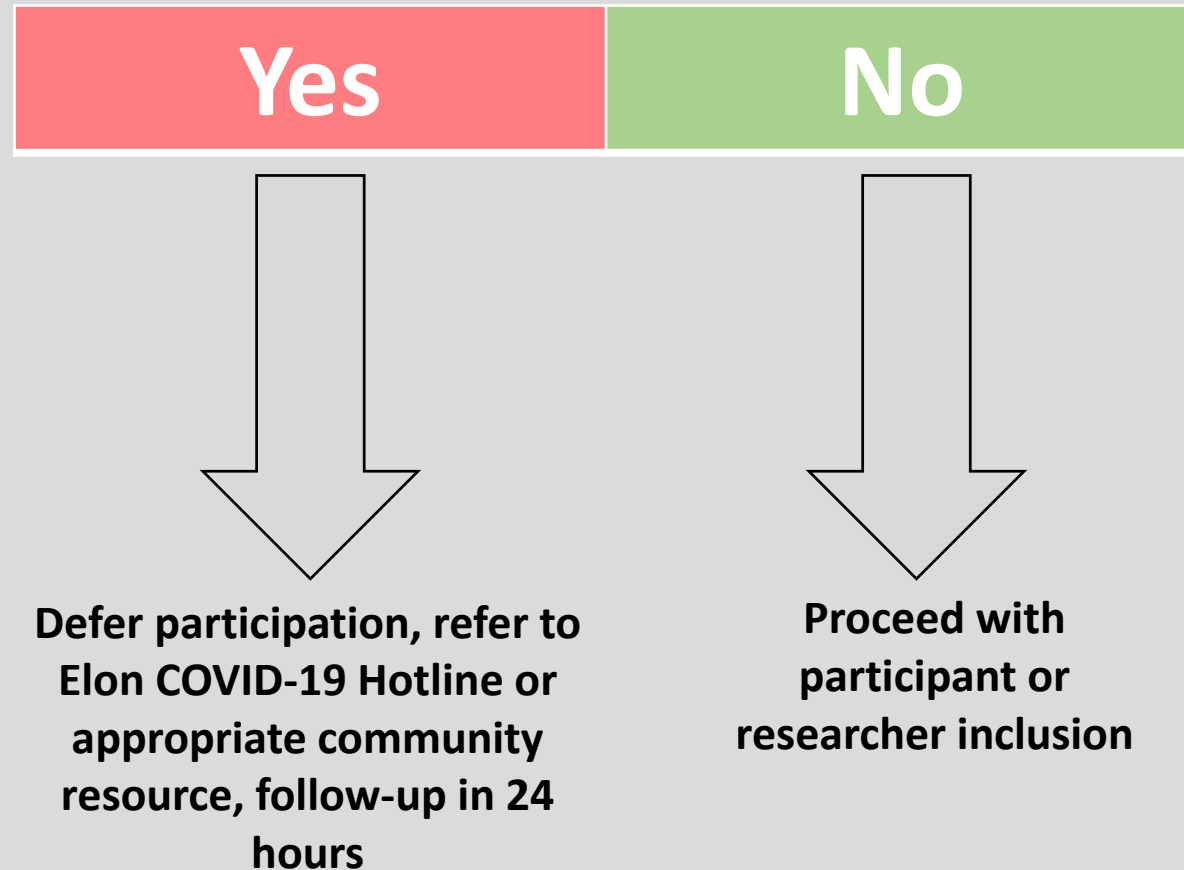
**Proceed with
participant or
researcher inclusion**



