**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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