Wisconsin Upper Respiratory Symptom Survey - 11 --- Daily Symptom Report

D	D /	Tr.	ID	
Day:	Date:	Time:	<i>ID</i> :	
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Please fill in one circle for each of the following items:

	Not Very sick mildly		Mildly		Moderately			Severely	
	0	1	2	3	4	5	6	7	
How sick do you feel today?	0	0	0	0	0	Ο	0	0	

Please rate the average severity of your cold symptoms over the last 24 hours for each symptom:

icase rate the averag	Do not have this symptom	Very mild	1/////		Moderate			Severe
	0	1	2	3	4	5	6	7
Runny nose	0	0	0	0	0	0	0	0
Plugged nose	0	0	0	0	0	0	0	0
Sneezing	0	0	0	0	0	0	0	0
Sore throat	0	0	0	0	0	0	0	0
Scratchy throat	0	0	0	0	0	0	0	0
Cough	0	0	0	0	0	0	0	0
Feeling tired	0	0	0	0	0	0	0	0

Over the last 24 hours, how much has your cold interfered with your ability to:

	Not at all	Very mildly			Moderately		Severely	
	0	1	2	3	4	5	6	7
Think clearly	0	0	0	0	0	0	0	0
Accomplish daily activities	0	0	0	0	0	0	0	0

Compared to yesterday, I feel that my cold is...

Very much better	Somewhat better	A little better	The same	A little worse	Somewhat worse	Very much worse
0	0	0	0	0	0	0

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