Infant / Toddler Food Challenge Symptoms	
☐ Behavioral Changes	☐ Conjunctivitis
☐ Itching ENT	☐ Rhinorrhea
☐ Nasal Congestion	☐ Sneezing
☐ Cough	☐ Wheezing
☐ Accessory Muscle Use	☐ Cyanosis
☐ Upper Respiratory Compromise	☐ Hiccups
☐ GI Objective Complaints	☐ GI Subjective Complaints
☐ Itching Skin	☐ Flushing
☐ Rash	☐ Eczema Flaring
☐ Urticaria	☐ Angioedema
☐ Returned to Baseline	

Behavioral Changes

Behavioral Changes Observed:

☐ Subdued	☐ Clingy
☐ Irritable	☐ Cranky
☐ Crying	☐ Lethargic
☐ Inconsolable	☐ Obtunded
☐ Food Rejection	

Cause of Behavioral Change:

☐ Potential Allergic Reaction

Muscle Tone: ☐ Vigorous ☐ Decreased	Interactiveness: ☐ Playful / Interactive ☐ Indifferent
Consolability: ☐ Consolable / Distractable ☐ Inconsolable	Look/Gaze: ☐ Focuses on people / objects ☐ Unfocused / Unresponsive
Speech/Cry: ☐ Strong cry / Talkative ☐ Weak cry / Quiet ☐ No cry / Silent	

☐ Hungry	☐ No Opportunity to Stop
☐ Stranger Anxiety	☐ Temper Tantrum with Cause
☐ Scared	☐ Unsure

Conjunctivitis

Intensity/Severity:

☐ Mild (slight injection) ☐ Moderate (significant injection) ☐ Severe (edematous)

Laterality: ☐ Left ☐ Right ☐ Bilateral	Cause: ☐ Contact ☐ Eye Rubbing ☐ Unknown

Itching ENT		
Location:		
☐ Ear Canals	☐ External Ears	☐ Eyes
☐ Nose	☐ Throat	☐ Tongue
Frequency:		
☐ Infrequent	☐ Frequent	☐ Continuous
Intensity/Severity:		
☐ Mild (redirectable)	☐ Moderate (not redirectable)	☐ Severe (agitated)

Rhinorrhea	
Color: ☐ Clear ☐ Yellow ☐ Green	Character: ☐ Thick ☐ Thin
Sniffing Frequency: ☐ Infrequent ☐ Frequent ☐ Continuous	

Nasal Congestion		
Intensity/Severity:		
☐ Mild (audible)	☐ Moderate (reduced airflow)	☐ Severe (complete obstruction)

Sneezing		
Frequency:		
☐ Infrequent	☐ Frequent	☐ Continuous
(Optional) Approx # since last dose: ___________		(Optional) Time (min): ___________
Intensity/Severity:		
☐ Mild (unnoticed)	☐ Moderate (noticed)	☐ Severe (disturbed)

Cough

Quality:	Intensity/Severity:
☐ Dry ☐ Productive ☐ Croup-like	☐ Mild (unnoticed) ☐ Moderate (noticed) ☐ Severe (disturbed)

Frequency:

☐ Infrequent	☐ Frequent	☐ Continuous
(Optional) Approx # since last dose: ___________		(Optional) Time (min): ___________

Wheezing

Intensity/Severity:

☐ Mild (quiet)	☐ Moderate (loud)	☐ Severe (audible without stethoscope)

Phase:

☐ Inspiratory	☐ Expiratory	☐ Biphasic

Upper Respiratory Compromise

☐ Stridor Phase: ☐ Inspiratory ☐ Expiratory ☐ Biphasic	☐ Throat Clearing ☐ Hoarseness or Cry

Accessory Muscle Use

Intensity/Severity:

☐ Mild (subtle)	☐ Moderate (obvious)	☐ Severe (marked / continuous)

Type:

☐ Intercostal Retractions	☐ Nasal Flaring	☐ Chest-Abdominal Asynchrony (Belly Breathing)
☐ Neck Muscle Contractions	☐ Grunting	

Cyanosis

Intensity/Severity:

☐ Mild (subtle)	☐ Moderate (obvious)	☐ Severe (marked)

Location:

☐ Lips / Perioral	☐ Tongue / Intraoral
☐ Fingers	☐ Toes
☐ Other: ___________	☐ Generalized

Hiccup

Frequency:

☐ Infrequent	☐ Frequent	☐ Continuous

Intensity/Severity:

☐ Mild (unnoticed)	☐ Moderate (noticed)	☐ Severe (disturbed)

GI Objective Complaints

☐ Spit-Up

☐ Dry Heave

Number:

☐ 1	☐ 2 – 5	☐ > 5

Intensity/Severity:

☐ Mild (unbothered)	☐ Moderate (bothered)	☐ Severe (distraught)

☐ Vomiting

Number:

☐ 1	☐ 2 – 5	☐ > 5

Size:

☐ Small	☐ Large	☐ Projectile

Intensity/Severity:

☐ Mild (unbothered)	☐ Moderate (bothered)	☐ Severe (distraught)

☐ Diarrhea

Size:

☐ Small	☐ Large	☐ Explosive

Description:

☐ Watery	☐ Mucousy	☐ Soft	☐ Bloody

GI Subjective Complaints

☐ Mouth, Lip, Tongue Movements

☐ Biting	☐ Gagging	☐ Licking motions
☐ Licking Objects or Hands	☐ Tongue Pulling	☐ Tongue Thrusts

☐ Scratching of Lip or Tongue	☐ Burping
☐ Back Arching	☐ Verbalizing Abdominal Pain
☐ Bringing Knees to Chest/Abdomen	

Itching Skin

☐ Scratching

Frequency:			Left marks:	
☐ Infrequent	☐ Frequent	☐ Continuous	☐ Yes	☐ No

Intensity/Severity:

