

# CDC Symptom Inventory

These questions are about physical symptoms that you may have experienced during the past month.

## SORE THROAT

A. During the past month, have you had a sore throat?

- <sub>1</sub> Yes
- <sub>2</sub> No → (Skip to A.6)

A.1 During the past month, how often have you had a sore throat?

- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

A.2 During the past month, how bad was your sore throat?

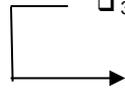
- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**A.3** Prior to this past month, for how long had you had a sore throat?

<sub>1</sub> Less than 6 months      —————>      **(Skip to A.5)**

<sub>2</sub> 6 – 12 months      —————>      **(Skip to A.5)**

<sub>3</sub> More than 12 months



**A.4** For how many years have you had a sore throat?

\_\_\_\_\_ Record Number of Years

**A.5** Do you consider your sore throat to currently be part of your ill-health?

<sub>1</sub> Yes

<sub>2</sub> No

**A.6** Has a sore throat been a part of your ill-health in the past?

<sub>1</sub> Yes

<sub>2</sub> No

## TENDER LYMPH NODES AND SWOLLEN GLANDS

**B. During the past month, have you had tender lymph nodes or swollen glands in your neck or armpits?**

- <sub>1</sub> Yes
- <sub>2</sub> No → **(Skip to B.6)**

**B.1 During the past month, how often have you had tender lymph nodes or swollen glands?**

- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**B.2 During the past month, how tender were your lymph nodes or how swollen were your glands?**

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**B.3** Prior to this past month, how long had you had tender lymph nodes or swollen glands?

<sub>1</sub> Less than 6 months → (Skip to B.5)

<sub>2</sub> 6 – 12 months → (Skip to B.5)

<sub>3</sub> More than 12 months



**B.4** For how many years have you had tender lymph nodes or swollen glands?

\_\_\_\_\_ Record Number of Years

**B.5** Do you consider your tender lymph nodes or swollen glands to currently be part of your ill-health?

<sub>1</sub> Yes

<sub>2</sub> No

**B.6** Have tender lymph nodes or swollen glands been a part of your ill-health in the past?

<sub>1</sub> Yes

<sub>2</sub> No

## DIARRHEA

**C. During the past month, have you had diarrhea?**

- <sub>1</sub> Yes
- <sub>2</sub> No → **(Skip to C.6)**

**C.1 During the past month, how often have you had diarrhea?**

- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**C.2 During the past month, how bad was your diarrhea?**

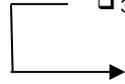
- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**C.3** Prior to this past month, for how long had you had diarrhea?

<sub>1</sub> Less than 6 months      —————>      **(Skip to C.5)**

<sub>2</sub> 6 – 12 months      —————>      **(Skip to C.5)**

<sub>3</sub> More than 12 months



**C.4** For how many years have you had diarrhea?

\_\_\_\_\_ Record Number of Years

**C.5** Do you consider your diarrhea to currently be part of your ill-health?

<sub>1</sub> Yes

<sub>2</sub> No

**C.6** Has diarrhea been a part of your ill-health in the past?

<sub>1</sub> Yes

<sub>2</sub> No

Fatigue After Exertion

**D. During the past month, have you been unusually fatigued or unwell for at least one day after exerting yourself in any way?**

- <sub>1</sub> Yes
- <sub>2</sub> No → **(Skip to D.6)**

**D.1 During the past month, how often have you had unusual fatigue after exertion?**

- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**D.2 During the past month, how bad was your unusual fatigue after exertion?**

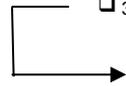
- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**D.3** Prior to this past month, for how long had you had unusual fatigue after exertion?

