

Hemodialysis Patient Screening Questionnaire for Influenza-like Illness/COVID-19 (Tagalog)

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

Date: _____

PATIENT INFORMATION LABEL

Name: _____

Address: _____

Phone: _____

Date of Birth (MM/DD/YYYY): _____

PHN: _____

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

Ang pasyente ba ay: Does the patient:	Oo/Mayroon Yes	Hindi/Wala No	Staff Initial
1. May temperaturang ≥ 37.5 o lagnat na sariling nireport? Have a temperature ≥ 37.5 or self-reported fever?			
2. May masakit na lalamunan? Have a sore throat?			
3. Mayroong bago o lumalalang ubo (kumpara sa kanyang baseline)? Have a new or worsening cough (compared to their baseline)?			
4. Nahihirapang huminga/may pangangapos ng hininga (kumpara sa kanyang baseline)? Have difficulty breathing/shortness of breath (compared to their baseline)?			
5. Nagreport na nalapit siya sa loob ng nakaraang 14 araw sa isang taong nalalamang COVID-19 positive, o sinusupetsahang COVID-19 positive? Report close contact with a known or suspected COVID-19 positive person within the past 14 days?			

Nang isinasagawa ang screening process, may binanggit ba ang pasyente na anumang iba pang mga sintomas (lagyan ng check ang lahat ng umaaplay): During the screening process, did the patient mention any other symptoms (check all that apply):

Pananakit ng mga kalamnan Myalgia

Pagkabalisa Malaise

Pananakit ng ulo Headache

Pagbahing Sneezing

Tumutulong ilong/baradong ilong Runny nose/nasal congestion

Nilalamig Chills

Pananakit ng tiyan Abdominal pain

Pagkasira ng tiyan Diarrhea

Alibadbad/pagsusuka Nausea/vomiting

Kawalan ng panlasa o pangamoy Loss of taste or smell

Kawalan ng ganang kumain Loss of appetite

Ibang bagong sintomas (Mangyaring tukuyin) _____
Other new symptom (Please specify)

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