During the last 24 hours…

1. How difficult was it to breathe? *(Check one)*
   - Not difficult .............................................. □
   - A little difficult ........................................ □
   - Somewhat difficult .................................... □
   - A good deal difficult ................................. □
   - A great deal difficult ................................. □

During the last 24 hours…

2. How feverish did you feel (have a temperature)? *(Check one)*
   - Not feverish.............................................. □
   - A little feverish ........................................ □
   - Somewhat feverish ..................................... □
   - A good deal feverish ................................. □
   - A great deal feverish ................................. □

During the last 24 hours…

3. How tired did you feel? *(Check one)*
   - Not tired .................................................. □
   - A little tired ............................................ □
   - Somewhat tired ........................................ □
   - A good deal tired ...................................... □
   - A great deal tired ...................................... □

During the last 24 hours…

4. How bad were your chills or sweats? *(Check one)*
   - No chills or sweats ................................. □
   - Slightly Bad ............................................ □
   - Moderately Bad ....................................... □
   - Very Bad ............................................... □
   - Extremely Bad ........................................ □

Please continue to the next page.