

Symptom tracking diary

Please indicate in the first column whether this is a new symptom since contracting the illness or an old symptom that you had before COVID-19.

In subsequent columns, score each symptom on a scale of 0–3 (0 not present, 1 slight or mild problem, 2 moderate problem, 3 severe or life disturbing).

Enter your scores once a week to show whether your symptoms are getting better or worse (relapse).

Symptoms	New symptom Yes/No	Date	Date	Date	Date	Date	Date
		Score 0–3	Score 0–3	Score 0–3	Score 0–3	Score 0–3	Score 0–3
Do you become breathless when walking up a flight of stairs or dressing yourself?							
Do you have any cough/throat sensitivity/voice change ?							
Do you have any change in sense of smell or taste ?							
Do you have any difficulty with swallowing liquids or solids ?							
Do you feel tired (fatigued) during the day?							
Do you experience worsening of symptoms 6–24 hours after physical or mental exertion?							
Do you have any pain (joint pain/muscular pain/headache/abdominal pain) ?							
Do you get palpitations (racing of heartbeat) during movement or activity?							
Do you get dizziness during movement or activity?							
Do you have difficulties with your sleep ?							
Do you have problems with cognition (memory/concentration/planning) ?							
Do you feel anxious ?							
Do you feel low or depressed ?							
Do you have any problems in communication (finding the right words) ?							
Do you have problems with mobility (moving about) ?							
Do you have problems with doing personal care activities such as bathing or dressing?							
Do you have problems doing other daily activities such as housework or shopping?							
Do you have any problems with caring for family members or interacting with friends ?							
Other symptoms (insert) –							
Other symptoms (insert) –							
Other symptoms (insert) –							