1. Have you had any symptoms of COVID-19? Common symptoms include fever, cough, and difficulty breathing. Other symptoms include chills, muscle pain, sore throat, headache, and loss of smell or taste.
   - Yes
   - No

2. Has a doctor or other health professional told you that you may have had COVID-19?
   - Yes, definitely
   - Yes, possibly
   - No

3. Have you had a positive test for COVID-19?
   - Yes
   - No

4. If you have had symptoms or a diagnosis or positive test, when your symptoms were at their worst, how bad or bothersome were they?
   - Mild
   - Moderate
   - Severe
   - Very severe
   - Does not apply (did not have symptoms, diagnosis or positive test)

5. Did any people living with you have symptoms or a diagnosis or a positive test for COVID-19? If you live in an apartment building or assisted, independent or nursing facility, please answer about your own apartment/unit.
   - Yes
   - No
   - I haven't lived with anyone else during the outbreak