

## DAILY HEALTH CHECK SYMPTOMS RECORD

Month April Year 2010

Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<b>Joe</b>	A	A	√	√			√	√	√	√	√			√	S	√	√	√			S	S	S	√	√		√	√	√	√	√	
<b>Mary</b>	√	√	√	√			√	√	4 X	S	S			√	√	√	√	√			A	A	A	√	√		√	√	√	√	√	
<b>Glenn</b>	√	√	√	6 X			S	S	S	S	S			√	√	√	√	√			√	√	√	√	√		A	A	√	√	S	
<b>Lori</b>	√	√	√	√			√	√	√	√	√			S	S	S	S	S			S	√	√	√	√		√	√	√	√	√	
<b>Tim</b>	√	√	√	√			√	√	√	√	√			√	√	√	√	√			√	√	√	√	√		√	√	√	√	√	

- Symptom Code:
- 1 = asthma, wheezing
  - 2 = behavior change w/no other symptoms
  - 3 = diarrhea
  - 4 = fever
  - 5 = headache
  - 6 = rash
  - 7 = (cold, cough, runny nose, earache, sore throat, red eyes)
  - 8 = stomachache
  - 9 = urine problem
  - 10 = vomiting
  - 11 = other – specify on back of form

**\* PLACE CHECK MARK IN BOX IF NO SYMPTOMS WERE NOTICED**

**A – child is absent**

**S – child is absent with illness**

**X – child was sent home**