## **Additional file 2: Diary (Symptom Questionnaire)**

In the symptom diary the following aspects related to each condition will be collected:

FOR EACH SYMPTOM choose the degree of affectation in the last 24 hours, according to the following Table of codes:

0	Normal or does not upset me / does not hurt
1	Affectation is insignificant or affects me slightly / light pain
2	Mild or slightly significant affectation or affects me slightly or very little / moderate pain
3	Moderately significant affectation or affects me moderately / considerable pain
4	Significant affectation or affects me considerably / intense pain
5	Highly significant affectation or affects me highly significantly / very intense pain
6	Maximum affectation or affects me a great deal / unbearable pain

Color of secretions can also be specified in case of nasal mucus for rhinosinusitis, or of expectoration or phlegm for acute bronchitis and in the exacerbation of the COPD.

T	If transparent
Υ	If light yellow
G	If green
0	If other
	Leave the box blank if no phlegm/mucus has been detected on that day.

**Pharyngitis**: 9 symptoms were recorded daily: feeling of fever, headache, general discomfort or pain, cough, sore throat, difficulty swallowing (solids or liquids), runny nose, difficulty sleeping and difficulty with activities of daily living. Each symptom will be scored following a 0-6 scale.

								Di	ary	/ 0	fs	ym	pto	m	s (F	ha	ıryı	ngi	tis	)												_
Please fill in the diar	y writir	ng th	e nui	mbe	ers (a	ассо	rdin	g to	Cod	le T	able	) an	d inc	dicat	ing h	iow.	you	have	e felf	in th	ne la	ıst 2	4 ho	urs.								
Do this EVERY NIGH	HT (BE	FOR	RE Y	οU	GO	TO E	9ED	AN	DΥ	οU	HA	/E T	08	TAR	ТТ	DA	Y) u	ntil 1	he c	lay y	ou f	eel 1	ully i	reco	vere	ed.						
Example to help: The person of the ex	ample	belo	ow fe	els:	very	/ inte	ense	gei	nera	l dis	scon	nfort	orp	ain (	(5) a	nd ir	nten:	зер	ain i	n so	re th	roat	(4).									
Day	Ex	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Feeling feverish	0								****	3888	2800					****		8000											30000			
Headache	0																															
General discomfort or pain	5																															
Cough	0																															
Sore throat	4																															
Difficulty swallowing (solids or liquids)	0																															
Runny nose	0																															
Difficulty sleeping	0																															
Difficulty with activities of daily living	0																															

Figure 1

Bronchitis: 9 symptoms were recorded daily: feeling of fever, general discomfort or pain, cough, expectoration or phlegm (mucus when coughing), shortness of breath (suffocation, fatigue), pain when breathing (chest pain), chest breath sounds, difficulty sleeping and difficulty with activities of daily living. Each symptom (save for expectoration or phlegm) will be scored from 0 to 6. In case of expectoration or phlegm, their color will be assessed: transparent (T), light yellow clear (Y), green (V) or other (O).

								D	iar	y o	fs	ym	pto	m	s (I	3rc	nc	hit	is)													
Please fill in the diar	/ writir	ng th	e nui	nbe	rs (a	ассо	rdin	g to	Cod	е Та	able	) and	ind	icati	ng a	s yo	u ha	ave f	elt ir	n the	las	t 24	houi	rs.								
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Day	Ex	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Feeling feverish	0	200000	500000	80000	\$00000	80000	80000	900000	30000	30000	20000	200000	800000	20000	00000	300000	900000	30000	30000	\$80000	\$2000			****	200000	300000	300000	000000	00000	*******	80000	3500
General discomfort or pain	5																															T
Cough	0																															T
Expectoration or phlegm (mucus when coughing)	Υ																															
Shortness of breath (suffocation, fatigue)	4																															
Pain when breathing (chest pain)	0																															
Chest breath sounds	0																															
Difficulty sleeping	0																															
Difficulty with activities of daily living	0																															

Figure 2

**Exacerbation of chronic bronchitis or mild to moderate chronic obstructive pulmonary disease**: 9 symptoms were recorded daily: feeling of fever, general discomfort or pain, cough, expectoration or phlegm (mucus when coughing), shortness of breath (suffocation, fatigue), pain when breathing (chest pain), chest breath sounds, difficulty sleeping and difficulty with daily life activities. Each symptom (except for expectoration or phlegm) will be scored from 0 to 6. In case of expectoration or phlegm, their color will be assessed.

									Di	ary	/ o	fs	/m	pto	ms	(C	O	2D)	)													
Please fill in the diar	/ writin	ng th	e nu	mbe	ers (a	ассс	rdin	g to	Coc	le T	able	) an	d inc	licat	ing h	ow y	ou l	have	felt	in th	ne la	ist 2	4 ho	urs.								
Do this EVERY NIGH Example to help: The person of the ex expectorations or ph	ample	belo															•										) an	d ye	llow			
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Feeling feverish	0		20000			*****	880000	30000	30000	30000			3000		*****		****	*****	****		*****	****		3000	30000	30000	88000	38000	30000	30000	20000	200
General discomfort or pain	5								T													T					T					
Cough	0																												Т			
Expectoration or phlegm (mucus when coughing)	Υ																															
Shortness of breath (suffocation, fatigue)	4																															
Pain when breathing (chest pain)	0																															
Chest breath sounds	0																															
Difficulty sleeping	0																															
Difficulty with activities of daily living	0																															

Figure 3

Rhinosinusitis: 11 symptoms were recorded daily: feeling of fever, general discomfort or pain, headache, sudden pain in the face, pain in the face when touching, runny nose, nasal mucus color, cough, sore throat, difficulty sleeping, and difficulty with activities of daily living. Each symptom (save for nasal mucus color) will be scored from 0 to 6. In case of presence of nasal mucus color, the color will be assessed.

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Day	Ex	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	3
Feeling feverish	0																															Ī
General discomfort or pain	5																															Ī
Headache	4																															T
Sudden pain in the face	0																															Ī
Pain in the face when touching	0																															T
Runny nose	0																															Ī
Nasal mucus color	Ġ																															Ι
Cough	0																															Ι
Sore throat	0																															T
Difficulty sleeping	0																								T							T
Difficulty with activities of daily living	0																															T

Figure 4