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Study ID: _____

CEIRS Human Influenza Surveillance Study

Form 5A: Current Symptoms

1. Is this subject considered to be exhibiting influenza like illness (ILI)?
 2. If Yes, date of illness onset? ___ / ___ / ___
 ___ (Note: must be within 7 days of ED presentation)

No Yes Unknown
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: _____