

APPEN

SELF-ASSESSMENT TOOL C

Are you or any member of your household experiencing any of the foll

- severe difficulty breathing (e.g., struggling for each breath, speaking in single words)
- severe chest pain
- having a very hard time waking up
- feeling confused
- lost consciousness
- shortness of breath at rest
- inability to lie down because of difficulty breathing
- chronic health conditions that you are having difficulty managing because of your c
respiratory illness

Do you have any of the following?

- chills
- painful swallowing
- stuffy nose
- headache
- muscle or joint ache
- feeling unwell, fatigue or severe exhaustion
- nausea, vomiting, diarrhea or unexplained loss of appetite
- loss of sense of smell or taste
- conjunctivitis (pink eye)

Have you travelled outside of Alberta in the last fourteen days?

ADIX IV QUESTIONS

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