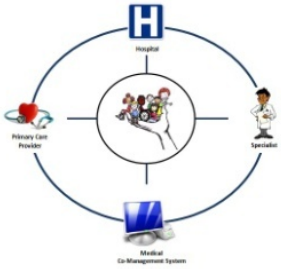
Community Care
OF NORTH CAROLINA

CHACC ABDOMINAL PAIN CHECKLIST



Please check the box(s) that are true about your child:

PAIN:

- ☐ more than 2 months
- ☐ began suddenly
- ☐ began gradually
- ☐ constant
- ☐ off-and-on
- ☐ with swallowing
- ☐ in the upper right part of the stomach
- ☐ in the lower right part of the stomach
- ☐ around belly button
- ☐ in upper left part of stomach
- ☐ in lower left part of stomach
- ☐ all over the stomach
- ☐ in the back
- ☐ moves to the shoulder
- ☐ moves to the legs
- ☐ moves to the chest
- ☐ better after a bowel movement
- ☐ better after eating
- ☐ worse after eating
- ☐ wakes patient up

SYMPTOMS:

- ☐ weight loss
- ☐ vomiting
- ☐ blood in vomit
- ☐ green vomit
- ☐ diarrhea for over 2 weeks
- ☐ constipation
- ☐ blood in stool
- ☐ fever
- ☐ rash
- ☐ sores in the mouth
- ☐ joint pain/swelling
- ☐ loss of appetite
- ☐ nausea
- ☐ sores around the anus
- ☐ delay in going into puberty
- ☐ poor growth
- ☐ milk products cause trouble
- ☐ tired all the time
- ☐ hurts to pass urine
- ☐ after eating or drinking milk products
- ☐ keeps patient from having a good time

STRESS:

- ☐ recent separation or divorce of parents
- ☐ bullying in or out of school
- ☐ alcohol or drug abuse
- ☐ tension and/or violence in the family
- ☐ school work causes lots of anxiety