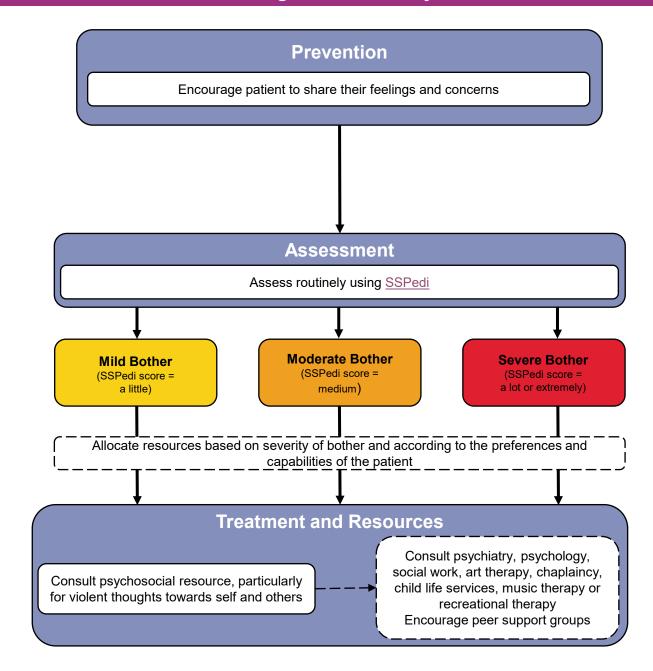
## **Anger Care Pathway**





## **Care Pathway**

## SSPedi: Symptom Screening in Pediatrics



Please tell us how much each of these things **bothered** you **yesterday or today** by ticking the circle that best describes the amount it bothered you:

	Not at all bothered	A little	Medium	A lot	Extremely bothered
Feeling disappointed or sad	0	0	0	0	0
Feeling scared or worried	0	0	0	0	0
Feeling cranky or angry	0	0	0	0	0
Problems with thinking or remembering things	0	0	0	0	0
Changes in how your body or face look	0	0	0	0	0
Feeling tired	0	0	0	0	0
Mouth sores	0	0	0	0	0
Headache	0	0	0	0	0
Hurt or pain (other than headache)	0	0	0	0	0
Tingly or numb hands or feet	0	0	0	0	0
Throwing up or feeling like you may throw up	0	0	0	0	0
Feeling more or less hungry than you usually do	0	0	0	0	0
Changes in taste	0	0	0	0	0
Constipation (hard to poop)	0	0	0	0	0
Diarrhea (watery, runny poop)	0	0	0	0	0

Please tell us about any other things that have bothered you lately by writing about them here.