

## History of COVID survey

**Who took this survey:**

\_\_\_\_\_ Mother    \_\_\_\_\_ Father    \_\_\_\_\_ Both Parents    \_\_\_\_\_ Patient

		<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>1</b>	Has the patient ever had a <b>POSITIVE</b> test for COVID-19?			
<b>2</b>	Was the patient ever diagnosed with COVID-19 by a medical professional?			
<b>3</b>	Was the patient ever tested due to symptoms of COVID-19?			
<b>4</b>	Was the patient ever tested for COVID-19 but had <u>NO</u> symptoms?			
<b>5</b>	Was the patient hospitalized overnight for COVID-19 (exclude ER visit)?			