**INSTRUCTIONS: DAYS 1 to 7**

* To keep a concise record… every day next to each symptom, type in whether you have the symptom YES or NO
* Next … type in underneath/next to that symptom, if it is the Same (S), Better (B) or Worse (W) than the day before.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SYMPTOM** | **DAY 1** | **DAY 2** | **DAY 3** | **DAY 4** | **DAY 5** | **DAY 6** | **DAY 7** |
| Fever (Temp and time) |  |  |  |  |  |  |  |
| Sore dry throat |  |  |  |  |  |  |  |
| Scratchy throat |  |  |  |  |  |  |  |
| Cough |  |  |  |  |  |  |  |
| Fatigue |  |  |  |  |  |  |  |
| Headache |  |  |  |  |  |  |  |
| Loss of taste |  |  |  |  |  |  |  |
| Loss of smell |  |  |  |  |  |  |  |
| Congestion |  |  |  |  |  |  |  |
| Runny nose |  |  |  |  |  |  |  |
| Skin rashes |  |  |  |  |  |  |  |
| Muscle and Joint aches |  |  |  |  |  |  |  |
| Muscle and Joint pain |  |  |  |  |  |  |  |
| Difficulty breathing |  |  |  |  |  |  |  |
| Shortness of breath |  |  |  |  |  |  |  |
| Vomiting |  |  |  |  |  |  |  |
| Diarrhoea |  |  |  |  |  |  |  |
| Loss of appetite |  |  |  |  |  |  |  |
| Confusion/Brain fog |  |  |  |  |  |  |  |
| Chest pain |  |  |  |  |  |  |  |
| Discolouration fingers/toes |  |  |  |  |  |  |  |

**INSTRUCTIONS: Days 8 to 14**

* If symptoms persist, keep tracking so you have a concise record of symptoms to discuss with your health professional.
* Every day next to each symptom, type in whether you have the symptom YES or NO
* Next … type in underneath/next to that symptom, if it is the Same (S), Better (B) or Worse (W) than the day before.

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| **SYMPTOM** | **DAY 8** | **DAY 9** | **DAY 10** | **DAY 11** | **DAY 12** | **DAY 13** | **DAY 14** |
| Fever (Temp and time) |  |  |  |  |  |  |  |
| Sore dry throat |  |  |  |  |  |  |  |
| Scratchy throat |  |  |  |  |  |  |  |
| Cough |  |  |  |  |  |  |  |
| Fatigue |  |  |  |  |  |  |  |
| Headache |  |  |  |  |  |  |  |
| Loss of taste |  |  |  |  |  |  |  |
| Loss of smell |  |  |  |  |  |  |  |
| Congestion |  |  |  |  |  |  |  |
| Runny nose |  |  |  |  |  |  |  |
| Skin rashes |  |  |  |  |  |  |  |
| Muscle and Joint aches |  |  |  |  |  |  |  |
| Muscle and Joint pain |  |  |  |  |  |  |  |
| Difficulty breathing |  |  |  |  |  |  |  |
| Shortness of breath |  |  |  |  |  |  |  |
| Vomiting |  |  |  |  |  |  |  |
| Diarrhoea |  |  |  |  |  |  |  |
| Loss of appetite |  |  |  |  |  |  |  |
| Confusion/Brain fog |  |  |  |  |  |  |  |
| Chest pain |  |  |  |  |  |  |  |
| Discolouration fingers/toes |  |  |  |  |  |  |  |