☐ Mild (redirectable)	☐ Moderate (not redirectable)	☐ Severe (aggressive)

Location:

☐ Generalized/All Over	☐ Face	☐ Neck	☐ Chest	☐ Upper Extremity
☐ Scalp	☐ Ears	☐ Back	☐ Abdomen	☐ Lower Extremity

☐ Rubbing

Frequency:			Left marks:	
☐ Infrequent	☐ Frequent	☐ Continuous	☐ Yes	☐ No

Intensity/Severity:

☐ Mild (redirectable)	☐ Moderate (not redirectable)	☐ Severe (aggressive)

Location:

☐ Generalized/All Over	☐ Face	☐ Neck	☐ Chest	☐ Upper Extremity
☐ Scalp	☐ Ears	☐ Back	☐ Abdomen	☐ Lower Extremity

Flushing

☐ Cheeks	☐ Ears
☐ Face	☐ Other: ____________________

Rash

☐ Contact

Quantity: ☐ < 3 ☐ 3 - 10 ☐ > 10	Largest Diameter: ___________

Intensity/Severity:

☐ Mild (subtle)	☐ Moderate (obvious)	☐ Severe (marked)

Rash Characteristic:

☐ Erythema	☐ Maculopapular	☐ Eczematous	☐ Other: _____________________

Location:

☐ Generalized/All Over	☐ Face	☐ Neck	☐ Chest	☐ Upper Extremity
☐ Scalp	☐ Ears	☐ Back	☐ Abdomen	☐ Lower Extremity

☐ Distant

Quantity: ☐ < 3 ☐ 3 - 10 ☐ > 10	Largest Diameter: ___________

Intensity/Severity:

☐ Mild (subtle)	☐ Moderate (obvious)	☐ Severe (marked)

Rash Characteristic:

☐ Erythema	☐ Maculopapular	☐ Eczematous	☐ Other: _____________________

Location:

☐ Generalized/All Over	☐ Face	☐ Neck	☐ Chest	☐ Upper Extremity
☐ Scalp	☐ Ears	☐ Back	☐ Abdomen	☐ Lower Extremity

Eczema Flaring

Intensity/Severity:

☐ Mild (subtle)	☐ Moderate (obvious)	☐ Severe (marked)

Urticaria

☐ Contact

Quantity: ☐ < 3 ☐ 3 - 10 ☐ > 10	Largest Diameter: __________

Intensity/Severity:

☐ Mild (subtle) ☐ Moderate (obvious) ☐ Severe (marked)

Location:

☐ Generalized/All Over	☐ Face	☐ Neck	☐ Chest	☐ Upper Extremity
☐ Scalp	☐ Ears	☐ Back	☐ Abdomen	☐ Lower Extremity

☐ Distant

Quantity: ☐ < 3 ☐ 3 - 10 ☐ > 10	Largest Diameter: __________

Intensity/Severity:

☐ Mild (subtle) ☐ Moderate (obvious) ☐ Severe (marked)

Location:

☐ Generalized/All Over	☐ Face	☐ Neck	☐ Chest	☐ Upper Extremity
☐ Scalp	☐ Ears	☐ Back	☐ Abdomen	☐ Lower Extremity

☐ Dermatographism

Quantity: ☐ < 3 ☐ 3 - 10 ☐ > 10	Largest Diameter: __________

Intensity/Severity:

☐ Mild (subtle) ☐ Moderate (obvious) ☐ Severe (marked)

Location:

☐ Generalized/All Over	☐ Face	☐ Neck	☐ Chest	☐ Upper Extremity
☐ Scalp	☐ Ears	☐ Back	☐ Abdomen	☐ Lower Extremity

Angioedema	
☐ Periorbital/Eyelids Intensity/Severity: ☐ Mild (subtle) ☐ Moderate (obvious) ☐ Severe (marked) Laterality: ☐ Left ☐ Right ☐ Bilateral	☐ Nose Intensity/Severity: ☐ Mild (subtle) ☐ Moderate (obvious) ☐ Severe (marked)
☐ Cheeks Intensity/Severity: ☐ Mild (subtle) ☐ Moderate (obvious) ☐ Severe (marked) Laterality: ☐ Left ☐ Right ☐ Bilateral	☐ Ears Intensity/Severity: ☐ Mild (subtle) ☐ Moderate (obvious) ☐ Severe (marked) Laterality: ☐ Left ☐ Right ☐ Bilateral
☐ Perioral / Upper Lip Intensity/Severity: ☐ Mild (subtle) ☐ Moderate (obvious) ☐ Severe (marked) Laterality: ☐ Left ☐ Right ☐ Bilateral	☐ Perioral / Lower Lip Intensity/Severity: ☐ Mild (subtle) ☐ Moderate (obvious) ☐ Severe (marked) Laterality: ☐ Left ☐ Right ☐ Bilateral
☐ Tongue Intensity/Severity: ☐ Mild (subtle) ☐ Moderate (obvious) ☐ Severe (marked)	☐ Uvula / Throat Intensity/Severity: ☐ Mild (subtle) ☐ Moderate (obvious) ☐ Severe (marked)
☐ Arms / Hands Intensity/Severity: ☐ Mild (subtle) ☐ Moderate (obvious) ☐ Severe (marked) Laterality: ☐ Left ☐ Right ☐ Bilateral	☐ Legs / Feet Intensity/Severity: ☐ Mild (subtle) ☐ Moderate (obvious) ☐ Severe (marked) Laterality: ☐ Left ☐ Right ☐ Bilateral
☐ Other: ______________________________ Intensity/Severity: ☐ Mild (subtle) ☐ Moderate (obvious) ☐ Severe (marked)	