



## APPENDIX A: HOME ISOLATION SUITABILITY SCREENING

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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*