

Study Code: _____ S _____
 LTC ID Staff ID

Study Day 1 Date: 2020-_____-_____
 MM DD

PLEASE COMPLETE the diary checklist below EVERY DAY.

If you have any side effects or symptoms you are worried about, or you think might be due to the study drug, please call us 416-586-4800, ext. 2763 or email us (CONTROL.COVID@sinaihealth.ca) to let us know. If it is urgent, please call 416-586-5133 and ask for the Control COVID study doctor to be paged.

If you have symptoms that you think might be due to COVID-19, you should have a test for COVID-19. If you cannot get to an assessment center, or have a test done elsewhere, please use one of your study swabs and send it to us immediately. We will replace it.

Please email or call the study office whenever you have a question.

HOW DID YOU FEEL TODAY?	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
I felt well today (had none of the symptoms below) – if no, please circle Y/N for each symptom:	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Fever/Chills	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Runny Nose/Sneezing	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Nasal congestion (stuffy nose)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Loss of taste or loss of smell	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sore throat/Hoarseness	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of breath/difficulty breathing)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle or joint aches or pain	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Malaise (feeling unwell)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Nausea or vomiting	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Loss of appetite	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Diarrhea	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Skin rash	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Other symptoms: specify _____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
PLEASE ANSWER EACH OF THE QUESTIONS BELOW:							
Did you feel sick enough that you were unable to go to work or to do regular activities today?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you send a nasal swab to the study today?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you see a doctor (assessment center, clinic, or emergency department) today?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you have a nasal swab collected by a doctor/or nurse today? (if yes, please let us know by calling 416-586-4800 ext. 2763)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you work on the outbreak unit today? Unit: _____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you take your study medication today?	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None

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HOW DID YOU FEEL TODAY?	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
I felt well today (had none of the symptoms below) – if no, please circle Y/N for each symptom:	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Fever/Chills	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Runny Nose/Sneezing	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Nasal congestion (stuffy nose)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Loss of taste or loss of smell	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sore throat/Hoarseness	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of breath/difficulty breathing)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle or joint aches or pain	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Malaise (feeling unwell)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Nausea or vomiting	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Loss of appetite	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Diarrhea	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Skin rash	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Other symptoms: specify _____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
PLEASE ANSWER EACH OF THE QUESTIONS BELOW:							
Did you feel sick enough that you were unable to go to work or to do regular activities today?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you send a nasal swab to the study today?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you see a doctor (assessment center, clinic, or emergency department) today?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you have a nasal swab collected by a doctor/or nurse today? (if yes, please let us know by calling 416-586-4800 ext. 2763)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you work on the outbreak unit today? Unit: _____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you take your study medication today?	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None

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HOW DID YOU FEEL TODAY?	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
I felt well today (had none of the symptoms below) – if no, please circle Y/N for each symptom:	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Fever/Chills	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Runny Nose/Sneezing	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Nasal congestion (stuffy nose)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Loss of taste or loss of smell	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sore throat/Hoarseness	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of breath/difficulty breathing)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle or joint aches or pain	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Malaise (feeling unwell)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Nausea or vomiting	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Loss of appetite	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Diarrhea	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Skin rash	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Other symptoms: specify _____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
PLEASE ANSWER EACH OF THE QUESTIONS BELOW:							
Did you feel sick enough that you were unable to go to work or to do regular activities today?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you send a nasal swab to the study today?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you see a doctor (assessment center, clinic, or emergency department) today?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you have a nasal swab collected by a doctor/or nurse today? (if yes, please let us know by calling 416-586-4800 ext. 2763)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you work on the outbreak unit today? Unit: _____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you take your study medication today?	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None

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HOW DID YOU FEEL TODAY?	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
I felt well today (had none of the symptoms below) – if no, please circle Y/N for each symptom:	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Fever/Chills	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Runny Nose/Sneezing	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Nasal congestion (stuffy nose)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Loss of taste or loss of smell	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sore throat/Hoarseness	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of breath/difficulty breathing)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle or joint aches or pain	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Malaise (feeling unwell)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Nausea or vomiting	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Loss of appetite	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Diarrhea	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Skin rash	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Other symptoms: specify _____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
PLEASE ANSWER EACH OF THE QUESTIONS BELOW:							
Did you feel sick enough that you were unable to go to work or to do regular activities today?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you send a nasal swab to the study today?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you see a doctor (assessment center, clinic, or emergency department) today?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you have a nasal swab collected by a doctor/or nurse today? (if yes, please let us know by calling 416-586-4800 ext. 2763)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you work on the outbreak unit today? Unit: _____	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you take your study medication today?	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None	Y, all Y, some None