

# COVID-19: Your child's symptom diary (week 1)

Name: \_\_\_\_\_

D.O.B: \_\_\_/\_\_\_/\_\_\_

NHI: \_\_\_\_\_

Healthcare team: \_\_\_\_\_

Phone: \_\_\_\_\_

This diary will help you **track your child's COVID-19 symptoms**. This will become important if their symptoms get worse. Even if your child is feeling ok, please fill it in. If their condition changes, when and how it changes may help their healthcare team decide the best response.

For each symptom (cough, breathing effort, vomiting and diarrhoea), write down if your child is better (**B**), the same (**S**), or worse (**W**) than the previous day.

- Record your child's temperature if you have a thermometer.
- Breathing rate. Count the number of times your child breathes in 30 seconds, then double that number.
- For fluids and food, write down if your child is drinking or eating less (**L**) than usual.
- In the last row, give your child a number out of 10 as to how they are overall, where 1 is well and 10 is very unwell. If they can talk, ask them how they feel.
- Please record these **THREE times a day, every day**, around the same time.

	Day 1 / /			Day 2 / /			Day 3 / /			Day 4 / /			Day 5 / /			Day 6 / /			Day 7 / /			
Time of day	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	
Cough																						
Breathing effort																						
Vomiting (being sick)																						
Diarrhoea (runny poo)																						
Temperature °C																						
Breathing rate																						
Fluids/drinking																						
Food																						
Overall (1-10)																						

**If at any time your child experiences shortness of breath when at rest, or difficulty breathing or their symptoms become suddenly or a lot worse, call 111 for an ambulance immediately. Don't wait.**

# COVID-19: Your child's symptom diary (week 2)

Name: \_\_\_\_\_

D.O.B: \_\_\_/\_\_\_/\_\_\_

NHI: \_\_\_\_\_

Healthcare team: \_\_\_\_\_

Phone: \_\_\_\_\_

This diary will help you **track your child's COVID-19 symptoms**. This will become important if their symptoms get worse. Even if your child is feeling ok, please fill it in. If their condition changes, when and how it changes may help their healthcare team decide the best response.

For each symptom (cough, breathing effort, vomiting and diarrhoea), write down if your child is better (**B**), the same (**S**), or worse (**W**) than the previous day.

- Record your child's temperature if you have a thermometer.
- Breathing rate. Count the number of times your child breathes in 30 seconds, then double that number.
- For fluids and food, write down if your child is drinking or eating less (**L**) than usual.
- In the last row, give your child a number out of 10 as to how they are overall, where 1 is well and 10 is very unwell. If they can talk, ask them how they feel.
- Please record these **THREE times a day, every day**, around the same time.

	Day 8 / /			Day 9 / /			Day 10 / /			Day 11 / /			Day 12 / /			Day 13 / /			Day 14 / /		
Time of day	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM
Cough																					
Breathing effort																					
Vomiting (being sick)																					
Diarrhoea (runny poo)																					
Temperature °C																					
Breathing rate																					
Fluids/drinking																					
Food																					
Overall (1-10)																					

**If at any time your child experiences shortness of breath when at rest, or difficulty breathing or their symptoms become suddenly or a lot worse, call 111 for an ambulance immediately. Don't wait.**