



# My COVID-19 symptoms diary

If your GP or specialist wants you to record your symptoms, mark whether they are mild (m), worsening (w) or severe (s). If you don't have a symptom, leave it blank.

Symptom	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9
	Date:								
<b>Fever</b>	Temp: Time:								
<b>Cough</b>									
<b>Shortness of breath</b>									
<b>Fatigue</b>									
<b>Loss of taste/smell</b>									
<b>Diarrhoea</b>									
<b>Headache</b>									
<b>Sore/scratchy throat</b>									
<b>Muscle aches</b>									
<b>Runny nose</b>									
<b>Chills/night sweats</b>									
<b>Vomiting</b>									
<b>Little or no urination</b>									
<b>Shakes or shivers</b>									



**Call 000 immediately if you, or the person you are looking after gets any of the following symptoms**

Symptom	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9
Chest pain or discomfort									
Fainting/dizziness									
Unable to care for self									
Skin cold, clammy, mottled									
Difficulty breathing									
Confusion									
Other notes/information									