

RESPONSE DATA

Name: _____ Month: _____ Dates: _____ to _____ Week: _____

Nutrition Intervention: _____

SYMPTOM	DESCRIBE IN DETAIL CHILD'S SYMPTOMS
Communication (verbal, speech, echolalia, conversation, eye contact)	
Social Interaction (interaction with others, social play, friendships)	
Behavior (self-injury, aggression, tantrums, resistant to change)	
Activities & Interest (stereotyped movements, preoccupation with objects and/or one interest)	
Other	
Other	

SYMPTOM	DESCRIBE IN DETAIL CHILD'S SYMPTOMS
Sleep (falls asleep, stays asleep)	
Enuresis (bed wetting)	
Hyperactivity	
Focus & Attention	
Skin (eczema, hives, rashes)	
Ears (ear infections)	
Eyes (dark circles, red, itchy, watery)	
Respiratory (asthma, bronchitis, stuffy/runny nose)	
Bowels (constipation, loose stools, diarrhea, gas, bloating)	
Feeding (limited variety of foods, refuse new foods)	
Other	
Other	