

I have:



Coughing



Fever



Hard to breathe



Throat pain



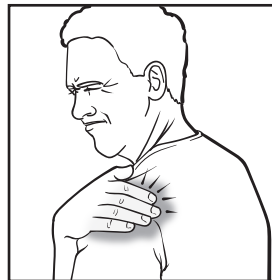
Headache



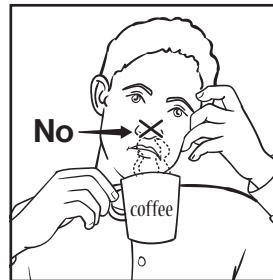
Chills / shaking



Runny nose



Muscle pain



Problem with smell



Problem with taste

How many days sick?

Month						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

1
 2
 3
 4
 5
 6
 7
 8+

Me →

Yes

No

Yes

No