

ATTACHMENT 5. SYMPTOM DIARY

Week of: _____

Symptom	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Notes
Fever	0	0	0	0	0	0	0	
Chills	0	0	0	0	0	0	0	
Headache	0	0	0	0	0	0	0	
Fatigue	0	0	0	0	0	0	0	
Muscle aches	0	0	0	0	0	0	0	
Joint pain	0	0	0	0	0	0	0	
Back pain	0	0	0	0	0	0	0	
Dizzy, lightheaded, or vertigo	0	0	0	0	0	0	0	
Excessive sweating	0	0	0	0	0	0	0	
Red eyes	0	0	0	0	0	0	0	
Eye or retroorbital pain	0	0	0	0	0	0	0	
Light sensitivity	0	0	0	0	0	0	0	
Muscle weakness	0	0	0	0	0	0	0	
Paralysis	0	0	0	0	0	0	0	
Seizures	0	0	0	0	0	0	0	
Stiff neck or neck pain	0	0	0	0	0	0	0	
Confusion	0	0	0	0	0	0	0	
Tremors	0	0	0	0	0	0	0	
Numbness or tingling	0	0	0	0	0	0	0	
Loss of appetite	0	0	0	0	0	0	0	
Nausea	0	0	0	0	0	0	0	
Vomiting	0	0	0	0	0	0	0	
Diarrhea	0	0	0	0	0	0	0	
Abdominal pain	0	0	0	0	0	0	0	
Sore throat	0	0	0	0	0	0	0	
Cough	0	0	0	0	0	0	0	
Shortness of breath	0	0	0	0	0	0	0	
Chest pain	0	0	0	0	0	0	0	
Rash	0	0	0	0	0	0	0	
Painful urination	0	0	0	0	0	0	0	
Urinary incontinence	0	0	0	0	0	0	0	
Difficulty emptying bladder	0	0	0	0	0	0	0	
Vaginal discharge	0	0	0	0	0	0	0	
Penile discharge	0	0	0	0	0	0	0	
Painful ejaculation	0	0	0	0	0	0	0	
Scrotal or testicular pain	0	0	0	0	0	0	0	
Hemorrhage	0	0	0	0	0	0	0	
Other	0	0	0	0	0	0	0	
Other	0	0	0	0	0	0	0	

CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).