**Attachment 4:**

**Health Questionnaire**

Name: Record Number: **FC**

|  |  |  |  |
| --- | --- | --- | --- |
| Age: | Gender: M F | Height: | Weight: |

|  |  |  |
| --- | --- | --- |
| 1. Do you have any respiratory illness such as severe asthma, COPD or tuberculosis? | YES | NO |
| 2. Besides the flu, do you have any other illnesses such as diabetes or heart disease? | YES | NO |
| 3. During this study, you will be asked to inhale deeply and cough hard several times. Do you have any condition or illness that would make it difficult or uncomfortable for you to do this?  | YES | NO |
| 4. If female, are you pregnant? | YES | NO |

(Note: If the participant answers **“yes”** to any of the questions **1-4**, they should not participate in the study)

|  |
| --- |
| 5. Do you have any of the following symptoms? (Circle all that apply)Fever/chills Headache Fatigue Cough Sore throat Muscle aches Sinus congestion Runny noseIf YES, when did your symptoms begin? |
| 6. Were you vaccinated against the flu in the past 6 months? YES NO  |
| 7. Are you currently a smoker (including occasional/recreational)?If YES, how often do you smoke?If NO, have you smoked in the past? How long ago and how often? | YESYES | NONO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Oral temperature (°C) |   |  | Cough 1 | Cough 2 | Cough 3 |
| Results from rapid influenza test |  | Sampler # |  |  |  |
| Positive A Positive B |  | FVC |  |  |  |
| Negative Invalid |  | PEF |  |  |  |