

Health Check Record

Once you have been diagnosed as having Covid

WEEK 1

- For each symptom, write down if you feel Better **(B)**, the Same **(S)**, or Worse **(W)** than the previous day.
- In the last row, give yourself a number out of 10 as to how you feel overall, where 10 is well, and 1 is very unwell.

Day/Date	1 / /			2 / /			3 / /			4 / /			5 / /			6 / /			7 / /		
Time of day	am	mid	pm	am	mid	pm	am	mid	pm	am	mid	pm	am	mid	pm	am	mid	pm	am	mid	pm
Oxygen(%SPO) Top number on pulse oximeter																					
Heart Rate Bottom number on the pulse oximeter																					
Trouble Breathing																					
Cough																					
Thirsty																					
Headache																					
Sore Throat																					
Fever/Chills																					
Tiredness																					
Vomiting Being Sick																					
Diarrhea Runny Poo																					
OVERALL																					

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WEEK 2

- For each symptom, write down if you feel Better **(B)**, the Same **(S)**, or Worse **(W)** than the previous day.
- In the last row, give yourself a number out of 10 as to how you feel overall, where 10 is well, and 1 is very unwell.

Day/Date	8 / /			9 / /			10 / /			11 / /			12 / /			13 / /			14 / /		
Time of day	am	mid	pm	am	mid	pm	am	mid	pm	am	mid	pm	am	mid	pm	am	mid	pm	am	mid	pm
Oxygen(%SPO) Top number on pulse oximeter																					
Heart Rate Bottom number on the pulse oximeter																					
Trouble Breathing																					
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