qualtrics XM

Daily Symptom Check

This is a daily symptom check. Based on your responses, you will either be approved to come to school, or you will be directed to follow other procedures.

By completing the survey and submitting your responses, you agree that the information collected can be used by the school to provide a safe environment for all. The data will be used solely to determine if you should attend / come to school at this time and will be kept confidential.

Please present this printed survey to the front desk when you arrive at the school.

1. To start, please provide your email. If filling this out on behalf of a student, please provide the primary parent email that the school has on file.

   ○ Email ____

2. Please choose the statement that best describes you:

   ○ Current Student

   ○ Teacher/Substitute

   ○ Parent/Guardian

   ○ Maintenance Contractor/Vendor

   ○ Alumnus/Alumna

   ○ Other Family Member of a Current Student

   ○ Other: ____

© 2020 Qualtrics®

3. Please enter the details:
If you are filling this for a student, please enter the student details.

- First Name ________________________________
- Last Name ________________________________

4. Please select the student grade:

- Kindergarten
- Grade 1
- Grade 2
- Grade 3
- Grade 4
- Grade 5
- Grade 6
- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12

© 2020 Qualtrics®

5. Do you plan to come to school in person today?

   ○ Yes

   ○ No

6. This is a daily symptom check. Based on your responses, you will either be approved to report to the District, or you will be directed to follow other procedures.

   By completing the survey and submitting your responses, you agree that the information collected can be used by the District to provide a safe environment for you and other employees and students. The data will be used solely to determine if you should attend school at this time and will be kept confidential.

   ○ Yes, I consent

   ○ No, I decline

7. If you wish to receive the link of daily symptom check survey through text messages on your phone, then please enter the dial-in code followed by your phone number.

   ☐ Yes, I would like to receive future invites as text messages on my cell phone. Please enter your US cell phone number. (Please enter only numbers without spaces or any characters). ________________________________

© 2020 Qualtrics®

8. Do you have any of the following symptoms that are not caused by another condition? (Please select all that apply.)

- ☐ Shortness of breath or difficulty breathing
- ☐ Fever (temperature 100.4 F or greater) or chills
- ☐ Cough
- ☐ Recent loss of taste or smell
- ☐ Congestion or runny nose
- ☐ Sore throat
- ☐ Muscle or body aches
- ☐ Headache
- ☐ Unusual fatigue
- ☐ Nausea or vomiting
- ☐ Diarrhea
- ☐ None of the above

© 2020 Qualtrics®

9. Do any of the following statements apply to you? (Please select all that apply.)

- ☐ Been in close contact with someone who has tested positive for COVID-19
- ☐ Told by a public health or medical professional to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection
- ☐ Had a positive COVID-19 test for active virus in the past 10 days
- ☐ None of the above

© 2020 Qualtrics®