

**A.3**

**CHILD DIRECTED QUESTIONNAIRE (for self-report by a child)**

This questionnaire should only be used in **exceptional cases** where it was not possible to obtain information from a parent or caregiver of child upon entry onto the premises.

Parents need to be informed in advanced that if their child arrives unaccompanied (without someone that knows the child well enough to answer the questions) that the early childhood development programme or school (Grade R and pre-Grade R) will administer this questionnaire.

**PREPARATION FOR THE STAFF MEMBER, ADMINISTERING THE QUESTIONS WITH THE CHILD**

1. Please note that this questionnaire is quite long, and it will take quite some time to answer all the questions. Young children will not be able to concentrate for such a long time. It is therefore important that you are well prepared and follow the instructions.
2. You do not have to ask all the questions.
3. Find a private place to engage with the young child. Remember you are asking personal health-related questions which are private.
4. Make sure that the child is comfortable before you start the engagement.

**INSTRUCTIONS:**

When **not to use** this questionnaire or process:

- (a) If the **Entry Screening Questionnaire** (A.2) was done with a parent and child, then this questionnaire must not be done again.
- (b) If you observe **two or more obvious physical signs of illness**, there is no need to administer this questionnaire. These signs need to be noted down and reported.
- (c) Not to be used with a child younger than 3 years.

**HOW TO USE THE QUESTIONS:**

- (a) Firstly, the questions are a guide. You may adapt it for the specific context and age of a child.
- (b) Ask/ translate the question into a *language that a child understands*.
- (c) Please note that the questionnaire should be done in a **conversational manner** with the child, adjusting the language to be *age appropriate* and *non-threatening*. Expect that it may take longer than usual. Do **not** rush through the questions.
- (d) *Change the order* of the questions every morning.
- (e) This questionnaire may not be administered in a group (with two or more children).
- (f) Remember it remains a **self-report questionnaire** (adapted for a child to self-report) and should not be used as health diagnosis in any manner.

**HOW TO SELECT THE QUESTIONS:**

- (a) Young children will simply not be able to concentrate long enough for you to ask all the questions. Therefore, you need to select questions based on your observations of the child and the responses that the child gives.
- (b) Remember, you are doing a simple screening, and **not a diagnosis**.
- (c) Use the following guide for asking the key questions

<b>General Question</b>	<b>Required:</b> Always start with this question, as it may assist to direct you to the follow-up questions to ask	
Section B: <b>Fever</b>	<b>Required</b> only if the child's temperature is NOT taken with a thermometer upon arrival.	<b>Fever</b> is one of the most <i>common symptoms</i> associated with COVID-19. Thus, it is important to screen.(Source: WHO)

Section C: <b>Coughing</b>	<b>Required</b>	<b>Dry cough</b> like Fever is one of the most <i>common symptoms</i> associated with COVID-19. (Source: WHO)
Section D: <b>Tiredness</b>	<b>Required</b>	<b>Tiredness</b> is also one of the most <i>common symptoms</i> associated with COVID-19. (Source: WHO)
Section E: <b>Sore throat</b>	Only ask if: (a) You observe symptoms related to a sore throat; or (b) If the child's response in <b>General Question</b> indicated symptoms of a sore throat; or (c) If the child's response in Sections B, C or D, indicated symptoms of a sore throat.	
Section F: <b>Difficulty breathing</b>	Only ask if: (a) You observe symptoms related to difficulty breathing; or (b) If the child's response in <b>General Question</b> indicated symptoms of difficulty breathing; or (c) If the child's response in Sections B, C or D, indicated symptoms of difficulty breathing.	<b>Please note that this remains a serious symptom. So please be observant for any signs.</b>
Section G: <b>Loss of taste</b>	Only ask if: (a) You observe symptoms related to a loss of taste; or (b) If the child's response in <b>General Question</b> indicated symptoms of a loss of taste; or (c) If the child's response in Sections B, C or D, indicated symptoms of a loss of taste.	
Section H: <b>Loss of smell including nasal congestion</b>	Only ask if: (a) You observe symptoms related to a loss of smell; or (b) If the child's response in <b>General Question</b> indicated symptoms of a loss of smell; or (c) If the child's response in Sections B, C or D, indicated symptoms of a loss of smell.	

