

Questionnaire for Risk Assessment and Early Detection

The Health Authority of the Autonomous Region of Madeira is monitoring the risk associated with the disease caused by the novel Coronavirus (COVID-19). Thus, we request your collaboration in completing this survey.

If you answer YES to at least 1 epidemiological criterion and 1 clinical criterion or you have identified the severe clinical criterion listed below), there is a risk that requires further evaluation by a health professional.

Please contact the SRS24 Madeira helpline immediately - 800 24 24 20.

Maintain the isolation until validation of the suspicion and guidance by the professionals of this service. Inform an assistant, avoiding physical contact with other people.

If you do NOT meet these criteria, you should only maintain general protection measures.

If you answered YES to only 1 epidemiological criterion, you must maintain self-surveillance.

If you develop the symptoms below (clinical criteria), you should contact the SRS24 Madeira line immediately.

Remember that the reinforcement of hand hygiene and the respiratory etiquette are determinant for the prevention and control of infection.

After filling out, this questionnaire must be sent to the regional health authority (*e-mail* indicated in the footer).

Name: _____

Gender: ☐ Female ☐ Male ☐ Other

Date of Birth: ____/____/____

Date of response to the questionnaire: ____/____/____

Health Number (if available): _____ **Personal Contact:** _____

CRITERIA	RESPONSE	
EPIDEMIOLOGICAL CRITERIA		
Having stayed OR lived in areas with so-called presumed community transmission*, in the last 14 days	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Contact with a confirmed or probable case of SARS-CoV-2 infection or COVID-19, in the last 14 days.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CLINICAL CRITERIA		
Acute respiratory infection: Cough OR Fever OR Shortness of breath	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SEVERE CLINICAL CRITERIA, WITHOUT OTHER CAUSE		
Severe acute respiratory infection, requiring hospitalization, without other etiology (cause)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date of onset of the symptoms: ____/____/____		

* Areas with active transmission in the community (Date: 09/03/2020, see updates by the Portuguese Health Authorities¹):

- Asia – China, South Korea, Japan, Singapore
- Middle East – Iran
- Europe – Italy

¹ <https://www.dgs.pt/pagina-de-entrada3/corona-virus/organizacoes-internacionais.aspx>