**Self-Monitoring Symptom Log**

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |