**Self-Monitoring Symptom Log**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monitoring Start Date (Day 0): \_\_\_\_/\_\_\_\_/\_\_\_\_ Monitoring End Date (Day 14): \_\_\_\_/\_\_\_\_/\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Symptoms** | **Day 0** | **Day 1** | **Day 2** | **Day 3** | **Day 4** | **Day 5** | **Day 6** | **Day 7** | **Day 8** | **Day 9** | **Day 10** | **Day 11** | **Day 12** | **Day 13** | **Day 14** |
| **Oral Temperature** | AM\_\_\_\_\_\_°F | AM\_\_\_\_\_\_°F | AM\_\_\_\_\_\_°F | AM\_\_\_\_\_\_°F | AM\_\_\_\_\_\_°F | AM\_\_\_\_\_\_°F | AM\_\_\_\_\_\_°F | AM\_\_\_\_\_\_°F | AM\_\_\_\_\_\_°F | AM\_\_\_\_\_\_°F | AM\_\_\_\_\_\_°F | AM\_\_\_\_\_\_°F | AM\_\_\_\_\_\_°F | AM\_\_\_\_\_\_°F | AM\_\_\_\_\_\_°F |
| PM\_\_\_\_\_\_°F | PM\_\_\_\_\_\_°F | PM\_\_\_\_\_\_°F | PM\_\_\_\_\_\_°F | PM\_\_\_\_\_\_°F | PM\_\_\_\_\_\_°F | PM\_\_\_\_\_\_°F | PM\_\_\_\_\_\_°F | PM\_\_\_\_\_\_°F | PM\_\_\_\_\_\_°F | PM\_\_\_\_\_\_°F | PM\_\_\_\_\_\_°F | PM\_\_\_\_\_\_°F | PM\_\_\_\_\_\_°F | PM\_\_\_\_\_\_°F |
| **Cough** | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No |
| **Sore Throat** | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No |
| **Runny Nose** | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No |
| **Body Aches** | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No |
| **Red/Watery Eyes** | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No |
| **Eye Infection** | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No |
| **Shortness of Breath** | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No |
| **Nausea** | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No |
| **Vomiting** | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No |
| **Fatigue** | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No |
| **Other:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |