

Your Daily Routine:

Morning:

1. **Before** you **get up** check and record your **temperature** (orally with the thermometer provided to you). Please, check the temperature **for 3 minutes**.

Evening:

1. Record your **daily symptoms** on the form. Rank them **from 1 to 10** (1 being the least severe and 10 being the most severe), if you experienced none, leave the box blank.
2. Record the **medications** that you have taken that day.
3. Record any **unusual events**, i.e. trips, air-travel, illnesses in the section labeled “other”. Please, specify the date.