The following is a child-friendly adaption of the Department of Health's suggested questions.

**BEFORE YOU START, please read the following carefully:**

- It is important that you keep in mind the age and abilities of the young child, particularly with regards to the questions and content.
- Adjust and repeat questions and concepts **until you are certain that the child comprehends the question(s)**. If the child does not understand what is being asked or interprets a question incorrectly, the response of that child may lead to an **unintended false response**. If under any circumstances you believe,

based on your experience working with young children that the child’s answer is not correct, because he or she is not able to understand the question and respond to it, *do not weigh that question’s answer as a YES* (positive for a risk). Rather move to the next question.

- Observe and keep in mind the context and situation in the period before you start questioning the child. For example, if a child had to run, even a short distance to the early childhood development programme or school, he or she may answer questions about fever or being tired ‘correctly’, but his or her answer(s) has no relevance to the symptoms associated with COVID-19, because he or she may be tired and warm and sweating because of the running.

## EXPLANATION TO THE CHILD

Welcome. I have to check whether you are ok. We need to know more about your health and that it is okay for you to be playing with your friends today. We usually check this information with your mom or dad [or other person that usually brings the child to school – staff member should know who this is]. Is it ok if I ask you the questions?

ENGAGEMENT WITH THE CHILD	GUIDANCE AND PROMPT	CROSS REFERENCE to Department of Health guideline questions <i>Do not ask the questions as they appear in this column.</i>
<b>A. GENERAL</b> Required Always start with this question		
<p><b>Now, tell me, how are your body feeling this morning?</b></p> <p><b>Important:</b> If the child responds that he or she feels ok, proceed with the questions. However, if the child indicates any of the following, go to that Section of questioning first, and then return to A.</p> <ol style="list-style-type: none"> <li>1. Indication of <b>fever</b>, go to Section B.</li> <li>2. Indication of <b>coughing</b>, go to Section C, and then return to other areas.</li> <li>3. Indication of <b>sore throat</b>, go to Section D, and then return to other areas.</li> <li>4. Indication of <b>difficulty breathing</b>, go to Section E, and then return to other areas.</li> <li>5. Indication of <b>feeling weak or tired</b>, go to Section F, and then return to other areas.</li> <li>6. Indication of <b>loss of taste</b>, go to Section G, and then return to other areas.</li> <li>7. Indication of <b>loss of smell</b>, go to Section H, , and then return to other areas.</li> </ol>	<p>Await response. Listen carefully to the response as he or she already may indicate other symptoms now, if it is present. . Also note if the child refers to symptoms such as:</p> <ul style="list-style-type: none"> <li>• having a tummy ache</li> <li>• feeling nauseous/ sick</li> <li>• runny tummy / diarrhea</li> <li>• headache</li> <li>• generally, not feeling well</li> </ul> <p>These are not the symptoms that are being screened but may be symptoms associated with COVID-19. If any of the above is present place the child in isolation, then Risk = <b>NO</b> <u>Do inform the class teacher or practitioner to continue to observe the child during the day.</u></p>	
<b>B. FEVER</b> Required ONLY if the child’s temperature is NOT taken with a thermometer upon arrival.		
<p><b>Does your body feel warmer than usually?</b></p> <p style="text-align: right;"><b>PROMPT:</b></p>	<p>Also observe how warmly the child is dressed, as it may influence the answer, for example additional layers of clothing</p>	<p>DOH question. Do not ask. Only indicated as cross reference.</p>



