## Patient symptom survey Patient number:

Assessment Time Point:

Did you have a fever > 100.4 F (38C): Yes or No

No feeling of fever (subjective fever)	0	1	2	3	4	5	6	7	8	9	10	Worst possible fever	Number of days with a fever
No feeling of chills												Worst possible	Number of days with chills
0. 0	0	1	2	3	4	5	6	7	8	9	10	chills	
No feeling of muscle												Worst possible muscle	Number of days with muscle aches
aches	0	1	2	3	4	5	6	7	8	9	10	aches	
No runny nose												Worst possible runny	Number of days with a runny nose
	0	1	2	3	4	5	6	7	8	9	10	nose	

No feeling of sore throat	0	1	2	3	4	5	6	7	8	9	10	Worst feeling of sore throat	Number of days with a sore throat
No cough (new onset or worsening of chronic cough)	0	1	2	3	4	5	6	7	8	9	10	Worst possible cough	Number of days with a cough
No shortness of breath	0	1	2	3	4	5	6	7	8	9	10	Worst possible shortness of breath	Number of days with shortness of breath
No feeling of nausea	0	1	2	3	4	5	6	7	8	9	10	Worst possible nausea	Number of days with nausea
No vomiting	0	1	2	3	4	5	6	7	8	9	10	Worst possible vomiting	Number of days with vomiting

No headache	0	1	2	3	4	5	6	7	8	9	10	Worst possible headache	Number of days with headache
No abdominal pain	0	1	2	3	4	5	6	7	8	9	10	Worst possible abdominal pain	Number of days with abdominal pain
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No diarrhea (>3 loose stools/24 hrs)	0	1	2	3	4	5	6	7	8	9	10	Worst possible diarrhea	Number of days with diarrhea
No loss of taste/smell	0	1	2	3	4	5	6	7	8	9	10	Worst possible loss of taste/smell	Number of days with loss of taste/smell
No chest tightness	0	1	2	3	4	5	6	7	8	9	10	Worst possible chest tightness	Number of days with chest tightness
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No lung congestion	0	1	2	3	4	5	6	7	8	9	10	Worst possible lung congestion	Number of days with lung congestion
No Fatigue												Worst possible	Number of days with Fatigue
	0	1	2	3	4	5	6	7	8	9	10	Fatigue	
No rash on												Worst possible	Number of days rash on toes
toes	0	1	2	3	4	5	6	7	8	9	10	rash on toes	
Difficulty													
climbing stairs	0	1	2	3	4	5	6	7	8	9	10	_	
Other													
problem	0	1	2	3	4	5	6	7	8	9	10	<del>_</del>	