

# Intake Questionnaire

Have you travelled outside of the United States in the past 30 days?

过去 30 天有没有离开美国国境。

Yes       NO

Do you have following problem? 请填写以下问题

Fever/发热:  Yes       NO

Cough/咳嗽:  Yes       NO

Chills/发冷:  Yes       NO

Sore Throat/喉咙痛:  Yes       NO

Shortness of breath/呼吸困难:  Yes       NO

Nausea/恶心:  Yes       NO

Vomiting/呕吐:  Yes       NO

Diarrhea/腹泻:  Yes       NO

Abdominal Pain/腹痛:  Yes       NO

Headache/头痛:  Yes       NO

Muscle ache/肌肉痛:  Yes       NO