

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 _____