QUESTIONNAIRE FOR THE DIAGNOSE OF SUSPECTED CASES BY COVID-19 INFECTION AT UNIVERSIDADE DE LISBOA

This data will only be used for contacts vigilance and outbreak prevention purposes	
NAME:	
INSTITUTION:	
WORKPLACE:	
POSITION (worker; student, co-worker; researcher; other):	
E-MAIL:	
PHONE NUMBER:	
1. Do you have any symptom of acute respiratory infection, coughing, fever or shortnes breath/difficulty breathing?	s of
Yes No No	
2. Have you travelled to areas with active transmission (China, South Korea, Japan, Singapore, and some regions in Italy) in the last 14 days?	Iran
Yes No	
3. If so, please indicate the following:	
• Identification of the place where you travelled	
• Date and time of arrival	
•Route trip: From To	
4. Have you travelled with co-workers who may have been subjected to risks of contagion COVID-19 infection in the last 14 days before the emergence of symptoms?	n by
Yes No	

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5.	Have you or could you have had any contact with subjects confirmed or likely to be infected with COVID-19 (at work, scientific or other meetings) in the last 14 days before the emergence of symptoms?
	Yes No
6.	Were you present at any event (congresses, seminars or others) that, due to the involvement or high accumulation of international participants, may have constituted a COVID-19 outbreak in the last 14 days before the onset of symptoms?
	Yes No
7.	Did you attend any healthcare unit (for example, hospital), in the 14 days before the onset of the symptoms, where cases of infirms infected by COVID-19 were reported?
	Yes No
8.	Did you attend airports, airport facilities, ships or any other places in which contact with subjects confirmed or likely to be infected with COVID-19 is susceptible, 14 days before the onset of symptoms?
	Yes No
9.	Do you have a family member or someone or a close acquaintance who has returned from regions with active transmission of COVID-19 and has developed symptoms of the infection (fever, coughing or difficulty breathing) in the last 14 days before the onset of symptoms?
	Yes No