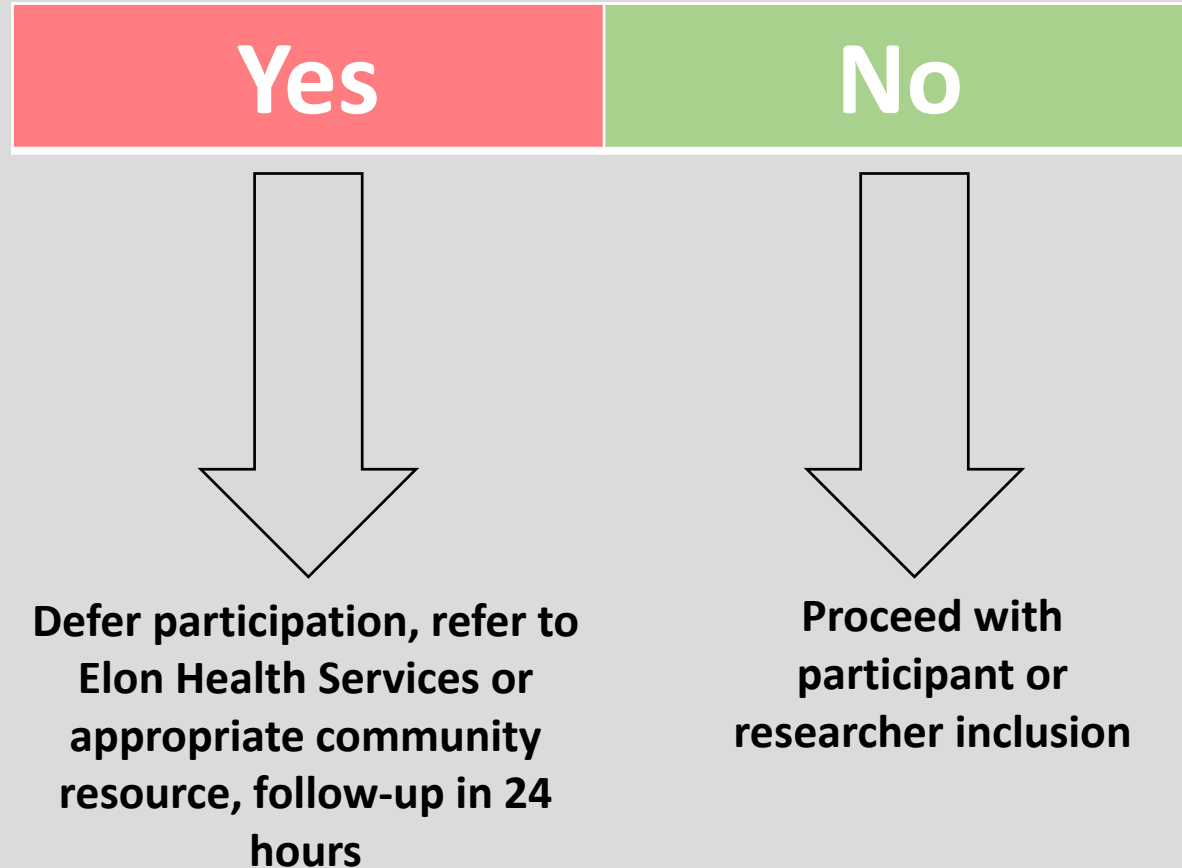
**Delay inclusion, follow up in 24 hours,
encourage participant or researcher to
contact Elon Health Services or
appropriate community resource if
temperature increases, if appropriate
supply participant with digital
thermometer**

*** Have participant
or researcher sit or
stand quietly for up
to 5 minutes before
measurement**

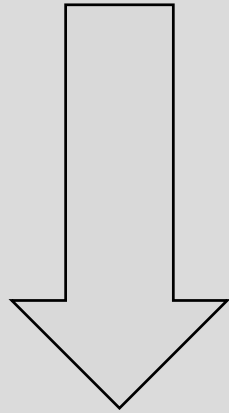
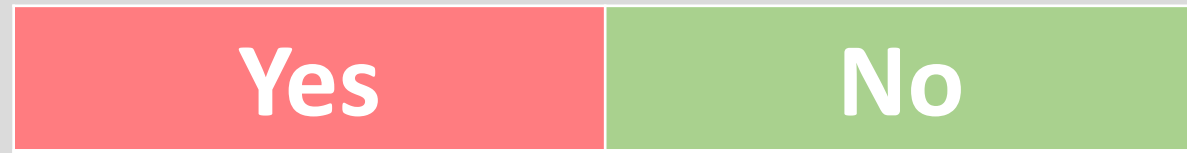
4. Have you had a fever, cough, or shortness of breath during the past 24 hours?



