

Symptom diary

- If no one has experienced any symptoms listed below, **please tell us by completing the online survey** emailed to you each week (it will only take a minute).
- If someone **does** have **symptoms**:

- Write down **who**: _____ **Date**: _____
- Identify category of symptoms: general, respiratory, gastrointestinal, eyes or skin
- Mark off the **severity** of the symptom on **each day**. If you need to, use a different colour pen OR start a new diary for each person that is ill this week
- Enter this information into the **online survey** emailed to you each week.

General Symptoms

	Fever	Feeling Feverish			Chills/Shakes			Night Sweats			Muscle Aches			Bone/Joint aches		
	Please record your temperature	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe
M																
T																
W																
T																
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S																
S																

General Symptoms continued

	Loss of Appetite			Headache			Lack of concentration			Light-headedness			Not sleeping			Fatigue/Feeling unusually tired		
	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe
M																		
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IMPORTANT: If you have symptoms that you think maybe COVID-19, always follow the latest NHS and Public Health advice—we will always have a link to this on the Virus Watch Website

Symptom diary

General Symptoms continued

	Difficulty with daily activities			Needed extra time in bed			Could not get out of bed			Confusion/Disorientation or hallucinations		
	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe
M												
T												
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S												

Respiratory Symptoms

	Runny Nose			Blocked Nose/ Congestion			Sinus Pain			Dry Cough			Coughing up White phlegm			Coughing up Green Phlegm		
	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe
M																		
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S																		

Respiratory Symptoms Continued

	Loss of sense of Smell			Loss of sense of Taste			Sneezing			Sore Throat			Swollen Tonsils			Swollen Glands (Lymph nodes)		
	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe
M																		
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Respiratory Symptoms Continued

	Ear Pain/Change in hearing			Fluid leaking from ear			Shortness of Breath			Wheezing			Chest Pain not changed when breathing/ moving			Chest pain when breathing in		
	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe
M																		
T																		
W																		
T																		
F																		
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S																		

Gastrointestinal Symptoms

	Diarrhoea (even mild)			Vomiting (being sick)			Nausea (feeling sick)			Abdominal Pain (not including menstrual pain)		
	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe
M												
T												
W												
T												
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S												
S												

Eye Symptoms

	Eye Redness			Sticky Eye(s)			Eye Pain			Eyesight Deterioration		
	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod.	Severe	Mild	Mod	Severe
M												
T												
W												
T												
F												
S												
S												

Skin Conditions

	Rash (all over)			Rash (local)		
	Mild	Mod.	Severe	Mild	Mod.	Severe
M						
T						
W						
T						
F						
S						
S						

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