

Community Living Toronto
Symptoms Checklist: (LOCATION) (MONTH):

(Individual's Name) AM

Tasks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Has the individual displayed <i>new or change in sounding cough?</i>																															
Does the individual appear to be having <i>difficulty breathing or have shortness of breath?</i>																															
Is the individual <i>tired, have lack of energy?</i>																															
Have you noticed a <i>lack of or change in appetite?</i>																															
Record their temperature																															
Record their score from non-verbal pain scale																															

Y= Yes N= No N/A=Not applicable

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