Daily School Symptoms Checklist

Date:____________________________________

Below is a listing of symptoms to watch for daily with _____________________________.

Please mark on a scale of 1-5

1- Being NOT AT ALL affected (no complaint at all)
2- Being somewhat (mentions does not focus upon issue)
3 -being constantly (bothered by symptoms)
4 -being repetitively (meaning multiple complaints)
5 -being incapacitating (unable to stay in class/school)

Below are __________________________ most prominent symptoms of illness/fatigue.

1) Shakiness __________________________
2) dizziness __________________________
3) difficulty focusing __________________________
4) unable to “word” find/memory __________________________
5) unable to concentrate __________________________
6) complaint of feeling tired __________________________
7) muscle aches and spasms __________________________
8) blurred vision __________________________
9) temperature dysregulation (hot and cold) __________________________
10) chest discomfort __________________________
11) stomach discomfort __________________________
12) headaches __________________________
13) back discomfort __________________________
14) rest period (if taken) __________________________
15) food eaten __________________________
16) fluid ingested __________________________