hVIVO
better treatments, faster

Protocol: XXX-XX-NNN
Visit

Subject Initials: ____

Subject No.: ____

See page 2 of this document for guidelines of which SDC to use

Symptom Diary Card

Date ____ (dd mmm yyyy) **Time** ____ (hh : mm)

Morning ☐ **Afternoon** ☐ **Evening** ☑

Symptoms Please report the highest level of symptoms you have experienced since completing the last diary card (if applicable), including any symptoms you currently have (tick ONE in each row)	I have NO symptoms	Just noticeable	It's clearly bothersome from time-to-time, but it doesn't interfere with me doing my normal daily activities	It's quite bothersome most or all of the time, and it stops me from participating in activities
Runny Nose	☐ 0	☐ 1	☐ 2	☐ 3
Stuffy Nose	☐ 0	☐ 1	☐ 2	☐ 3
Sneezing	☐ 0	☐ 1	☐ 2	☐ 3
Sore Throat	☐ 0	☐ 1	☐ 2	☐ 3
Earache	☐ 0	☐ 1	☐ 2	☐ 3
Malaise/Tiredness	☐ 0	☐ 1	☐ 2	☐ 3
Headache	☐ 0	☐ 1	☐ 2	☐ 3
Muscle and/ or Joint Ache	☐ 0	☐ 1	☐ 2	☐ 3
Chilliness/ Feverishness	☐ 0	☐ 1	☐ 2	☐ 3
Cough	☐ 0	☐ 1	☐ 2	☐ 3
Shortness of breath	☐ 0	☐ 1	☐ 2	☐ 3

Volunteer's Initials _____

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Symptom Diary Card

Morning ☐ Afternoon ☐ Evening ☑

Symptoms Please report the highest level of symptoms you have experienced since completing the last diary card (if applicable), including any symptoms you currently have	Mark the scale with a single line as demonstrated below: ⇧ / ⇧ Less severe symptom  More severe symptom 	**Line Length (mm):** ___ **Length of mark (mm):**
Runny Nose	⇧ ⇧	___
Stuffy Nose	⇧ ⇧	___
Sneezing	⇧ ⇧	___
Sore Throat	⇧ ⇧	___
Earache	⇧ ⇧	___
Malaise/ Tiredness	⇧ ⇧	___
Headache	⇧ ⇧	___
Muscle and/ or Joint Ache	⇧ ⇧	___
Chilliness/ Feverishness	⇧ ⇧	___
Cough	⇧ ⇧	___
Shortness of breath	⇧ ⇧	___

Volunteer's Initials _____

_____ Physician Initials DD MMM YYYY (dd mmm yyyy) at HH:MM (hh mm)

_____ Measured by (Initials)

DD MMM YYYY (dd mmm yyyy)