Wisconsin Upper Respiratory Symptom Survey For Kids - Daily Symptom Report				
Day: Date:		Time:	ID:	
Please fill in one circle for each question:				
	Not sick	A little sick	Sick	Very sick
	\bigcirc			
How sick do you feel today?	0	0	0	0
How bad are your cold symptoms? (Overall, since yesterday)				
I	Do not have this	A little bad	Bad	Very bad
Runny nose	0	0	0	0
Stuffy nose	0	0	0	0
Sneezing	0	0	0	0
Sore throat (hurts to swallow)	0	0	0	0
Cough	0	0	0	0
Feeling tired	0	0	0	0
Since yesterday, how hard has it been to:				
	Not at all	A little hard	l Hard	Very hard
	\odot			•••
Think	0	0	0	0
Sleep	0	0	0	0
Breathe	0	0	0	0
Talk	0	0	0	0
Walk, climb stairs, exercise	0	0	0	0
Go to school	0	0	0	0
Play with friends	0	0	0	0
Compared to yesterday, I feel my cold is				
A lot better A little b	petter T	he same	A little worse	A lot worse
0 0		0	0	0
I completed this page: \square all by myself \square with some help \square with a lot of help				
Who helped you?				