MESSI-HP Symptoms

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|   Subject ID: \_\_\_\_\_\_- ED -\_\_\_\_\_\_\_\_\_-\_\_\_\_  Date of Collection: \_\_ \_\_ / \_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ dd /mmm/ yyyy  |
| **Time Point** (Please Circle One) Historical symptom data (worst symptoms) - DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Study Visit: Day 0 Day 7 Day 14 Day 21 Day 28 Month 2 Month 4 Month 6 Month 12 Sick Visit – DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Symptoms** | Symptom | Present | Not Present |
| Lethargy |  |  |
|  Anorexia |  |  |
| Fever |  |  |
| Vomiting |  |  |
| Diarrhea |  |  |
| Sneezing |  |  |
| Coughing |  |  |
| Runny/watery eyes |  |  |
| Nasal discharge |  |  |
| Pale gums |  |  |
| Retching |  |  |
| Shortness of breath |  |  |
| Third eyelid raised |  |  |