<sub>1</sub> Less than 6 months      —————>      **(Skip to D.5)**

<sub>2</sub> 6 – 12 months      —————>      **(Skip to D.5)**

<sub>3</sub> More than 12 months



**D.4** For how many years have you had unusual fatigue after exertion?

\_\_\_\_\_ Record Number of Years

**D.5** Do you consider your unusual fatigue after exertion to currently be part of your ill-health?

<sub>1</sub> Yes

<sub>2</sub> No

**D.6** Has unusual fatigue after exertion been a part of your ill-health in the past?

<sub>1</sub> Yes

<sub>2</sub> No

## MUSCLE ACHES AND PAINS

**E. During the past month, have you had muscle aches or muscle pain?**

- <sub>1</sub> Yes
- <sub>2</sub> No → **(Skip to E.6)**

**E.1 During the past month, how often have you had muscle aches or muscle pains?**

- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**E.2 During the past month, how bad were your muscle aches or muscle pains?**

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**E.3** Prior to this past month, for how long have you had muscle aches or muscle pains?

<sub>1</sub> Less than 6 months       $\longrightarrow$       **(Skip to E.5)**

<sub>2</sub> 6 – 12 months       $\longrightarrow$       **(Skip to E.5)**

<sub>3</sub> More than 12 months

$\longrightarrow$       **E.4** For how many years have you had muscle aches or muscle pains?

\_\_\_\_\_ Record Number of Years

**E.5** Do you consider your muscle aches or muscle pains to currently be part of your ill-health?

<sub>1</sub> Yes

<sub>2</sub> No

**E.6** Have muscle aches or muscle pains been a part of your ill-health in the past?

<sub>1</sub> Yes

<sub>2</sub> No

## JOINT PAIN

**F. During the past month, have you had pain in several joints?**

- <sub>1</sub> Yes
- <sub>2</sub> No → **(Skip to F.6)**

**F.1 During the past month, how often have you had joint pain?**

- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**F.2 During the past month, how bad was the joint pain?**

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**F.3** Prior to this past month, for how long had you had joint pain?

<sub>1</sub> Less than 6 months      —————>      **(Skip to F.5)**

<sub>2</sub> 6 – 12 months      —————>      **(Skip to F.5)**

<sub>3</sub> More than 12 months



**F.4** For how many years have you had joint pain?

\_\_\_\_\_ Record Number of Years

**F.5** Do you consider your joint pain to currently be part of your ill-health?

<sub>1</sub> Yes

<sub>2</sub> No

**F.6** Has joint pain been a part of your ill-health in the past?

<sub>1</sub> Yes

<sub>2</sub> No

## FEVER

**G. During the past month, have you had a fever?**

- <sub>1</sub> Yes
- <sub>2</sub> No → **(Skip to G.6)**

**G.1 During the past month, how often have you had a fever?**

- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**G.2 During the past month, how bad was your fever?**

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**G.3** Prior to this past month, for how long had you had a fever?

<sub>1</sub> Less than 6 months      —————>      **(Skip to G.5)**

<sub>2</sub> 6 – 12 months      —————>      **(Skip to G.5)**

<sub>3</sub> More than 12 months

└──────────┬──────────> **G.4** For how many years have you had a fever?

\_\_\_\_\_ Record Number of Years

**G.5** Do you consider your fever to currently be part of your ill-health?

<sub>1</sub> Yes

<sub>2</sub> No

**G.6** Has a fever been a part of your ill-health in the past?

<sub>1</sub> Yes

<sub>2</sub> No

## CHILLS

H. During the past month, have you had chills?

- <sub>1</sub> Yes
- <sub>2</sub> No (Skip to H.6)

H.1 During the past month, how often have you had chills?

- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

H.2 During the past month, how bad were your chills?

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**H.3 Prior to this past month, for how long had you had chills?**

<sub>1</sub> Less than 6 months      **—————▶ (Skip to H.5)**

<sub>2</sub> 6 – 12 months      **—————▶ (Skip to H.5)**

<sub>3</sub> More than 12 months

**H.4 For how many years have you had chills?**

\_\_\_\_\_ Record Number of Years

**H.5 Do you consider your chills to currently be part of your ill-health?**

<sub>1</sub> Yes

<sub>2</sub> No

**H.6 Have chills been a part of your ill-health in the past?**

<sub>1</sub> Yes

<sub>2</sub> No

## UNREFRESHING SLEEP

I. During the past month, has unrefreshing sleep been a problem for you?

- <sub>1</sub> Yes
- <sub>2</sub> No → (Skip to I.6)

I.1 During the past month, how often have you had unrefreshing sleep?

- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

I.2 During the past month, how much of a problem was unrefreshing sleep?

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**I.3 Prior to this past month, for how long had you had unrefreshing sleep?**

<sub>1</sub> Less than 6 months      **—————>** **(Skip to I.5)**

<sub>2</sub> 6 – 12 months      **—————>** **(Skip to I.5)**

<sub>3</sub> More than 12 months

**I.4 For how many years have you had unrefreshing sleep?**

\_\_\_\_\_ Record Number of Years

**I.5 Do you consider unrefreshing sleep to currently be part of your ill-health?**

<sub>1</sub> Yes

<sub>2</sub> No

**I.6 Has unrefreshing sleep been a part of your ill-health in the past?**

<sub>1</sub> Yes

<sub>2</sub> No

## SLEEPING PROBLEMS

**J. During the past month, have you had problems getting to sleep, sleeping through the night, or waking up on time?**

- <sub>1</sub> Yes
- <sub>2</sub> No —→ **(Skip to J.6)**

**J.1 During the past month, how often have you had sleeping problems?**

- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**J.2 During the past month, how bad were these sleeping problems?**

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe



## HEADACHES

**K. During the past month, have you had headaches?**

- <sub>1</sub> Yes
- <sub>2</sub> No → **(Skip to K.6)**

**K.1 During the past month, how often have you had headaches?**

- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**K.2 During the past month, how bad were your headaches?**

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**K.3** Prior to this past month, for how long had you had headaches?

<sub>1</sub> Less than 6 months      —————> **(Skip to K.5)**

<sub>2</sub> 6 – 12 months      —————> **(Skip to K.5)**

<sub>3</sub> More than 12 months

└──────────┬──────────> **K.4** For how many years have you headaches?

\_\_\_\_\_ Record Number of Years

**K.5** Do you consider your headaches to currently be part of your ill-health?

<sub>1</sub> Yes

<sub>2</sub> No

**K.6** Have headaches been a part of your ill-health in the past?

<sub>1</sub> Yes

<sub>2</sub> No

## MEMORY PROBLEMS

**L. During the past month, have you had forgetfulness or memory problems that caused you to substantially cut back on your activities?**

<sub>1</sub> Yes

<sub>2</sub> No → **(Skip to L.6)**

**L.1 During the past month, how often have you had forgetfulness or memory problems?**

<sub>1</sub> A little of the time

<sub>2</sub> Some of the time

<sub>3</sub> A good bit of the time

<sub>4</sub> Most of the time

<sub>5</sub> All of the time

**L.2 During the past month, how bad were your forgetfulness or memory problems?**

<sub>1</sub> Very mild

<sub>2</sub> Mild

<sub>3</sub> Moderate

<sub>4</sub> Severe

<sub>5</sub> Very severe



## CONCENTRATION

**M.** During the past month, have you had difficulty with thinking or concentrating that caused you to substantially cut back on your activities?

- <sub>1</sub> Yes
- <sub>2</sub> No → **(Skip to M.6)**

**M.1** During the past month, how often have you had difficulty with thinking or concentrating?

- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**M.2** During the past month, how bad was your difficulty with thinking or concentrating?

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**M.3** Prior to this past month, for how long had you had difficulty with thinking or concentrating?

<sub>1</sub> Less than 6 months      —————> **(Skip to M.5)**

<sub>2</sub> 6 – 12 months      —————> **(Skip to M.5)**

<sub>3</sub> More than 12 months

└──────────┬──────────> **M.4** For how many years have you had difficulty with thinking or concentrating?

