

# 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 \_\_\_\_\_

**DIGESTIVE TRACT** \_\_\_\_\_ Nausea  
 \_\_\_\_\_ Vomiting  
 \_\_\_\_\_ Diarrhea  
 \_\_\_\_\_ Constipation  
 \_\_\_\_\_ Bloating feeling  
 \_\_\_\_\_ Belching  
 \_\_\_\_\_ Passing gas (flatulence)  
 \_\_\_\_\_ Heartburn  
 \_\_\_\_\_ Tummy ache  
 \_\_\_\_\_ Poor appetite  
 \_\_\_\_\_ Refusal to eat  
 Total \_\_\_\_\_

**JOINTS/MUSCLE** \_\_\_\_\_ Coordination problems  
 \_\_\_\_\_ Pain in muscles (e.g., leg ache)  
 \_\_\_\_\_ Pain in joints (e.g., knee ache)  
 Total \_\_\_\_\_

**ENERGY** \_\_\_\_\_ Fatigue, sluggishness  
 \_\_\_\_\_ Apathy, lethargy  
 \_\_\_\_\_ Hyperactivity  
 \_\_\_\_\_ Restlessness  
 \_\_\_\_\_ Sleeping problems  
 Total \_\_\_\_\_

**MIND/EMOTIONS** \_\_\_\_\_ Inattentiveness or poor concentration  
 \_\_\_\_\_ Mood swings  
 \_\_\_\_\_ Anxiety, nervousness  
 \_\_\_\_\_ Fear  
 \_\_\_\_\_ Anger  
 \_\_\_\_\_ Irritability  
 \_\_\_\_\_ Aggressiveness (e.g. hitting, kicking, biting)  
 \_\_\_\_\_ Crying or weepiness  
 \_\_\_\_\_ Tantrums  
 \_\_\_\_\_ Hyperactivity  
 Total \_\_\_\_\_

**OTHER** \_\_\_\_\_ Frequent urination  
 \_\_\_\_\_ Itching of anus or genitals  
 \_\_\_\_\_ Bed wetting  
 \_\_\_\_\_ Wetting or soiling of clothes  
 Total \_\_\_\_\_

**GRAND TOTAL** \_\_\_\_\_ **TOTAL** \_\_\_\_\_