**SYMPTOMS:**

***NOTE: Please select boxes that apply and rate the severity of the symptom experienced.***

**Flu**

Rate severity: (1-lowest | 10-highest)

**Abdominal Pain**

Rate severity: (1-lowest | 10-highest)

**Arm Pain**

Rate severity: (1-lowest | 10-highest)

**Back Pain**

Rate severity: (1-lowest | 10-highest)

**Body Aches**

Rate severity: (1-lowest | 10-highest)

**Breast Pain**

Rate severity: (1-lowest | 10-highest)

**Breathing Difficulty**

Rate severity: (1-lowest | 10-highest)

**Chest Pain**

Rate severity: (1-lowest | 10-highest)

**Congestion**

Rate severity: (1-lowest | 10-highest)

**Cough**

Rate severity: (1-lowest | 10-highest)

**Diarrhea**

Rate severity: (1-lowest | 10-highest)

**Ear Pain**

Rate severity: (1-lowest | 10-highest)

**Excessive Sweating**

Rate severity: (1-lowest | 10-highest)

**Faintness**

Rate severity: (1-lowest | 10-highest)

**Fatigue**

Rate severity: (1-lowest | 10-highest)

**Gas**

Rate severity: (1-lowest | 10-highest)

**Genital Itching**

Rate severity: (1-lowest | 10-highest)

**Headache**

Rate severity: (1-lowest | 10-highest)

**Irregular Periods**

Rate severity: (1-lowest | 10-highest)

**Joint Pain**

Rate severity: (1-lowest | 10-highest)

**Leg Pain**

Rate severity: (1-lowest | 10-highest)

**Mouth Lesions**

Rate severity: (1-lowest | 10-highest)

**Nausea**

Rate severity: (1-lowest | 10-highest)

**Neck Pain**

Rate severity: (1-lowest | 10-highest)

**Rash**

Rate severity: (1-lowest | 10-highest)

**Rectal Bleeding**

Rate severity: (1-lowest | 10-highest)

**Skin Lump**

Rate severity: (1-lowest | 10-highest)

**Sore Throat**

Rate severity: (1-lowest | 10-highest)

**Vomiting**

Rate severity: (1-lowest | 10-highest)