**SBNC Screening Checklist**

Please review the following check list immediately prior to departing for your scheduled visit in the Sleep and Behavioral Neuroscience Center (SBNC). You will be asked these screening questions when you arrive at Western Psychiatric Hospital / Thomas Detre Hall, and your temperature may be checked.

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| --- | --- | --- | --- |
| Do you or have you recently had a **fever** (Temperature ≥ 99.5° F)? | |  |  Yes  No |
| Do you have any of the following? | |  |  |
|  | **Shortness of breath** |  |  Yes  No |
|  | **Cough** |  |  Yes  No |
|  | **Fatigue or much more tired than usual** |  |  Yes  No |
|  | **Runny Nose** |  |  Yes  No |
|  | **Loss of sense of smell** |  |  Yes  No |
|  | **Loss of sense of taste** |  |  Yes  No |
|  | **Diarrhea or stomach upset** |  |  Yes  No |
|  | **Chest tightness or pain** |  |  Yes  No |
|  | **Muscle aches** |  |  Yes  No |
|  | **Headache** |  |  Yes  No |
|  | **Sore throat** |  |  Yes  No |
| In the last 14 days have you been in contact with anyone diagnosed with or likely to have COVID-19? | |  |  Yes  No |
| In the last 14 days have you been in a COVID-19 Red Area (Strict Stay at Home Order in Place)? | |  |  Yes  No |

If you answered **Yes** to any of these screening questions, please stay home, contact your primary care physician, and call your Research Coordinator and/or the SBNC at 412-246-6421.

If you answered **No** to all of the questions, please review the Infection Control Guidelines which will apply to your appointment at the SBNC.