

**This is for projects that are doing acute testing. To collect as part of the testing procedure by the study team.**

Date of Symptom Collection

\_\_\_\_\_ (MM/DD/YYYY)

### Current Symptoms

Have you had any of these symptoms during the past week?

	Yes	No	Don't know
Fever or chills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath or difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of energy or general tired feeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle or body aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New loss of taste or smell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sore throat, congestion or runny nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling sick to your stomach or vomiting, diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin Rash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This module was extracted from page 18, section "Symptoms" from the full document "RADx-UP Common Data Elements"