

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

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

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

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.