Form Approved. OMB Control No. 0920-XXXX. Exp date. XX/XX/XXXX

Day of follow-up: 0/14 (Date of specimen collection)
Date (MM/DD/YYYY): ___________________________________

Name (First Last): ______________________________________
Household ID: WI-_________________
HH member ID: WI-_________________

Household Member Symptom Diary

1. Who is providing this information today?

   ☐ Self ☐ Parent/guardian

   ☐ Other, specify name: ___________________; relationship: _________________________

2. What is the current time? ____________ ☐ AM ☐ PM
3. Did you sleep in the household last night? ☐ Yes ☐ No
4. During the past 24 hours, have you experienced any of the following symptoms?

Symptom	**Experienced in the past 24 hours?**
Documented Fever >=100.4F (38C) Highest temp ______F	☐ Yes ☐ No ☐ Unknown
Subjective fever (felt feverish)	☐ Yes ☐ No ☐ Unknown
Chills	☐ Yes ☐ No ☐ Unknown
Fatigue (tired)	☐ Yes ☐ No ☐ Unknown
Headache	☐ Yes ☐ No ☐ Unknown
Muscle aches	☐ Yes ☐ No ☐ Unknown
Runny nose	☐ Yes ☐ No ☐ Unknown
Sore throat	☐ Yes ☐ No ☐ Unknown
Cough (new onset or worsening of chronic cough) ☐ Dry ☐ Productive	☐ Yes ☐ No ☐ Unknown
Discomfort/burning while breathing	☐ Yes ☐ No ☐ Unknown
Shortness of breath	☐ Yes ☐ No ☐ Unknown
Wheezing	☐ Yes ☐ No ☐ Unknown
Chest Pain	☐ Yes ☐ No ☐ Unknown
Nausea/Vomiting	☐ Yes ☐ No ☐ Unknown
Loss of taste ☐ Complete ☐ Partial	☐ Yes ☐ No ☐ Unknown
Loss of smell ☐ Complete ☐ Partial	☐ Yes ☐ No ☐ Unknown
Abdominal pain	☐ Yes ☐ No ☐ Unknown
Diarrhea (≥3 loose/looser than normal stools/24hr period)	☐ Yes ☐ No ☐ Unknown
Other, specify:	☐ Yes ☐ No ☐ Unknown

Who should we contact for your daily reminder? ☐ Me ☐ Other family member _________________________

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011).

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Preferred method of contact: ☐ Phone call ☐ Text ☐ Email

Phone/email:____

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