



Please rate the following on a scale from 1 to 5:

- 1) I am happy today (1) (2) (3) (4) (5)
- 2) I am feeling good today (1) (2) (3) (4) (5)
- 3) I am happy to be here today (1) (2) (3) (4) (5)
- 4) I had a good breakfast today (1) (2) (3) (4) (5)
- 5) I woke up on the right side of the bed today (1) (2) (3) (4) (5)
- 6) I had bad dreams last night (1) (2) (3) (4) (5)
- 7) I am well rested today (1) (2) (3) (4) (5)
- 8) I enjoyed my commute today (1) (2) (3) (4) (5)

Please tell us which of these symptoms you had this morning:

- Headache
- Sore throat
- Fever
- Chills
- Dry mouth
- Rash
- Heartburn
- Anxiety
- Depression
- Sinus infection

How many days has it been since you last had severe symptoms:

\_\_\_\_\_ (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

\_\_\_\_\_ (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

Which of the following would you say is your favorite thing to do:

- Read
- Watch Television
- Knit
- Scan OMR forms

Write any comments in the space below:

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