

SCREENING QUESTIONS

A) Do you/your child have any of the following symptoms?

- 1. Fever (37.8 C or greater)**
- 2. New or worsening cough**
- 3. New or worsening shortness of breath**
- 4. Sore throat**
- 5. Difficulty breathing**
- 6. Nausea/vomiting, abdominal pain**
- 7. Runny nose, nasal congestion (in the absence of seasonal allergies)**
- 8. Muscle aches**
- 9. Headache**

B) Do you/your child have any of the following atypical symptoms?

- 1. Unexplained fatigue/malaise/myalgias**
- 2. Delirium (acutely altered mental status and inattention)**
- 3. Unexplained or increased number of falls**
- 4. Acute functional decline**
- 5. Exacerbation of chronic conditions (e.g. asthma)**
- 6. Chills**
- 7. Headaches**
- 8. Croup**
- 9. Conjunctivitis (pink eye)**
- 10. Multisystem inflammatory vasculitis in children (presenting symptoms associated with various body systems such as respiratory, gastrointestinal, etc.)**