

HOW HAVE YOU FELT DURING THE LAST 24 HOURS?

ID#: _____

Date: _____

Initials: _____

Study Day: _____

SYMPTOMS (0 = None / 1 = Mild / 2 = Moderate / 3 = Severe / 4 = Very Severe)

nasal congestion	0	1	2	3	4
sneezing	0	1	2	3	4
runny nose	0	1	2	3	4
earache	0	1	2	3	4
sinus pain	0	1	2	3	4
sore throat	0	1	2	3	4
cough	0	1	2	3	4
chest congestion	0	1	2	3	4

headache	0	1	2	3	4
chills	0	1	2	3	4
muscle ache	0	1	2	3	4
joint ache	0	1	2	3	4
sweats	0	1	2	3	4
fever	0	1	2	3	4
poor appetite	0	1	2	3	4
malaise (feeling "under the weather")	0	1	2	3	4

Any other symptoms? Please specify. _____

DO YOU HAVE A COLD OR THE FLU?	YES	NO
--------------------------------	-----	----

MOOD (0 = Not at All / 1 = A Little / 2 = Some / 3 = Quite a Bit / 4 = A Lot)

happy	0	1	2	3	4
tired	0	1	2	3	4
calm	0	1	2	3	4
sad	0	1	2	3	4
full of pep	0	1	2	3	4
hostile	0	1	2	3	4
on edge	0	1	2	3	4

fatigued	0	1	2	3	4
lively	0	1	2	3	4
angry	0	1	2	3	4
cheerful	0	1	2	3	4
tense	0	1	2	3	4
at ease	0	1	2	3	4
unhappy	0	1	2	3	4