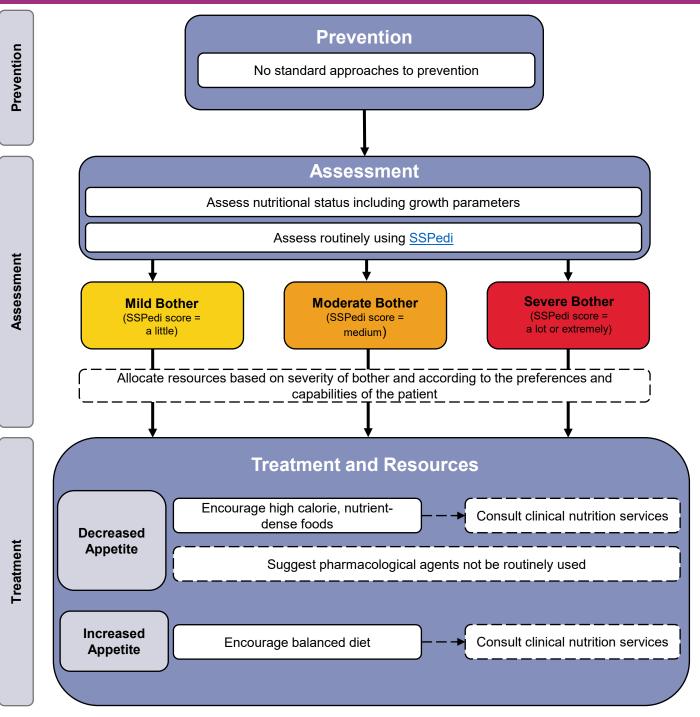
spark

Appetite Alteration 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.