

Agency's LOGO or delete

Northeast Illinois HMIS COVID-19 Assessment Supplemental

Head of Household / All HH Members

HMIS CLIENT ID#

PROJECT NAME

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Fill-in after ServicePoint Entry

CLIENT NAME

Full Name	
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Information Date		
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COVID-19 Screening Questions

Do you currently have a cough?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client Refused
Do you currently have a fever?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client Refused

High-risk individuals include those who are immunocompromised or who have an underlying condition/disease including but not limited to diabetes, COPD, asthma, severe obesity (BMI>=40), renal failure, liver disease, or are undergoing cancer treatment.

Do you currently have an underlying health condition or are otherwise immunocompromised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client Refused
Are you currently pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client Refused
Have you or someone you are with been diagnosed with COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client Refused

COVID-19 Survey Notes

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