


## USER GUIDE – STEP 4. WEEKLY REPORTS

Once you login, you may be directed straight to the weekly survey, otherwise you can select it from the account options as shown below.

**Your account**



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You can add multiple people (i.e. from your household, class or company) through "Your results". Each account can only have one **username** and **email address**. To leave feedback or get support, **contact us**.

If you have no symptoms, you simply record that and hit the submit button.

\* Have you had any of the following symptoms since your last visit (or in the past weeks, if this is your first visit)? (i)

- No symptoms**
- Fever**
- Chills**
- Runny or blocked nose**
- Sneezing**
- Sore throat**
- Cough**
- Shortness of breath**
- Headache**
- Muscle/joint pain**

Why are we asking this? The key part of this survey is tracking people's symptoms. How should I answer it? For people with chronic (long-term) illnesses, only tick changes in symptoms. So, if you have chronic shortness of breath (for instance) then only tick this box if this has got worse recently.

You will then see the following summary:

Influenza net
Influenza.net is a system to monitor the activity of influenza-like-illness (ILI) with the aid of volunteers via the internet.



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Your account



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You can add multiple people (i.e. from your

### Your results

Thanks - your diagnosis: No symptoms

The last survey was submitted for on Oct. 11, 2013, 12:33 p.m.

Name	+	Survey	Status
<input type="checkbox"/> <input checked="" type="checkbox"/>		Report	<input checked="" type="checkbox"/> Change background
		11/10	

If you have symptoms, there are questions relating to this. These include:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Fever</b>                 | <input type="checkbox"/> <b>Chest pain</b>                           |
| <input type="checkbox"/> <b>Chills</b>                | <input type="checkbox"/> <b>Feeling tired or exhausted (malaise)</b> |
| <input type="checkbox"/> <b>Runny or blocked nose</b> | <input type="checkbox"/> <b>Loss of appetite</b>                     |
| <input type="checkbox"/> <b>Sneezing</b>              | <input type="checkbox"/> <b>Coloured sputum/phlegm</b>               |
| <input type="checkbox"/> <b>Sore throat</b>           | <input type="checkbox"/> <b>Watery, bloodshot eyes</b>               |
| <input type="checkbox"/> <b>Cough</b>                 | <input type="checkbox"/> <b>Nausea</b>                               |
| <input type="checkbox"/> <b>Shortness of breath</b>   | <input type="checkbox"/> <b>Vomiting</b>                             |
| <input type="checkbox"/> <b>Headache</b>              | <input type="checkbox"/> <b>Diarrhoea</b>                            |
| <input type="checkbox"/> <b>Muscle/joint pain</b>     | <input type="checkbox"/> <b>Stomach ache</b>                         |
|   | <input type="checkbox"/> <b>Other</b>                                |

Depending on your responses, a number of follow on questions are asked. These can be filled out quickly, and the questions include:

<p><b>When did the first symptoms appear?</b> <span style="float: right;">(i)</span></p> <p><input type="radio"/> Choose date <input type="text"/></p> <p><input type="radio"/> I don't know/can't remember</p>	<p><b>Why are we asking this?</b> To help us work out the number of cases of flu that arise each day.</p> <p><b>How should I answer it?</b> Please give as accurate an estimate as possible.</p>
<p><b>When did your symptoms end?</b> <span style="float: right;">(i)</span></p> <p><input type="radio"/> Choose date <input type="text"/></p> <p><input type="radio"/> I don't know/can't remember</p> <p><input type="radio"/> I am still ill</p>	<p><b>Why are we asking this?</b> Using the beginning and end dates of symptoms we can work out how long respiratory infections last.</p> <p><b>How should I answer it?</b> Please give as accurate an estimate as possible.</p>
<p><b>Did your symptoms develop suddenly over a few hours?</b> <span style="float: right;">(i)</span></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> I don't know/can't remember</p>	<p><b>Why are we asking this?</b> Sudden onset of symptoms is believed to be common for flu.</p> <p><b>How should I answer it?</b> Tick yes if your symptoms appeared over a few hours rather than gradually developing over a few days.</p>
<p><b>When did your fever begin?</b> <span style="float: right;">(i)</span></p> <p><input type="radio"/> Choose date <input type="text"/></p> <p><input type="radio"/> I don't know/can't remember</p>	<p><b>Why are we asking this?</b> Fever is very important for diagnosing flu, so we want to know when this started.</p> <p><b>How should I answer it?</b> Please give as accurate an estimate as possible.</p>
<p><b>Did your fever develop suddenly over a few hours?</b> <span style="float: right;">(i)</span></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> I don't know</p>	<p><b>Why are we asking this?</b> Flu is often associated with a sudden onset of fever</p> <p><b>How should I answer it?</b> Tick yes if your fever appeared over a few hours rather than gradually developing over a few days.</p>
<p><b>Did you take your temperature?</b> <span style="float: right;">(i)</span></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> I don't know</p>	<p><b>Why are we asking this?</b> Flu often causes a high temperature. However, not everyone takes their temperature when they are ill.</p> <p><b>How should I answer it?</b> Answer yes, if you took your temperature using a thermometer.</p>

