

| Date | | | | | | | | |
|------|--|-----|--|--|------|--|--|--|
| DD | | MMM | | | YYYY | | | |
| | | | | | | | | |

| Participant's Initials | | |
|------------------------|--------|------|
| FIRST | MIDDLE | LAST |
| | | |

| Participant ID# | | | | | | |
|-----------------|--|--|---|--|--|--|
| | | | - | | | |

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.