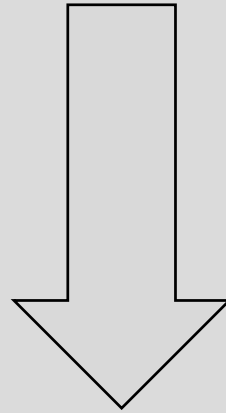
5. Have you had any vomiting or diarrhea during the past 24 hours?



6. Have you had contact with someone who has been diagnosed with having COVID-19 or displaying symptoms associated with COVID-19 during the last 24 hours?



**Delay participation until
the time of interaction was
more than 2 weeks ago**

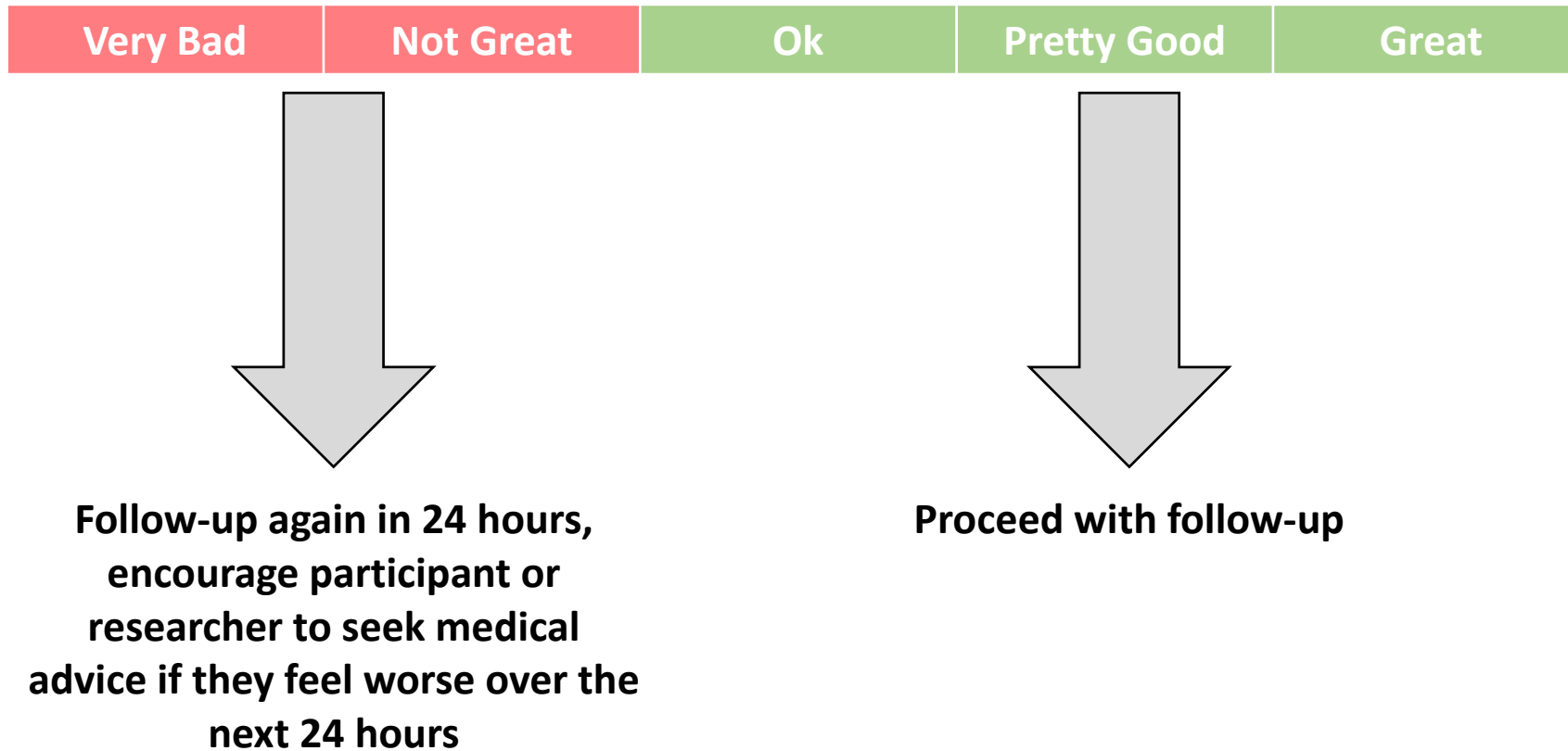


