**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the current time? \_\_\_\_\_\_\_\_\_\_\_\_  AM  PM
2. Did you sleep in the household last night?  Yes  No
3. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of contact:  Phone call  Text  Email

Phone/email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_