

Child's symptom checklist

Answer the questions and have this checklist with you when you call your doctor.

Date	Bowel movements are different
Child's age	☐ frequency ☐ consistency ☐ odor
Temperature armpit rectal	Child has a rash on (location) color itchy
Breathing is ☐ noisy ☐ hard ☐ fast ☐ slow	Child's bodily movements look unusual ☐ twitching ☐ stiff ☐ not moving
Child is coughing is sneezing	In general, child seems low energy restless irritable miserable
has a runny nose Child is	When did you notice child's symptoms? ☐ yesterday ☐ today ☐ earlier
crying when urinating crying more than usual screaming and hoarse	are they constant?or do they come and go?
Eyes look irritated white of eye looks red white of eye looks yellow watery or crusted	What have you done about child's symptoms?
Ears ☐ hurt ☐ child is pulling or grabbing at ears	
Child has skipped feedings/meals (how many)	
Child has vomited most of what was eaten between feedings with unusual force	
Child is urinating (wetting) less than usual	
usual number of wet diapers in a day	
number you notice now	