

Review of Systems Questionnaire

To each of the following questions answer yes if your child is currently having or has had problems with the symptom mentioned in the last six months.

General:

Weight loss	Yes/No
Weight gain	Yes/No
Appetite Loss	Yes/No

Skin:

Rashes	Yes/No
Change in Color	Yes/No
Change in Moles	Yes/No
Sunburn	Yes/No
Easy Bruising	Yes/No
Itching	Yes/No
Hair loss	Yes/No
Change in Hair	Yes/No

Lymph:

Enlarged/Painful Glands	Yes/No
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Eyes:

Crossed Eyes	Yes/No
Itchy Eyes	Yes/No
Redness	Yes/No
Blurred Vision	Yes/No
Discharge	Yes/No

Head/Ears/Nose/Throat:

Runny Nose	Yes/No
Stuffy Nose	Yes/No
Headache	Yes/No
Sneezing	Yes/No
Ear Pulling	Yes/No
Drooling	Yes/No
Sore Throat	Yes/No
Hearing Loss	Yes/No

Neck:

Stiffness	Yes/No
Masses	Yes/No
Swollen Glands	Yes/No

Respiratory:

Cough	Yes/No
Congestion	Yes/No
Rapid Breathing	Yes/No
Chest Pain	Yes/No
Wheezing	Yes/No

Heart

Rapid Heart Beat	Yes/No
Irregular Beat	Yes/No
Fainting/Dizziness	Yes/No

Gastrointestinal:

Vomiting	Yes/No
Diarrhea	Yes/No
Constipation	Yes/No
Poor Appetite	Yes/No
Vomiting Blood	Yes/No
Bloody Stools	Yes/No
Soiling Pants	Yes/No
Stomach Pain	Yes/No

Urinary Tract:

Increased Urination	Yes/No
Decreased Urination	Yes/No
Painful Urination	Yes/No
Bloody Urine	Yes/No
Bedwetting	Yes/No
Daytime Wetting	Yes/No

Reproductive:

Swollen Testicles	Yes/No
Painful Testicles	Yes/No
Abnormal Menses	Yes/No
Nipple Swelling	Yes/No
Nipple Discharge	Yes/No

Muscles & Bones:

Muscle Weakness	Yes/No
Muscle Pain	Yes/No
Joint Pain/Swelling	Yes/No
Red Joint/Extremity	Yes/No
Deformed Extremity	Yes/No
Swollen Extremity	Yes/No
Neck or Back Pain	Yes/No

Nervous System:

Decreased Alertness	Yes/No
Loss of Speech	Yes/No
Numbness	Yes/No
Dizziness	Yes/No
Room Spinning	Yes/No

Emotional:

Hallucinations	Yes/No
Sadness	Yes/No
Anxiety	Yes/No
Behavior Problems:	
Home	Yes/No
School	Yes/No
Extreme Anger	Yes/No
Violence to Animals	
Or People	Yes/No
Fire Starting	Yes/No