

# COVID-19: Your symptom diary (week 1)

Name: \_\_\_\_\_ D.O.B: \_\_/\_\_/\_\_ NHI: \_\_\_\_\_

Healthcare team: \_\_\_\_\_ Phone: \_\_\_\_\_



For more info,  
[hn.org.nz/  
 covid-positive](https://hn.org.nz/covid-positive)

This section will help you **track your COVID-19 symptoms**. This will become important if your symptoms get worse. Even if you feel ok, please fill it in. If your condition changes, when and how it changes may help your healthcare team decide the best response.

- For each symptom, write down if you feel better (**B**), the same (**S**), or worse (**W**) than the previous day.
- For fluids and food, write down if you are drinking or eating less (**L**) than usual.
- In the last row, give yourself a number out of 10 as to how you feel overall, where 1 is well and 10 is very unwell.
- Please record these **THREE times a day, every day**, around the same time.

	Day 1 / /			Day 2 / /			Day 3 / /			Day 4 / /			Day 5 / /			Day 6 / /			Day 7 / /		
Time of day	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM
Short of breath																					
Tight chest																					
Headache																					
Sore throat																					
Fever																					
Tiredness																					
Vomiting (being sick)																					
Diarrhoea (runny poo)																					
Fluids/drinking																					
Food																					
Overall																					

**If at any time you experience shortness of breath when at rest, or difficulty breathing or your symptoms become suddenly or a lot worse, call 111 for an ambulance immediately. Don't wait.**

# COVID-19: Your symptom diary (week 2)

Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_ NHI: \_\_\_\_\_

Healthcare team: \_\_\_\_\_ Phone: \_\_\_\_\_



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- For each symptom, write down if you feel better (**B**), the same (**S**), or worse (**W**) than the previous day.
- For fluids and food, write down if you are drinking or eating less (**L**) than usual.
- In the last row, give yourself a number out of 10 as to how you feel overall, where 1 is well and 10 is very unwell.
- Please record these **THREE times a day, every day**, around the same time.

	Day 8 / /			Day 9 / /			Day 10 / /			Day 11 / /			Day 12 / /			Day 13 / /			Day 14 / /		
Time of day	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM
Short of breath																					
Tight chest																					
Headache																					
Sore throat																					
Fever																					
Tiredness																					
Vomiting (being sick)																					
Diarrhoea (runny poo)																					
Fluids/drinking																					
Food																					
Overall																					

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