\_\_\_\_\_ Record Number of Years

**M.5** Do you consider your difficulty with thinking or concentrating to currently be part of your ill-health?

<sub>1</sub> Yes

<sub>2</sub> No

**M.6** Has difficulty with thinking or concentrating been a part of your ill-health in the past?

<sub>1</sub> Yes

<sub>2</sub> No

## NAUSEA

**N. During the past month, have you had nausea?**

- <sub>1</sub> Yes
- <sub>2</sub> No → **(Skip to N.6)**

**N.1 During the past month, how often have you had nausea?**

- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**N.2 During the past month, how bad was the nausea?**

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**N.3** Prior to this past month, for how long had you had nausea?

<sub>1</sub> Less than 6 months      —————>      **(Skip to N.5)**

<sub>2</sub> 6 – 12 months      —————>      **(Skip to N.5)**

<sub>3</sub> More than 12 months

└──────────┬──────────> **N.4** For how many years have you had nausea?

\_\_\_\_\_ Record Number of Years

**N.5** Do you consider your nausea to currently be part of your ill-health?

<sub>1</sub> Yes

<sub>2</sub> No

**N.6** Has nausea been a part of your ill-health in the past?

<sub>1</sub> Yes

<sub>2</sub> No

## STOMACH OR ABDOMINAL PAIN

**O. During the past month, have you had stomach or abdominal pain?**

- <sub>1</sub> Yes
- <sub>2</sub> No → **(Skip to O.6)**

**O.1 During the past month, how often have you had stomach or abdominal pain?**

- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**O.2 During the past month, how bad was your stomach or abdominal pain?**

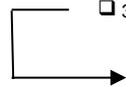
- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**O.3** Prior to this past month, for how long had you had stomach or abdominal pain?

<sub>1</sub> Less than 6 months      —————>      **(Skip to O.5)**

<sub>2</sub> 6 – 12 months      —————>      **(Skip to O.5)**

<sub>3</sub> More than 12 months



**O.4** For how many years have you had stomach or abdominal pain?

\_\_\_\_\_ Record Number of Years

**O.5** Do you consider your stomach or abdominal pain to currently be part of your ill-health?

<sub>1</sub> Yes

<sub>2</sub> No

**O.6** Has stomach or abdominal pain been a part of your ill-health in the past?

<sub>1</sub> Yes

<sub>2</sub> No

## SINUS OR NASAL PROBLEMS

**P. During the past month, have you had sinus or nasal symptoms?**

- <sub>1</sub> Yes
- <sub>2</sub> No —→ **(Skip to P.6)**

**P.1 During the past month, how often have you had sinus or nasal symptoms?**

- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**P.2 During the past month, how bad were your sinus or nasal symptoms?**

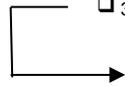
- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**P.3 Prior to this past month, for how long had you had sinus or nasal symptoms?**

<sub>1</sub> Less than 6 months       $\longrightarrow$       **(Skip to P.5)**

<sub>2</sub> 6 – 12 months       $\longrightarrow$       **(Skip to P.5)**

<sub>3</sub> More than 12 months



**P.4 For how many years have you had sinus or nasal symptoms?**

\_\_\_\_\_ Record Number of Years

**P.5 Do you consider your sinus or nasal symptoms to currently be part of your ill-health?**

<sub>1</sub> Yes

<sub>2</sub> No

**P.6 Have sinus or nasal symptoms been a part of your ill-health in the past?**

<sub>1</sub> Yes

<sub>2</sub> No

## SHORTNESS OF BREATH

**Q.** During the past month, have you had shortness of breath?

- <sub>1</sub> Yes
- <sub>2</sub> No → **(Skip to Q.6)**

**Q.1** During the past month, how often have you had shortness of breath?

- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**Q.2** During the past month, how bad was your shortness of breath?

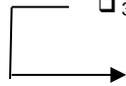
- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**Q.3** Prior to this past month, for how long had you had shortness of breath?

