

## Appendix 7 Baseline and Weekly Symptom survey

<b>1</b>	Did you cough?	Yes No
<b>IF YES to ques 1</b>	When did you cough?	Night only Day only Both day and night
<b>1a</b>		
<b>IF YES to ques 1</b>	How bad was your cough?	Slightly bad Moderately bad Very bad Extremely bad
<b>1b</b>		
<b>IF YES to ques 1</b>	How often did you cough?	A little bit of the time Some of the time Most of the time All of the time
<b>1c</b>		
<b>2</b>	Did your cough sound wet?	Yes No
<b>IF YES to ques 2</b>	Did you cough up mucus?	Yes No
<b>2a</b>		
<b>IF YES to ques 2a</b>	How much mucus did you cough up?	Don't know Much less than usual Slightly less than usual Same as usual Slightly more than usual Much more than usual
<b>2ai</b>		
<b>IF YES to ques 2a</b>	What colour was the mucus that was coughed up?	Clear/white Yellow/green Brown
<b>2aii</b>		
<b>3</b>	Did you have tightness in the chest?	Yes No
<b>IF YES to ques 3</b>	When did you have tightness in the chest?	Night only Day only Both day and night
<b>3a</b>		
<b>IF YES to ques 3</b>	How much tightness in the chest did you have?	A little Somewhat A good deal A great deal
<b>3b</b>		
<b>IF YES to ques 3</b>	How often did you have tightness in the chest?	A little bit of the time Some of the time Most of the time All of the time
<b>3c</b>		
<b>4</b>	Did you wheeze?	Yes No
<b>IF YES to ques 4</b>	When did you wheeze?	Night only Day only Both day and night
<b>4a</b>		
<b>IF YES to ques 4</b>	How bad was your wheezing?	A little Somewhat A good deal
<b>4b</b>		

		A great deal
<b>IF YES to ques 4</b>	How often did you wheeze?	A little bit of the time Some of the time Most of the time All of the time
<b>4c</b>		
<b>5</b>	Did you feel feverish?	Yes No
<b>IF YES to ques 5</b>	When did you have a fever?	Night only Day only Both day and night
<b>5a</b>		
<b>IF YES to ques 5</b>	How feverish did you feel?	A little Somewhat A good deal A great deal
<b>5b</b>		
<b>IF YES to ques 5</b>	How often did you feel feverish?	A little bit of the time Some of the time Most of the time All of the time
<b>5c</b>		
<b>6</b>	Did you have a runny nose, sweats or chills?	Yes No
<b>IF YES to ques 6</b>	When did you have a runny nose, sweats or chills?	Night only Day only Both day and night
<b>6a</b>		
<b>IF YES to ques 6</b>	How bad was your runny nose, sweats or chills?	A little Somewhat A good deal A great deal
<b>6b</b>		
<b>IF YES to ques 6</b>	How often did you have a runny nose, sweats or chills?	A little bit of the time Some of the time Most of the time All of the time
<b>6c</b>		
<b>7</b>	Did you feel more tired than usual?	Yes No
<b>IF YES to ques 7</b>	When did you feel more tired than usual?	Night only Day only Both day and night
<b>7a</b>		
<b>IF YES to ques 7</b>	How much more tired than usual did you feel?	A little Somewhat A good deal A great deal
<b>7b</b>		
<b>IF YES to ques 7</b>	How often did you feel more tired than usual?	A little bit of the time Some of the time Most of the time All of the time
<b>7c</b>		
<b>8</b>	Did you cough up blood?	Yes No
<b>IF YES to ques 8</b>	How much blood did you cough up?	Amount of a 5 cent coin Amount of a 50c coin Amount to cover the bottom of a sputum jar Amount to cover more than the bottom of a sputum jar
<b>8a</b>		

