# ATTACHMENT 5. SYMPTOM DIARY

*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 (0920-1446).*

**Week of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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