ENGAGEMENT WITH THE CHILD	GUIDANCE AND PROMPT	CROSS REFERENCE to Department of Health guideline questions <i>Do not ask the questions as they appear in this column.</i>								
b. <i>Is it a cough that feels as if there is a tickle at the back of your throat and it burns when you cough?</i>	If YES, it is a sign associated with a <b>dry cough</b> . Risk = <b>YES</b> <b>Prompt for more detail to confirm</b>									
<i>Proceed to Section D</i>		<table border="1"> <tr> <th colspan="4" data-bbox="1179 472 1481 520">RISK (mark with X)</th> </tr> <tr> <td data-bbox="1179 520 1255 577">YES</td> <td data-bbox="1255 520 1330 577"></td> <td data-bbox="1330 520 1406 577">NO</td> <td data-bbox="1406 520 1481 577"></td> </tr> </table>	RISK (mark with X)				YES		NO	
RISK (mark with X)										
YES		NO								
<b>D. WEAK AND TIRED</b> Required										
<b>How strong do you feel today?</b>	Await response	DOH question. Do not ask. Only indicated as cross reference  <i>Do you feel weak and tired today?</i>								
<b>Did you feel just as strong yesterday?</b>	If YES ( <i>means NO risk</i> ), proceed to <b>Section E</b> .									
PROMPT: <b>Do you feel stronger or a bit tired?</b>	If NO, prompt									
PROMPT: <b>Now I wonder why you feel a bit tired this morning</b>	If STRONGER ( <i>means NO risk</i> ), proceed to <b>Section E</b> .									
PROMPT: <b>Now I wonder why you feel a bit tired this morning</b>	If TIRED ( <i>possible risk</i> ), prompt as this may not be related to illness or symptoms.									
PROMPT: <b>How tired does your body feel?</b>	<b>Listen to response</b> and if it is due to external factors such as baby crying in the house, noise, struggle to sleep, having nightmares. Risk = <b>NO</b> . Proceed to <b>Section E</b>									
PROMPT: <b>How tired does your body feel?</b>	If not, and related more to the body, prompt further.									
PROMPT: <b>How tired does your body feel?</b>	Show the <b>Picture Card D1</b> with the 4 pictures for the child to indicate									
a. It feels like after you have been running around a lot and cannot run anymore	If YES, Risk = <b>YES</b>									
b. I feel so heavy it is like I am dragging my legs and body around <u>with heavy bricks</u> . I just don't want to walk, talk or do anything	If YES, Risk = <b>YES</b>									
c. A little nap would make me feel better	If YES, Risk = <b>NO</b>									
d. Having some food will make me feel stronger	If YES, Risk = <b>NO</b>									
<i>Proceed to Section E if necessary</i>		<table border="1"> <tr> <th colspan="4" data-bbox="1179 1428 1481 1476">RISK (mark with X)</th> </tr> <tr> <td data-bbox="1179 1476 1255 1533">YES</td> <td data-bbox="1255 1476 1330 1533"></td> <td data-bbox="1330 1476 1406 1533">NO</td> <td data-bbox="1406 1476 1481 1533"></td> </tr> </table>	RISK (mark with X)				YES		NO	
RISK (mark with X)										
YES		NO								
<b>E. SORE THROAT</b> Only ask if:										

