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.*