Study ID: __ __ __ __ __ __ __ __ __ __

CEIRS Human Influenza Surveillance Study
Form 5A: Current Symptoms

1. Is this subject considered to be exhibiting influenza like illness (ILI)?

   ☐ No ☐ Yes ☐ Unknown

2. If Yes, date of illness onset? __ __ / __ __ / __ __ __ __
   (Note: must be within 7 days of ED presentation)

3. How many days has the subject had symptoms for? _____ days
   (Note: asymptomatic subject should be 0 days of ED presentation)

4. Ask the subject to think about their symptoms within the past 7 days. Have they experienced any:

a. Cough?	☐ No ☐ Yes ☐ Unknown
i. If Yes, did they cough up sputum?	☐ No ☐ Yes ☐ Unknown
b. Shortness of breath?	☐ No ☐ Yes ☐ Unknown
c. Sinus pain?	☐ No ☐ Yes ☐ Unknown
d. Nasal congestion/rhinorrhea?	☐ No ☐ Yes ☐ Unknown
e. Wheezing?	☐ No ☐ Yes ☐ Unknown
f. Sore throat?	☐ No ☐ Yes ☐ Unknown
g. Fever?	☐ No ☐ Yes ☐ Unknown
i. If Yes, was it recorded?	☐ No ☐ Yes ☐ Unknown
ii. If recorded, the temperature was: _____ C	
h. Fatigue?	☐ No ☐ Yes ☐ Unknown
i. If Yes, have they been able to get out of bed?	☐ No ☐ Yes ☐ Unknown
i. Chest pain?	☐ No ☐ Yes ☐ Unknown
i. If Yes, does their chest hurt when they breathe?	☐ No ☐ Yes ☐ Unknown
j. Chills?	☐ No ☐ Yes ☐ Unknown
k. Body aches?	☐ No ☐ Yes ☐ Unknown
l. Headache?	☐ No ☐ Yes ☐ Unknown
m. Loss of appetite?	☐ No ☐ Yes ☐ Unknown
n. Nausea/Vomiting?	☐ No ☐ Yes ☐ Unknown
o. Diarrhea?	☐ No ☐ Yes ☐ Unknown
p. Stomach pain?	☐ No ☐ Yes ☐ Unknown
q. Conjunctivitis?	☐ No ☐ Yes ☐ Unknown
r. Other symptoms?	☐ No ☐ Yes ☐ Unknown
i. If Yes, specify other symptoms:_____	