ENGAGEMENT WITH THE CHILD	GUIDANCE AND PROMPT	CROSS REFERENCE to Department of Health guideline questions <i>Do not ask the questions as they appear in this column.</i>				
(a) You observe symptoms related to a sore throat; or (b) If the child's response in the <b>General Question</b> indicated symptoms of a sore throat; or (c) If the child's response in Sections B, C or D, indicated symptoms of a sore throat.						
<b>Show me where your throat is?</b>	This is important to ask as to ascertain whether the child knows what you refer to when you continue with the questions. If child does not know, show him or her by pointing towards your own throat	DOH question. Do not ask. Only indicated as cross reference <i>Do you have a sore throat?</i>  <b>RISK (mark with X)</b> <table border="1" data-bbox="1179 1146 1481 1199"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>	YES		NO	
YES			NO			
<b>How is your throat feeling this morning?</b>	Show the <b>Picture Card E1</b> with the 5 pictures for the child to indicate					
a. Just like yesterday	If YES, Risk = <b>NO</b>					
b. It will feel better if I had a drink of water	If YES, Risk = <b>NO</b> . Some children would not have had breakfast before coming to school and could just have a dry throat that can hurt until they have a drink					
c. Feels as if I drank a hot drink like tea ... that was too warm.	If YES, Risk = <b>YES</b>					
d. It hurts a when I swallow [you can prompt. a little or a lot]	If YES, Risk = <b>YES</b>					
e. It burns like a hot fire	If YES, Risk = <b>YES</b>					
Proceed to <b>Section F</b> if necessary, based on question selection for the day						
<h2>F. DIFFICULTY BREATHING</h2> <p><b>Only ask if:</b>                      (a) You observe symptoms related to difficulty breathing; or                      (b) If the child's response in the <b>General Question</b> indicated symptoms of difficulty breathing; or                      (c) If the child's response in Sections B, C or D indicated symptoms of difficulty breathing.</p>						
<b>Let's take a deep breath and fill our body with fresh air. When I count to three the two of us are going to blow out all the air. Breathe in all the way, 1-2-3... and blow out. Wasn't that nice to breathe in some fresh morning air.</b>	Do with the child. Observe breathing of child. Please do this with your mask on and ask the child to blow the air away from you both.  <b>If the child starts coughing directly after breathing out, it indicates respiratory difficulties and the rest of the questions doesn't have to be asked.</b> <b>This will be a HIGH-RISK indication</b>	DOH question. Do not ask. Only indicated as cross reference <i>Do you have difficulty breathing (shortness of breath)?</i>				
<b>How does it feel when you breathe?</b>	Ask the child to show thumb up if it feels ok when he or she breathes) and thumb down (if he or she has difficulty breathing). If <b>thumb down</b> (possible risk) or the					
<b>PROMPT:</b>						

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<b>Look at the pictures and tell me how it feels to breathe</b>	observation with breathing indicates concern, prompt further  Show the <b>Picture Card F1</b> with the 4 pictures for the child to indicate <b>NOTE – the child can choose MORE THAN ONE OPTION</b>					
a. It is hard to breathe, as if someone has put a pillow over my nose and mouth that makes it difficult to breathe	<b>Difficult breathing.</b> Risk = <b>YES</b>					
b. It feels as if I have no breath. The air doesn't want to go into my chest just like something is closing my throat.	<b>Pressure on chest.</b> Risk = <b>YES</b>					
c. It feels as if someone is sitting on my chest	<b>Shortness of breath.</b> Risk = <b>YES</b>					
d. My chest feels sore when I breathe	<b>Chest pain.</b> Risk = <b>YES</b>					
<p><i>Proceed to <b>Section G</b> if necessary, based on question selection for the day</i></p>		<p style="text-align: center;"><b>RISK</b> (mark with <b>X</b>)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px;"><b>YES</b></td> <td style="width: 30px; height: 20px;"></td> <td style="padding: 2px;"><b>NO</b></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>	<b>YES</b>		<b>NO</b>	
<b>YES</b>		<b>NO</b>				
<b>G. LOSS OF TASTE</b>						
<p><b>Only ask if:</b></p> <p>(a) You observe symptoms related to a loss of taste; or</p> <p>(a) If the child's response in <b>General Question</b> indicated symptoms of a loss of taste; or</p> <p>(c) If the child's response in Sections B, C or D, indicated symptoms of a loss of taste.</p>						
<b>What is your favourite food?</b>	Await response	DOH question. Do not ask. Only indicated as cross reference <i>Can you taste food and drinks normally?</i>				
<b>What does/ did it taste like?</b>	Await response					
	First check whether the child has eaten something in the morning or drank something, before you ask the follow-up question.					
<b>Do things taste the same this morning as it always does?</b>	If <b>YES</b> , Risk = <b>NO</b> If <b>NO</b> ( <i>possible risk</i> ), prompt further					
<p style="text-align: right; color: blue;"><b>PROMPT:</b></p> <p>Tell me more...</p>	<p>Ascertain whether the ability to taste has reduced</p> <p>Determine risk based on the information that child shares in relation to change in taste.</p>					

