

WEEKLY SYMPTOM CHECKLIST FOR CHILDREN

Name _____

Date _____

Rate each of the following symptoms based on your child's current health profile

Point Scale

0 - *Never or almost never* has the symptom

1 - *Occasionally* has symptoms

2 - *Frequently* has symptoms

HEAD

_____ Headaches
_____ Difficulty falling asleep
_____ Wakes up during the night
Total _____

EYES

_____ Watery or itchy eyes
_____ Dark circles under eyes
_____ Bags under eyes
_____ Swollen eyelids
Total _____

EARS

_____ Reddening of ears
_____ Itchy ears
_____ Earaches/Ear infections (circle which apply)
_____ Drainage from ear
_____ Hearing loss
_____ Frequent pulling on ears
Total _____

NOSE

_____ Runny nose
_____ Stuffy nose
_____ Sneezing
_____ "Allergic Salute" (rubs, itches, wipes nose frequently with hands)
Total _____

MOUTH/THROAT

_____ Swollen or red lips
_____ Gagging, frequent need to clear throat
_____ Sore throat, hoarseness, loss of voice
_____ Swollen or sore or discolored tongue
_____ Swollen or sore gums or lips
_____ Canker sores
Total _____

SKIN

_____ Easy bruising
_____ Hives
_____ Rash
_____ Dry or flaky skin
_____ Flushing
_____ Cold hands or feet
_____ Eczema
Total _____

LUNGS

_____ Coughing
_____ Sneezing
_____ Difficulty breathing
_____ Wheezing
Total _____

Weekly Symptom Checklist for Children

<i>DIGESTIVE TRACT</i>	_____	Nausea	
	_____	Vomiting	
	_____	Diarrhea	
	_____	Constipation	
	_____	Bloated feeling	
	_____	Belching	
	_____	Passing gas (flatulence)	
	_____	Heartburn	
	_____	Tummy ache	
	_____	Poor appetite	
	_____	Refusal to eat	Total _____
<i>JOINTS/MUSCLE</i>	_____	Coordination problems	
	_____	Pain in muscles (e.g., leg ache)	
	_____	Pain in joints (e.g., knee ache)	Total _____
<i>ENERGY</i>	_____	Fatigue, sluggishness	
	_____	Apathy, lethargy	
	_____	Hyperactivity	
	_____	Restlessness	
	_____	Sleeping problems	Total _____
<i>MIND/EMOTIONS</i>	_____	Inattentiveness or poor concentration	
	_____	Mood swings	
	_____	Anxiety, nervousness	
	_____	Fear	
	_____	Anger	
	_____	Irritability	
	_____	Aggressiveness (e.g. hitting, kicking, biting)	
	_____	Crying or weepiness	
	_____	Tantrums	
	_____	Hyperactivity	Total _____
<i>OTHER</i>	_____	Frequent urination	
	_____	Itching of anus or genitals	
	_____	Bed wetting	
	_____	Wetting or soiling of clothes	
			Total _____
GRAND TOTAL			TOTAL _____