

SCREENING QUESTIONNAIRE ON THE NOVEL CORONA VIRUS, COVID-19 FOR STUDENTS AND STAFF OF IGBINEDION UNIVERSITY, OKADA

(To be completed and submitted on resumption)

A] Biodata.

1. NAME (Surname First):

2. AGE: i) less than 18 years []

ii) 18 to 64 years []

iii) 65 years and above []

3. GENDER:

i) Male []

ii) Female []

4a. STUDENTS:

i) Department:.....

ii) Level:.....

4b. STAFF:

i) Department:.....

ii) Academic [] Non-academic []

iii) Senior [] Junior []

B] SIGNS, SYMPTOMATOLOGY, TRAVEL AND MEDICAL HISTORY:

5. Do you currently have any of the following signs and symptoms?

i) Fever, chills or sweating Y[] N[]

ii) Aching through the body (muscle and joint pains) Y[] N[]

iii) Cough Y[] N[]

iv) Shortness of breath or difficulty in breathing Y[] N[]

iv) Sore throat Y[] N[]

v) Loss of sense of smell Y[] N[]

vi) Loss of taste sensation Y[] N[]

vii) Vomiting Y[] N[]

viii) Diarrhea Y[] N[]

6. Have you had any of these in the last two weeks?

- i) Fever, chills or sweating Y[] N[]
- ii) Aching through the body (muscle and joint pains) Y[] N[]
- iii) Cough Y[] N[]
- iv) Shortness of breath or difficulty in breathing Y[] N[]
- iv) Sore throat Y[] N[]
- v) Loss of sense of smell Y[] N[]
- vi) Loss of taste sensation Y[] N[]
- vii) Vomiting Y[] N[]
- viii) Diarrhea Y[] N[]

7. Have you travelled internationally in the last 2 weeks to 6 months? Yes [] No []

8. Have you travelled domestically to area endemic for COVID-19 in the last 2 weeks? Y[] N[]

9. Have you been residing in a place spreading with COVID-19 in the past 2 weeks? Y[] N[]

10. In the last 2 weeks what has been your exposure to someone confirmed with COVID-19?

- i) I live with someone who has covid-19. Y [] N []
- ii) I've had touch with someone who has COVID-19 (I was exposed within 2 metres of someone sick coughing and sneezing and spent at least 10 minutes within the exposure) Y [] N []
- iii) I've been near someone who has COVID-19 (I was at least 2 metres away and was not exposed to coughing or sneezing) Y [] N []

11. Have you been tested for COVID-19? Y [] N []

12. Have you been confirmed and diagnosed with COVID-19? Y [] N []

13. If yes to question 12, how many weeks ago?.....

14. Have you been treated for COVID-19? Y [] N []

15. What treatment modality did you utilize?

- i) Orthodox treatment at a medical and isolation facility. Y [] N []
- ii) Orthodox treatment at home isolation. Y [] N []
- iii) Unorthodox and home remedies like fruits and herbs at home isolation. Y [] N []

iv) I did not use any remedy or drugs, I just got better. Y [] N []

16. Have you been confirmed negative for COVID-19? Y [] N []

17. Do you have any of these medical conditions? Please tick as much as it applies to you.

i) Hypertension. Y [] N []

ii) Diabetes. Y [] N []

iii) Heart failure. Y [] N []

iv) Liver diseases. Y [] N []

v) Kidney disease. Y [] N []

vi) Have had Dialysis. Y [] N []

vii) Lung diseases like Asthma, bronchitis and tuberculosis. Y [] N []

viii) Retro viral diseases like HIV. Y [] N []

ix) Sickle cell disease. Y [] N []

x) Cancers. Y [] N []

xi) Obesity. Y [] N []

xii) Pregnancy. Y [] N []

xiii) None of the above. Y [] N []