

# SUPPLEMENTAL HEALTH QUESTIONNAIRE

## Orthodontic Treatment in the Era of COVID-19

1. Fever (*defined as above 99.6 degrees*)?
2. Muscle or body aches?
3. Nausea, vomiting or diarrhea?
4. Cough or shortness of breath and/or trouble breathing?
5. Persistent pain, pressure, or tightness in the chest?
6. Loss of taste or smell?
7. Have you, your child, others accompanying you to today's appointment or anyone you have recently been in contact with tested positive for or been diagnosed as having COVID-19 or any other communicable disease?
8. Have you traveled out of the state or internationally in the past 14 days?