Wisconsin Upper Respiratory Symptom Survey – 21 --- Daily Symptom Report

Day:	Date:		Time:			ID:			
Please fill in one circle fo	r each of the fo	ollowing it	tems:						
	Not sick	Very mildly		Mildly	Moderately		Se	Severely	
	0	1	2	3	4	5	6	7	
How sick do you feel tod	l ay ? 0	0	0	0	0	0	0	0	

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

	Do not have this symptom	Very mild		Mild	ſ	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
Hoarseness	0	0	0	0	0	0	0	0
Head congestion	0	0	0	0	0	0	0	0
Chest congestion	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		Mildly		Moderately	S	Severely
	0	1	2	3	4	5	6	7
Think clearly	0	0	0	0	0	0	0	0
Sleep well	0	0	0	0	0	0	0	0
Breathe easily	0	0	0	0	0	0	0	0
Walk, climb stairs, exercise	0	0	0	0	0	0	0	0
Accomplish daily activities	0	0	0	0	0	0	0	0
Work outside the home	0	0	0	0	0	0	0	0
Work inside the home	0	0	0	0	0	0	0	0
Interact with others	0	0	0	0	0	0	0	0
Live your personal life	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

WURSS -21[®] (Wisconsin Upper Respiratory Symptom Survey) 2004

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