<sub>1</sub> Less than 6 months       $\longrightarrow$       **(Skip to Q.5)**

<sub>2</sub> 6 – 12 months       $\longrightarrow$       **(Skip to Q.5)**

<sub>3</sub> More than 12 months



**Q.4** For how many years have you had shortness of breath?

\_\_\_\_\_ Record Number of Years

**Q.5** Do you consider your shortness of breath to currently be part of your ill-health?

<sub>1</sub> Yes

<sub>2</sub> No

**Q.6** Has shortness of breath been a part of your ill-health in the past?

<sub>1</sub> Yes

<sub>2</sub> No

## SENSITIVITY TO LIGHT

R. During the past month, have your eyes been sensitive to light?

- <sub>1</sub> Yes
- <sub>2</sub> No —→ (Skip to R.6)

R.1 During the past month, how often have you been sensitive to light?

- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

R.2 During the past month, how bad was your sensitivity to light?

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**R.3** Prior to this past month, for how long have you been sensitive to light?

<sub>1</sub> Less than 6 months      —————>      **(Skip to R.5)**

<sub>2</sub> 6 – 12 months      —————>      **(Skip to R.5)**

<sub>3</sub> More than 12 months

└───┬───> **R.4** For how many years have you been sensitive to light?

\_\_\_\_\_ Record Number of Years

**R.5** Do you consider your sensitivity to light to currently be part of your ill-health?

<sub>1</sub> Yes

<sub>2</sub> No

**R.6** Has sensitivity to light been a part of your ill-health in the past?

<sub>1</sub> Yes

<sub>2</sub> No

## DEPRESSION

**S. During the past month, have you been depressed?**

- <sub>1</sub> Yes
- <sub>2</sub> No —→ (Skip to S.6)

**S.1 During the past month, how often have you been depressed?**

- <sub>1</sub> A little of the time
- <sub>2</sub> Some of the time
- <sub>3</sub> A good bit of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

**S.2 During the past month, how bad was the depression?**

- <sub>1</sub> Very mild
- <sub>2</sub> Mild
- <sub>3</sub> Moderate
- <sub>4</sub> Severe
- <sub>5</sub> Very severe

**S.3** Prior to this past month, for how long had you been depressed?

<sub>1</sub> Less than 6 months      —————>      **(Skip to S.5)**

<sub>2</sub> 6 – 12 months      —————>      **(Skip to S.5)**

<sub>3</sub> More than 12 months

└──────────┬──────────>      **S.4** For how many years have you had problems with depression?

\_\_\_\_\_ Record Number of Years

**S.5** Do you consider your depression to currently be part of your ill-health?

<sub>1</sub> Yes

<sub>2</sub> No

**S.6** Has depression been a part of your ill-health in the past?

<sub>1</sub> Yes

<sub>2</sub> No

## OTHER SYMPTOMS

T. During the past month, have any other symptoms in addition to those we have already asked about been part of your ill-health?

<sub>1</sub> Yes

<sub>2</sub> No → (Skip to U)

T.1 What other symptoms have been part of your ill-health during the past month?

Please specify the symptoms using the spaces below.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**U. Which of the following symptoms has bothered you the most during the past month?**

Please **check only one box** that describes that symptom that bothered you **most** during the past month.

- 1 Sore throat
- 2 Tender lymph nodes or swollen glands in your neck or armpits
- 3 Diarrhea
- 4 Unusual fatigue for at least one day after exertion
- 5 Muscle aches or pains
- 6 Joint pain
- 7 Fever
- 8 Chills
- 9 Unrefreshing sleep
- 10 Sleeping problems
- 11 Headaches
- 12 Forgetfulness or memory problems
- 13 Difficulty thinking or concentrating
- 14 Nausea
- 15 Stomach or abdominal pains
- 16 Sinus or nasal symptoms
- 17 Shortness of breath
- 18 Eye sensitivity to light
- 19 Depression
- 20 Another symptom (Please specify: \_\_\_\_\_)