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<p style="text-align: center;"><i>Proceed to <b>Section H</b> if necessary, based on question selection for the day</i></p>		<p style="text-align: center;"><b>RISK</b> (mark with <b>X</b>)</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"><b>YES</b></td> <td style="width: 25%;"></td> <td style="width: 25%;"><b>NO</b></td> <td style="width: 25%;"></td> </tr> </table>	<b>YES</b>		<b>NO</b>	
		<b>YES</b>		<b>NO</b>		
<p><b>H. SMELL</b></p> <p><b>Only ask if:</b></p> <p>(a) You observe symptoms related to a loss of smell (nasal congestion); or</p> <p>(b) If the child's response in <b>General Question</b> indicated symptoms of a loss of smell; or</p> <p>(c) If the child's response in Sections B, C or D, indicated symptoms of a loss of smell.</p>						
<p><b>What part of our body do we use to smell with?</b></p>	<p>Await response</p>	<p>DOH question. Do not ask. Only indicated as cross reference</p> <p>Can you smell normally?</p>				
<p><b>Yes, the nose. Now what is the nicest thing that your nose has smelled?</b></p>	<p>Await response and respond to answer of the child</p>					
<p>Now, will that nose of yours be able to smell that <a href="#">[refer to child's answer]</a> this morning?</p>	<p>If <b>YES</b>, Risk = <b>NO</b></p> <p>If <b>NO</b> (<i>possible risk</i>), prompt further</p>					
<p style="text-align: right; color: blue;"><b>PROMPT:</b></p> <p>Why not, what is wrong with the nose that can't smell so good?</p>	<p>Ascertain risk depending on the answer. If simply because nose is blocked. Risk = <b>NO</b></p> <p>but if child indicate a loss in smell: Risk = <b>YES</b></p> <p><b>Prompt for more detail to confirm</b></p>					
<p><i>End of SCREENING</i></p>		<p style="text-align: center;"><b>RISK</b> (mark with <b>X</b>)</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"><b>YES</b></td> <td style="width: 25%;"></td> <td style="width: 25%;"><b>NO</b></td> <td style="width: 25%;"></td> </tr> </table>	<b>YES</b>		<b>NO</b>	
		<b>YES</b>		<b>NO</b>		
<p><b>IMPORTANT</b></p>						
<p>If all the responses were negative (no risk), thank the child and tell him or her that you are glad that his or her body is strong and healthy. Explain that you or someone else will again do the check-up the next day.</p>						
<p>If <b>only ONE ANSWER</b> was YES (positive for a risk), it may be because of a misunderstanding, then do the following:</p> <ul style="list-style-type: none"> <li>• Go back to that question and re-ask the questions in the different manner.</li> <li>• If the final response remains YES (positive for a risk), ask at least two more questions before a final decision is made</li> </ul>						
<p><i>This part can be skipped if it can be observed that a child is ill.</i></p>						
<p><b>If there are confirmed <b>YES</b> (positive for risk) responses, proceed with the protocols and standard operating procedures.</b></p>						

Developed by A Viviers and A Mouton in consultation with medical practitioners, early childhood development experts and a small sample of 3 to 6-year-old children. Illustrations Angie Bowring.

<b>ENGAGEMENT WITH THE CHILD</b>	<b>GUIDANCE AND PROMPT</b>	<b>CROSS REFERENCE</b> to Department of Health guideline questions <i>Do not ask the questions as they appear in this column.</i>
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## Picture Card B-1

**SCREENING FOR COVID-19: Children birth to 6 years**  
**CHILD DIRECTED QUESTIONNAIRE** (for self-report by a child 3 years and older)  
*This needs to be used with relevant screening tool as is attached to the Standard Operating Procedures.*

### B. FEVER

Does your body feel warmer because your clothes help you not be cold or is there another reason why your body feels warmer?

