EPINET
Early Psychosis Intervention Network

Client ID # ______________________________   Date of Administration: ___________________________

COVID-19 SUPPLEMENT

CLIENT SELF-ADMINISTERED OR CLINICIAN-ADMINISTERED

1. Since March 2020, have you had COVID-19 related symptoms like a cough, fever, shortness of breath or difficulty breathing?

○ Yes
○ No

2. Have you been tested for the coronavirus?

○ Yes
○ No → ***Skip to Q4***

3. What was the result?

Select one.

○ I have been tested and I tested positive (I had/have coronavirus)
○ I have been tested and I tested negative (I did not have coronavirus)
○ I have been tested and I do not know the result

4. Did you receive a coronavirus vaccine?

○ Yes, I have received one or both vaccine shots
○ No