**Proceed with
participant or
researcher inclusion**

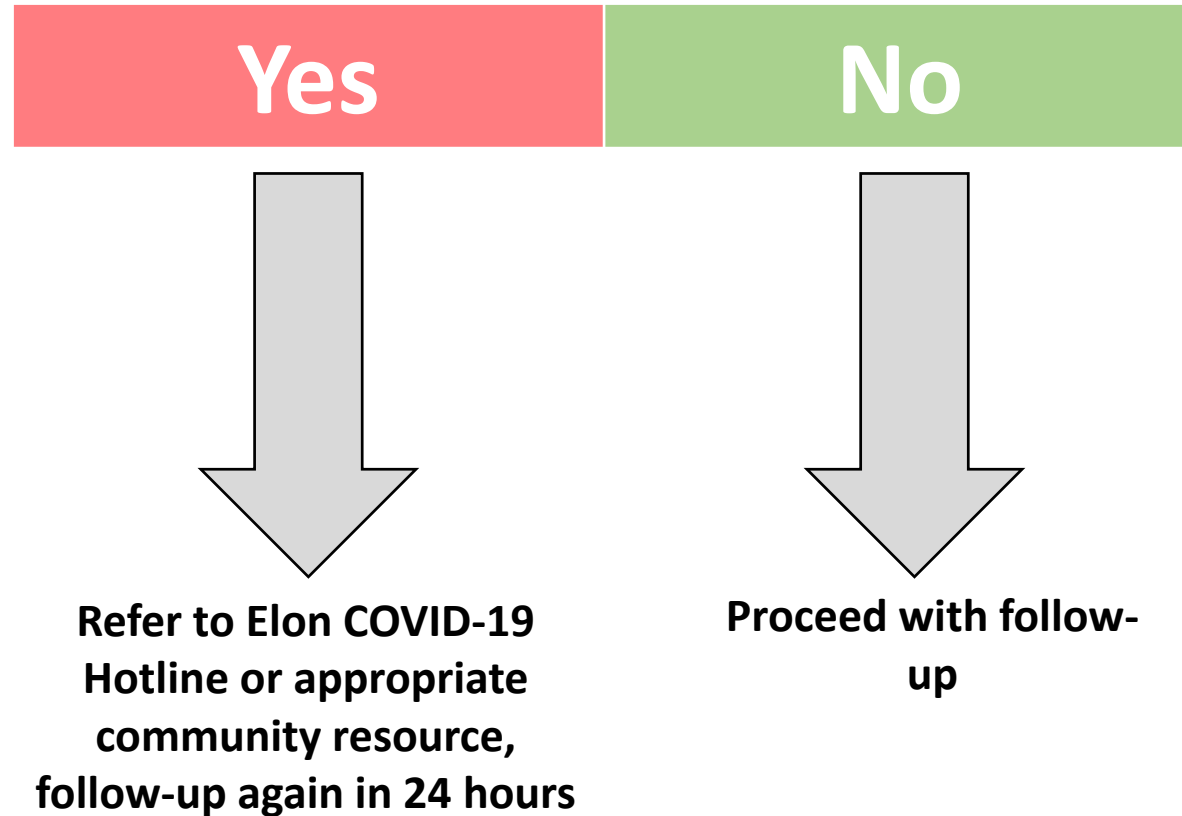
Follow-up Screening

To be completed approximately 24-48 hours after research interaction by participants and researchers.

1. How are you feeling today?



2. Have you had a fever, cough, or shortness of breath during the past 24-48 hours?



3. Have you had any vomiting or diarrhea during the past 24-48 hours?

