APPENDIX A: HOME ISOLATION SUITABILITY SCREENING

1. Do you live alone?
   a. If no, who do you live with?
   b. If no, is there a room in your house that you could isolate in?
      i. If no, patient is not eligible for home isolation or quarantine
   c. If no, is there a private bathroom that could be used by only you?
      i. If no, assess capacity to clean before/after use

2. Are you able to live independently or do you require a caregiver?
   a. If a caregiver is required, assess caregiver’s willingness to comply with cleaning and PPE restrictions.

3. Do you have the ability to prepare your own food?
   a. If yes, do you have food at your home or will you need more?
   b. If no, identify resources, such as family, friends, delivery, that may be available to provide patient with food.

4. Do you have pets that require care from other people?
   a. If yes, do you have enough pet supplies and medications?
   b. If pet requires veterinary visit or an external caregiver, assess whether arrangements can be made without violating isolation or quarantine orders

5. Do you require any medications?
   a. If yes, do you have enough medication at home or mail delivery available?
   b. If patient requires medications, contact the physician to find out if arrangements can be made to deliver/administer necessary medications

6. Are there people in your household who are 65 years old or older, young children, pregnant women or people who may have chronic medical conditions or those who are immunocompromised?
   a. If yes, emphasize importance of self-isolation