

## ARIAS Release Notes

System Update – Monday, August 15, 2022

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Questions? Contact your Organization Administrator or [ARIAS.Support@odhsoha.oregon.gov](mailto:ARIAS.Support@odhsoha.oregon.gov)  
8/15/2022

## Updates to English Content in Assessments and Survey

Content within the COVID-19 symptom monitoring assessments and final end of monitoring survey have been updated to reflect plain language guidelines. The new content is easier to understand.

- Wording in the initial symptom monitoring assessment and ongoing daily symptom monitoring assessment have been updated
- Wording in the final, end of monitoring survey have been updated
- Text and email communication surrounding the symptom monitoring assessment and final survey have been updated

### COVID-19 Daily Symptom Monitoring

1. Do you have any of these symptoms? Please check all that apply.

None

Shortness of breath

Loss of smell or taste

Cough

Fever

Temperature (please specify):

Other symptoms

2. If you have other symptoms, please describe below.

3. When did you first start noticing symptoms? Please enter the date as MM/DD/YYYY or choose the date by clicking the calendar button below.

MM/DD/YYYY



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