|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Grinning face with no fill  NONE | Smiling face with no fill  SLIGHT | Confused face with no fill  MILD | Sad face with no fill  BAD | Worried face with no fill  INTENSE | Crying face with no fill  SEVERE |
| 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 |  |  |  |  |  |  |