

# Appendix N

## Enrollment/Attendance/Symptom Record

**Group** \_\_\_\_\_ **Month** \_\_\_\_\_ **20** \_\_\_\_\_  
 For each child, each day: Code top box **+** = present, **O** = scheduled but absent, or **N** = not scheduled. Code bottom box **O** = well or choose from the symptom codes from the bottom of this page.

Legal Name	Age (Months)	Daily Hours in Care	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	24	28	29	30	31

**SYMPTOM CODES**

- 1 = Asthma, wheezing
- 2 = Behavior change with no other symptom
- 3 = Diarrhea
- 4 = Fever
- 5 = Headache
- 6 = Rash
- 7 = Respiratory (eg, cold, cough, runny nose, earache, sore throat, pinkeye)
- 8 = Stomachache
- 9 = Urine problem
- 10 = Vomiting
- 11 = Other (Specify on back.)