

Samodzielny Publiczny Szpital Kliniczny Nr 1 w Lublinie	WYTYCZNE W ZAKRESIE DZIAŁAŃ MAJĄCYCH NA CELU ZAPOBIEGANIE ROZPRZESTRZENIANIA SIĘ ZAKAŻEŃ WYWOŁANYCH WIRUSEM SARS-CoV-2 W ŚRODOWISKU SZPITALNYM SPSK Nr 1	Strona 1 z 1
		WYDANIE IV
data obowiązywania 13.05.2021		
data obowiązywania WYDANIA I 01.06.2020		
Dział Epidemiologii	Załącznik Nr 1	

**QUESTIONNAIRE FOR PATIENTS
TRIAGE IN CORONAVIRUS SARS-CoV-2 DIRECTION**

.....
patient's data: name and surname, social security number

.....
phone number

- During the last 14 days, have you had close contact with a person who has been confirmed to be infected with coronavirus SARS-CoV-2? (circle as appropriate with "X").
 YES NO
 If yes, then when (date or time frame from – to)
- During the last 14 days, have you had contact with a quarantined person? (circle as appropriate with "X").
 YES NO
- During the last 14 days, did you have the swab taken for diagnosis of an infection caused by SARS-CoV-2? (circle as appropriate with "X")
 YES, test date NO
- During the last 24 hours, have you had any of the following symptoms? (circle as appropriate with "X").

body temperature min. 38 ⁰ C	YES <input type="checkbox"/>	NO <input type="checkbox"/>
cough	YES <input type="checkbox"/>	NO <input type="checkbox"/>
shortness of breath	YES <input type="checkbox"/>	NO <input type="checkbox"/>
taste disorder	YES <input type="checkbox"/>	NO <input type="checkbox"/>
smell disorder	YES <input type="checkbox"/>	NO <input type="checkbox"/>
other, e.g. diarrhoea, sore throat	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- During the last 24 hours, have you take any painkillers? (circle as appropriate with "X").
 YES NO

- Body temperature and saturation on the day of the visit (measurement done by SPSK 1 worker):

patient's ⁰ C	SaO2%
patient's parent / caregiver* ⁰ C	*circle as appropriate or ND (not applicable)

- Did you take a vaccination for prevention of infection COVID-19? (circle as appropriate with "X").
 YES NO
 If yes, then the date of vaccination: 1st 2nd

.....
date and signature of a worker collecting the interview

.....
date and legible signature patient / parent / caretaker*

*mark as appropriate

I, undersigned below, declare that i have knowingly provided the above information and I am responsible for compliance with the facts.