**What type of warm?** The pictures below may help you to explain. Choose **ONE** picture that explains the how your body feels now.



Little warm standing in the sun for a short while



Warm like when you have run around, and you are sweating



Very warm, like standing too close to a fire or a heater

Department of Basic Education, Department of Social Development, UNICEF and the LEGO Foundation (2020)

Developed by A Viviers and A Mouton in consultation with medical practitioners, early childhood development experts and a small sample of 3 to 6-year-old children. Illustrations Angie Bowring.

## Picture Card C-1

**SCREENING FOR COVID-19: Children birth to 6 years**  
**CHILD DIRECTED QUESTIONNAIRE** (for self-report by a child 3 years and older)  
*This needs to be used with relevant screening tool as is attached to the Standard Operating Procedures.*

### C. COUGH

Are you coughing a lot?  
How many times have you coughed since you woke up this morning?

**How does the cough feel like for you?** The pictures below may help you to explain. Choose **ONE** picture that explains the how your body feels now.



Is wet and slimy?



Is it a cough that feels as if there is a tickle at the back of your throat and it burns when you cough?

Department of Basic Education, Department of Social Development, UNICEF and the LEGO Foundation (2020)

Developed by A Viviers and A Mouton in consultation with medical practitioners, early childhood development experts and a small sample of 3 to 6-year-old children. Illustrations Angie Bowring.

## Picture Card D-1

**SCREENING FOR COVID-19: Children birth to 6 years**  
**CHILD DIRECTED QUESTIONNAIRE** (for self-report by a child 3 years and older)  
*This needs to be used with relevant screening tool at is attached to the Standard Operating Procedures.*

### D. WEAK AND TIRED

**How tired does your body feel?** The pictures below may help you to explain. Choose **ONE** picture that explains the how your body feels now.



It feels like after you have been running around a lot and cannot run anymore



I feel so heavy it is like I am dragging my legs and body around with heavy bricks. I just don't want to walk, talk or do anything



A little nap would make me feel better



Having some food will make me feel stronger

Department of Basic Education, Department of Social Development, UNICEF and the LEGO Foundation (2020)

Developed by A Viviers and A Mouton in consultation with medical practitioners, early childhood development experts and a small sample of 3 to 6-year-old children. Illustrations Angie Bowring.

## Picture Card E-1

**SCREENING FOR COVID-19: Children birth to 6 years**  
**CHILD DIRECTED QUESTIONNAIRE** (for self-report by a child 3 years and older)  
*This needs to be used with relevant screening tool at is attached to the Standard Operating Procedures.*

### E. SORE THROAT

**How is your throat feeling this morning?** The pictures below may help you to explain. Choose **ONE** picture that explains the how your body feels now.



Just like yesterday



It will feel better if I had a drink of water



Feels as if I drank a hot drink like tea... that was too warm



It hurts a when I swallow



It burns like a hot fire

Department of Basic Education, Department of Social Development, UNICEF and the LEGO Foundation (2020)

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## Picture Card F-1

**SCREENING FOR COVID-19: Children birth to 6 years**

**CHILD DIRECTED QUESTIONNAIRE** (for self-report by a child 3 years and older)

*This needs to be used with relevant screening tool as is attached to the Standard Operating Procedures.*

### **F. DIFFICULTY BREATHING**

**How does it feel when you breathe?** The pictures below may help you to explain. Choose **ONE** picture that explains the how your body feels now.



It is hard to breath,  
as if someone has  
put a pillow over my  
nose and mouth  
makes it difficult to  
breath



It feels as if I have  
no breath. The air  
doesn't want to go  
into my chest just  
like something is  
closing my throat



It feels as if someone  
is sitting on my  
chest



My chest feels sore  
when I breathe

Department of Basic Education, Department of Social Development, UNICEF and the LEGO Foundation (2020)

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