



Return to ISU Campus Survey

Date: _____

Name: _____ Phone number: _____

Temperature: _____

1) Where have you been living the past 2 weeks?

2) Have you had any cough, chest tightness, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell in the past 2 weeks?

3) Have you been sick in the past 2 weeks in any other way?

4) Have you been around anyone with COVID-19?

5) Has anyone in your current living circumstance had fever, chills, cough, chest tightness in the past 2 weeks?

6) Have you been self isolating for the past 2 weeks? Y _____ N _____

a. If yes, have others in your living circumstances been self-isolating?

7) Under what other circumstances have you been exposed to other people over the past two weeks? e.g. grocery store, bar, church, etc.

8) Have you traveled anywhere in the past 2 weeks? If yes, where?