SELF-DIAGNOSIS QUESTIONNAIRE

Do you currently have or have you had in recent days one or more of the following symptoms, that you would <u>not normally</u> have?

Major symptoms

- High temperature (temperature measured at > 38°C)	yes □	no □
- Dry cough	yes □	no □
- Difficulty breathing or increased frequency of respiration (>20/min)	yes □	no □
- Anosmia (loss of sense of smell)	yes □	no □
- Ageusia (loss of sense of taste)	yes □	no □

Minor symptoms

- Sore throat	yes □	no □
- Rhinorrhoea (“runny nose”)	yes □	no □
- Pain in the thorax	yes □	no □
- Myalgias (“pain in muscles”, stiff muscles)	yes □	no □
- Change in the general state of wellbeing, or high level of fatigue	yes □	no □
- Confusion (“muddled thinking”, disorientation)	yes □	no □
- Cephalea (“headaches”)	yes □	no □
- Diarrhoea	yes □	no □
- Nausea and/or vomiting	yes □	no □
- Cutaneous eruption or chilblains/cracks on the fingers or hands	yes □	no □

Have you been in close contact (face to face, less than 1 metre and/or for more than 15 minutes, where neither you nor your contact were wearing masks) **within the last 15 days with a person who has tested positive for COVID?** **yes** □ **no** □

If you have answered “yes” to any of these questions, please contact the secretary responsible for making your appointment, mentioned at the top of your appointment notification letter.