|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Grinning face with no fillNONE | Smiling face with no fillSLIGHT | Confused face with no fillMILD | Sad face with no fillBAD | Worried face with no fillINTENSE | Crying face with no fillSEVERE |
| 1. FATIGUE
 |  |  |  |  |  |  |
| 1. FACIAL PAIN / PRESSURE
 |  |  |  |  |  |  |
| 1. CLOGGED NOSE
 |  |  |  |  |  |  |
| 1. RUNNY NOSE
 |  |  |  |  |  |  |
| 1. POST NASAL DRIP
 |  |  |  |  |  |  |
| 1. THICK DISCHARGE FROM NOSE
 |  |  |  |  |  |  |
| 1. NEED TO BLOW NOSE
 |  |  |  |  |  |  |
| 1. EAR FULLNESS
 |  |  |  |  |  |  |
| 1. LOSS OF SMELL / TASTE
 |  |  |  |  |  |  |
| 1. DIFFICULTY FALLING ASLEEP
 |  |  |  |  |  |  |
| 1. WAKING UP AT NIGHT
 |  |  |  |  |  |  |
| 1. CAN’T SLEEP WELL
 |  |  |  |  |  |  |
| 1. TIRED UPON WAKING
 |  |  |  |  |  |  |
| 1. REDUCED PRODUCTIVITY
 |  |  |  |  |  |  |
| 1. IRRITABLE
 |  |  |  |  |  |  |
| 1. CAN’T CONCENTRATE
 |  |  |  |  |  |  |
| 1. EAR PAIN
 |  |  |  |  |  |  |
| 1. COUGH
 |  |  |  |  |  |  |