Here is a sheet to help you keep track of your daily symptoms while self-monitoring.

**COVID-19 Daily Self-Monitoring Form**

Let your healthcare provider know if you develop symptoms.

Name: ________________________________

Date of Symptom Onset: ________________________________

Monitoring End Date: ________________________________

Date each day, check your temperature and then check any of the symptoms.

<table>
<thead>
<tr>
<th>Day</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<th>12</th>
<th>13</th>
<th>14</th>
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<td>Date</td>
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</tbody>
</table>

No Symptoms  □  □  □  □  □  □  □  □  □  □  □  □  □  □

Symptoms:

- Let a health care provider know if you develop symptoms.

- Temperature (specify: °C)

- Chills/Feverish

- Difficulty breathing  **Call 9-1-1**

- New or worsening cough

- Runny Nose

- Nausea/Vomiting/ Diarrhea

- Sore throat

- Tiredness

- Muscle aches

- Headache

- Loss of sense of smell

- Generally feeling unwell

- Other, specify

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**Healthy Respiratory Practices Everyone Can Use to Protect Yourself & Your Community**

- Stay home if you are sick
- If you are sick, avoid close contact with others
- Turn and cover your mouth and nose
- Throw used issues in the garbage
- Wash your hands
- Clean/Disinfect

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April 24, 2020