My post–COVID-19 symptom diary

Add your symptoms in the table below.

Every 2–3 days, or as often as your GP recommends, rank each symptom’s severity on a scale of 0–10 (0 meaning no impact and 10 meaning severe).

Use the comments section to add any significant changes in your symptoms or concerns you would like to discuss with your GP or other health professional.

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| **Symptoms** | **EXAMPLE****Day 1****20/05/2022**Time: 9:00am |
| Shape  Description automatically generated with low confidence | **Breathlessness** | 3 |
| Shape  Description automatically generated with low confidence | **Cough** | 0 |
| Shape  Description automatically generated with low confidence | **Muscle aches and pains** | 1 |
| Shape  Description automatically generated with low confidence | **Headache** | 2 |
| Shape  Description automatically generated with low confidence | **Fatigue** | 6 |
|  | **Anxiety**  | 3 |
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|  |  |  |
| **Comment** | Overall feeling better today |

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| **Symptoms** | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: |
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| Shape  Description automatically generated with low confidence | **Muscle aches and pains** |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Headache** |  |  |  |  |  |
| Shape  Description automatically generated with low confidence | **Fatigue** |  |  |  |  |  |
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| **Symptoms** | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: | **Day:** Click or tap to enter a date.Time: |
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| **Comment** |  |  |  |  |  |