



SAFE IN ALL SETTINGS

**ADULT RESIDENTIAL SERVICES SCREENING QUESTIONS**  
*(for someone returning to a NCIA-managed Residential location)*

Name of Individual/Home: \_\_\_\_\_

Completed by (Printed name & Title): \_\_\_\_\_ Date \_\_\_\_\_

1. Has \_\_\_\_\_ had any of the following symptoms in the last week (fever, cough, shortness of breath, loss of taste/smell or flu-like symptoms)?
  - a. If yes, how recently did the symptoms end?
  - b. If yes, how recently was a medicine used to reduce fever?
  - c. If no, proceed to Question # 2.
  
2. Has \_\_\_\_\_ been treated or diagnosed for COVID-19 at anytime since they last were in an NCIA location?
  - a. If yes, how recently were they diagnosed? When did they last have symptoms?
  - b. If no, proceed to Question # 3.
  
3. Has \_\_\_\_\_ been in close contact (less than 6 feet) for more than 3 minutes to someone with the symptoms listed in Question #1 (or diagnosed with COVID-19)?
  - a. If yes, how recently was that person diagnosed? Last had symptoms.
  - b. If no, proceed to Question # 4.
  
4. Has \_\_\_\_\_ been exposed to anyone in the same household who was diagnosed with COVID-19 or symptoms listed in Question #1?
  
5. Has \_\_\_\_\_ been in any public locations in the last two weeks without a mask?
  - a. If yes, how recently and for what length of time?
  - b. If no, proceed to Question # 6.
  
6. When did \_\_\_\_\_ last see a doctor or medical professional?
  
7. Have you explained to \_\_\_\_\_ that they will need to be kept in room-only isolation for 14 days upon their return to the NCIA residential site?