PRE-EXISTING SYMPTOM QUESTIONNAIRE

(optional)

This information will be used to help recognize new symptoms that could be related to COVID-19 in children with pre-existing symptoms.

Child's Name (First + Last): ______________________________

Date of Birth (mm/dd/yyyy): ______________________________

SYMPTOM	SEVERITY	FREQUENCY	MEDICAL CAUSE	TREATMENT
Dry Cough	❏ Mild ❏ Moderate ❏ Severe	❏ Occasional ❏ Seasonal - specify: ❏ Weekly ❏ Daily ❏ With activity ❏ When allergen present ❏ Constantly		❏ Rest ❏ Oral medicine ❏ Inhaler ❏ Epi-pen ❏ Hospitalization ❏ Other - specify:
Sore Throat	❏ Mild ❏ Moderate ❏ Severe	❏ Occasional ❏ Seasonal - specify: ❏ Weekly ❏ Daily ❏ With activity ❏ When allergen present ❏ Constantly		❏ Rest ❏ Oral medicine ❏ Inhaler ❏ Epi-pen ❏ Hospitalization ❏ Other - specify:
Conjunctivitis	❏ Mild ❏ Moderate ❏ Severe	❏ Occasional ❏ Seasonal - specify: ❏ Weekly ❏ Daily ❏ With activity ❏ When allergen present ❏ Constantly		❏ Rest ❏ Oral medicine ❏ Inhaler ❏ Epi-pen ❏ Hospitalization ❏ Other - specify:
Aches/Pains	❏ Mild ❏ Moderate ❏ Severe	❏ Occasional ❏ Weekly ❏ Daily ❏ With activity ❏ When allergen present ❏ Constantly		❏ Rest ❏ Oral medicine ❏ Hospitalization ❏ Other - specify:

Child's Name (First + Last): ____________________

Date of Birth (mm/dd/yyyy): ____________________

SYMPTOM	SEVERITY	FREQUENCY	MEDICAL CAUSE	TREATMENT
Headache	❏ Mild ❏ Moderate ❏ Severe	❏ Occasional ❏ Seasonal - specify: ❏ Weekly ❏ Daily ❏ With activity ❏ When allergen present ❏ Constantly		❏ Rest ❏ Oral medicine ❏ Inhaler ❏ Epi-pen ❏ Hospitalization ❏ Other - specify:
Loss of Taste/Smell	❏ Mild ❏ Moderate ❏ Severe	❏ Specify:		❏ Specify:
Rash	❏ Mild ❏ Moderate ❏ Severe	❏ Specify:		❏ Specify:
Difficulty Breathing	❏ Mild ❏ Moderate ❏ Severe	❏ Occasional ❏ Seasonal - specify: ❏ Weekly ❏ Daily ❏ With activity ❏ When allergen present ❏ Constantly		❏ Rest ❏ Oral medicine ❏ Inhaler ❏ Epi-pen ❏ Hospitalization ❏ Other - specify:
Chest Pain	❏ Mild ❏ Moderate ❏ Severe	❏ Occasional ❏ Weekly ❏ Daily ❏ With activity ❏ When allergen present ❏ Constantly		❏ Rest ❏ Oral medicine ❏ Inhaler ❏ Epi-pen ❏ Hospitalization ❏ Other - specify:
Difficulty Speaking	❏ Mild ❏ Moderate ❏ Severe	❏ Specify:		❏ Specify:
Difficulty Moving	❏ Mild ❏ Moderate ❏ Severe	❏ Specify:		❏ Specify: