












***Brief Screening Prior to in-person session**

Please remember that these questions ALSO apply to ALL OTHER members of your household:

1. Are you or anyone in your household experiencing any of the following symptoms:

-  **Fever or chills**
-  **Headache**
-  **Cough**
-  **New loss of taste or smell**
-  **Diarrhea**
-  **Sore throat**
-  **Fatigue**
-  **Congestion or runny nose**
-  **Muscle or body aches**
-  **Nausea or vomiting**
-  **Shortness of breath or difficulty breathing**

2. In the past 14 days, has anyone in your home been in contact with someone who tested positive for COVID or was recently exposed to someone believed to have COVID?
3. Is anyone in your home under quarantine or isolation?
4. Has anyone in your home traveled out of state in the past 14 days?

If a caregiver answered “yes” to any of the screening questions above, the session MUST be rescheduled, and the Caregivers SHOULD be encouraged to contact their healthcare provider.