

# Hemodialysis Patient Screening Questionnaire for Influenza-like Illness/COVID-19 (Traditional Chinese)

► Please complete for every patient at every HD visit prior to the patient's entry into the HD unit.

## PATIENT INFORMATION LABEL

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

PHN: \_\_\_\_\_

Date: \_\_\_\_\_

On arrival, ask the patient each of the following 5 questions:

| 患者是否有以下情況:<br>Does the patient:  | 是<br>Yes | 否<br>No | 工作人員簡簽<br>Staff Initial |
|--|----------|---------|-------------------------|
| 1. 體溫是否超過37.5度或自我檢驗呈發燒症狀?<br>Have a temperature $\geq 37.5$ or self-reported fever?  |          |         |                         |
| 2. 是否有喉嚨痛? Have a sore throat?   |          |         |                         |
| 3. 是否有新的或惡化的咳嗽症狀(與正常基準相比)?<br>Have a new or worsening cough (compared to their baseline)?  |          |         |                         |
| 4. 是否有呼吸困難/呼吸急促的症狀(與正常基準相比)?<br>Have difficulty breathing/shortness of breath (compared to their baseline)?                                      |          |         |                         |
| 5. 是否在過去的14天內與已確診或疑似患有新型冠狀病毒(COVID-19)的人有過密切接觸? Report close contact with a known or suspected COVID-19 positive person within the past 14 days? |          |         |                         |

在篩查過程中,患者是否提到以下其他症狀(請選擇所有適用症狀):

During the screening process, did the patient mention any other symptoms (check all that apply):

- |  |  |
|--|--|
| 肌肉痛 Myalgia <input type="checkbox"/>                           | 腹痛 Abdominal pain <input type="checkbox"/>               |
| 不適 Malaise <input type="checkbox"/>                            | 腹瀉 Diarrhea <input type="checkbox"/>                     |
| 頭痛 Headache <input type="checkbox"/>                           | 噁心/嘔吐 Nausea/vomiting <input type="checkbox"/>           |
| 打噴嚏 Sneezing <input type="checkbox"/>                          | 味覺或嗅覺喪失 Loss of taste or smell <input type="checkbox"/>  |
| 流鼻涕/鼻塞<br>Runny nose/nasal congestion <input type="checkbox"/> | 胃口欠佳<br>Loss of appetite <input type="checkbox"/>        |
| 發冷 Chills <input type="checkbox"/>                             | 其他新症狀(請具體說明) _____<br>Other new symptom (Please specify) |

► If the answer to at least 1 question above is "yes", please place the form in the designated box.