Study	ID:										
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## CEIRS Human Influenza Surveillance Study Form 5A: Current Symptoms

1.	Is this subject considered to be exhibiting influenza like illner	ss (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?(Note: asymptomatic subject sh	•						
4.	(Note: asymptomatic subject should be 0 days of ED presentation)  8. 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						
	I. 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?  i. If Yes, specify other symptoms:	□ No □ Yes □ Unknown						