APPENDIX C-3

APPENDIX 3 - SARS RISK FACTOR SCREENING TOOL

Patient Name/Information

Date	nit
SECTION A: SARS Symptoms	
Are you experiencing any of the following symptoms?	
 New / worse cough (onset within 7 days) OR 	NO YES
 New / worse shortness of breath (worse than you) 	nat is normal for NO YES

SECTION B: Temperatur	8			
Are you feeling feverish, had shakes or chills in the last 24 hours?		NO	YES	If yes to symptoms in Sections A or B record
RECORD	Is the temperature above 38°C?	NO	YES	temperature

SEC	TION C: SARS Contact History			
1.	Have you had contact with a person with SARS while not wearing protection against SARS in the 10 days prior to onset of this illness?	NO	YES	
2	Have you been in a healthcare facility designated as Category 2 or 3 in the last 10 days prior to onset of this illness? (insert facility)	NO	YES	
3.	Has Public Health asked you to be in home quarantine or isolation in the 10 days prior to onset of this illness?	NO	YES	
4.	Have you been to any of the following SARS affected areas in the last 10 days? (facility to insert areas)	NO	YES	If yes, identify area?

1	Have you, or a member of your household or someone you have had close contact with, traveled within the last 30 days to China?	NO	YES	If yes, identify area? Who?
2.	Have you been admitted to a hospital* in the 10 days prior to the onset of this illness?	NO	YES	If yes, name facility:
3.	Does anyone in your household, or a close contact, have fever or pneumonia?	NO	YES	If yes, who?
4.	Are you a healthcare worker with direct patient contact in a healthcare facility?	NO	YES	If yes, where?
5.:	Do you live in a nursing home* that has had a respiratory infection outbreak in the 10 days prior to the onset of your illness?	NO	YES	If yes, name facility.

Patient Signature

Interviewer Signature

Nurse Signature (required if admitted)

"Only facilities in Toronto, York, Durham regions of Ontario or Taiwan, Singapore or Hong Kong are considered as positive Risk Factore

DIRECTIVE: Acute Care-Outbreak

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