**Epi CASE Symptom Checker**

**This document includes coded symptoms to be included onto the Epi CASE Survey, Q16 & Q19**

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| **GENERAL** | | |
| 1. Fever 2. Chills 3. Generalized weakness 4. Body pain 5. Severe bleeding | | |
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| **EYES** |
| 1. Increased tearing 2. Irritation/pain/ burning of eyes 3. Blurred vision/double vision 4. Bleeding in eyes 5. Chemical burn to eye 6. Eyes problems Other |
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| **EAR/NOSE/THROAT** |
| 1. Runny nose 2. Burning nose or throat 3. Nose Bleeds 4. Hoarseness 5. Increased salivation 6. Ringing in ears 7. Difficulty swallowing 8. Swollen neck 9. Pain in jaw 10. Odor on breath (Gasoline or other, specify) 11. Stuffy nose/sinus congestion 12. Increased congestion or phlegm 13. Ear/Nose/Throat Other |
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| **NERVOUS SYSTEM** |
| 1. Headache 2. Dizziness or lightheadedness 3. Loss of consciousness/fainting 4. Seizures or convulsions 5. Numbness, pins and needles, or funny feeling in arms or legs 6. Confusion 7. Difficulty concentrating 8. Difficulty remembering things 9. Concussion 10. Loss of balance 11. Paralysis 12. Slurred speech 13. Muscle pain 14. Altered taste 15. Nervous System Other |
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| **MUSCLE/JOINT/BONES** |
| 1. Weakness of arms 2. Weakness of legs 3. Joint swelling 4. Muscle twitching 5. Tremors in arms or legs 6. Joint pain 7. Broken bone/fracture 8. Dislocation 9. Sprain or strain 10. Whiplash 11. Muscle/Joint/Bones Other |
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| **HEART AND LUNGS** |
| 1. Breathing slow 2. Breathing fast 3. Difficulty breathing/feeling out-of-breath 4. Difficulty swallowing 5. Sore throat 6. “Asthma attack” 7. Coughing 8. Wheezing 9. High blood pressure 10. Low blood pressure 11. Irregular heart rate 12. Slow heart rate/pulse 13. Fast heart rate/pulse 14. Chest tightness, heaviness or pain/angina 15. Bronchitis 16. Pneumonia 17. Heart & Lungs Other |
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| **STOMACH/INTESTINES** | |
| 1. Nausea 2. Non-bloody vomiting 3. Non-bloody diarrhea 4. Bloody vomiting 5. Blood in stool/diarrhea 6. Abdominal pain 7. Fecal incontinence or inability to control bowel movements 8. Bowel perforation 9. Constipation 10. Loss of appetite 11. Stomach/Intestines Other | |
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| **SKIN** | |
| 1. Irritation, pain, or burning of skin 2. Skin burns 3. Skin rash 4. Hives 5. Skin blisters 6. Bumps containing pus 7. Nail changes 8. Hair loss in area of rash 9. Hair loss 10. Dry or itchy skin 11. Sweating 12. Cool or pale skin 13. Skin discoloration 14. Poor wound healing 15. Petechial/Pinpoint round spots 16. Blue coloring of ends of fingers/toes or lips 17. Lips turning blue 18. Abrasion/scrape 19. Bruise 20. Cut 21. Skin Other | |
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| **KIDNEY/BLADDER** | |
| 1. Urinary incontinence or dribbling pee 2. Inability to urinate or pee 3. Blood in urine 4. Painful urination 5. Kidney/Bladder Other | |
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| **MENTAL HEALTH** | |
| 1. Anxiety 2. Agitation/irritability 3. Thoughts of suicide 4. Fatigue/tiredness 5. Difficulty sleeping 6. Nightmares 7. Difficulty staying asleep 8. Feeling depressed 9. Hallucinations 10. Paranoia 11. Unexplained fear 12. Tension or nervousness 13. Psychiatric Other | |
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