What was your highest temperature measured? (i)

- Below 37°C
- 37° - 37.4°C
- 37.5° - 37.9°C
- 38° - 38.9°C
- 39° - 39.9°C
- 40°C or more
- I don't know/can't remember

**Why are we asking this?**

Flu often causes a high temperature.

**How should I answer it?**

Give the highest temperature you recorded during this episode of illness.

Because of your symptoms, did you VISIT (see face to face) any medical services? (i)

- No
- GP or GP's practice nurse
- Hospital accident & emergency department / out of hours service
- Hospital admission
- Other medical services
- No, but I have an appointment scheduled

**Why are we asking this?**

To find out whether people contact the health services because of their symptoms.

**How should I answer it?**

Tick all of those that apply. If you are due to see attend, then tick the final option.

Because of your symptoms, did you contact via TELEPHONE or INTERNET any of medical services? (i)

- No
- GP - spoke to receptionist only
- GP - spoke to doctor or nurse
- Other

**Why are we asking this?**

To find out whether people contact the health services because of their symptoms.

**How should I answer it?**

Tick all options that apply

Did you take medication for these symptoms (tick all that apply)? (i)

- No medication
- Pain killers (e.g. paracetamol, lemsip, ibuprofen, aspirin, calpol, etc)
- Cough medication (e.g. expectorants)
- Antivirals (Tamiflu, Relenza)
- Antibiotics
- Other
- I don't know/can't remember

#### Why are we asking this?

To find out who gets treated, and how effective treatment is.

#### How should I answer it?

Only record those medications that you used because of this bout of illness. If you are on other medications because of a pre-existing illness then do not record these.

Did you change your daily routine because of your illness? (i)

- No
- Yes, but I did not take time off work/school
- Yes, I took time off work/school

#### Why are we asking this?

To measure how people's daily lives are affected by their symptoms.

#### How should I answer it?

We want to know if you were absent from work or school as a result of your illness, or if you changed your routine in other ways (e.g. stopped attending clubs).

What do you think is causing your symptoms? (i)

- Flu or flu-like illness
- Common cold
- Allergy/hay fever
- Ashtma
- Gastroenteritis/gastric flu
- Other
- I don't know

#### Why are we asking this?

To help find out if our assessment of your illness based on your symptoms matches what you believe to be the cause. You might have a better idea of what is causing your illness than our computer algorithms.

#### How should I answer it?

If you are reasonably sure about what is causing your symptoms, please tick the appropriate box. Otherwise, please tick "I don't know".

Submit

When all the symptoms are entered, the system will provide an estimated diagnosis. Your health status is based on the symptoms you reported. **This is not a medical diagnosis.**

We only ask for symptoms indicative of influenza-like illness, common colds, allergies and gastric flu. If you have other symptoms, or you are at all worried, we recommend that you contact your doctor.

Sample output is shown on the following page.

**Your account**




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You can add multiple people (i.e. from your household, class or company) through "Your results". Each account can only have one **username** and **email address**. To leave feedback or get support, **contact us**.

**Your results**

Thanks - your diagnosis: **Common cold**

The last survey was submitted for on **Oct. 11, 2013, 1:05 p.m.**

<input type="checkbox"/> Name	+	Survey	Status
<input type="checkbox"/> <input checked="" type="checkbox"/>		<ul style="list-style-type: none"> <li>Report</li> <li>11/10</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Change background</li> <li></li> </ul>