Staff Daily Diary

Study Code:		·	Study Day 1 Date:	2020	-
- -	LTC ID	Staff ID		MMM	DD

COMPLETE EVERY DAY – REPORT any of the following symptoms to the study 416-586-XXXX or COVID19.LTC@sinaihealth.ca	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Today's Date (insert in each column)							
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
Sore throat/Hoarseness	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Myalgia (muscle aches)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Arthralgia (painful joints)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Malaise (feeling unusually tired or 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
Diarrhea/Vomitting	Y N	Y N	Y N	Y N	Y N	Y N	Y N

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tudy Code:				/ Day	1 Dat	te:	2020-							
LTC ID Staff ID								ИМ	D	D				
Dizziness/Ringing in ears	Υ	N	Υ	N	Υ	Ν	Υ	N	Υ	Ν	Υ	N	Υ	N
Loss of appetite/Nausea	Υ	Ν	Υ	Ν	Υ	Ν	Υ	N	Υ	Ν	Υ	N	Υ	Ν
Skin rash/Itchiness	Υ	N	Y	N	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N
Other symptoms that may be related to medication, name	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	Y	N	Υ	N
Inability to work or do regular activities	Υ	Ν	Υ	N	Υ	N	Υ	N	Υ	Ν	Υ	N	Υ	N
Nasal swab collected	Υ	Ν	Υ	Ν	Υ	Ν	Υ	Ν	Υ	Ν	Υ	N	Υ	N
Other specimen collected, specify	Υ	N	Υ	N	Υ	N	Υ	N	Υ	Ν	Υ	N	Υ	N
Sought medical care/ Admitted to hospital	Υ	Ν	Υ	N	Υ	N	Υ	N	Υ	Ν	Υ	N	Υ	N
Contacted study office/staff	Υ	N	Υ	N	Υ	N	Υ	N	Υ	Ν	Υ	N	Υ	N
Worked on outbreak unit today,	Υ	Ν	Υ	N	Υ	N	Υ	Ν	Υ	Ν	Υ	N	Υ	Ν
specify unit:			_											
Took study medication today	Υ	Ν	Υ	Ν	Υ	Ν	Υ	Ν	Υ	Ν	Υ	N	Υ	N
COMPLETE EVERY DAY – REPORT any of the following symptoms to the study 416- 586-XXXX or COVID19.LTC@sinaihealth.ca	Da	y 8	Day	<i>y</i> 9	Day	/ 10	Da	y 11	Da	y 12	Da	y 13	Day	y 1

Staff Daily Diary

Study Code:		-	Study Day 1 Date:	2020	
	LTC ID	Staff ID		MMM	DD

LTC ID Staff ID							MN	/IIVI	D	ט				
Today's Date (insert in each column)														
Fever/Chills	Υ	Ν	Υ	N	Υ	N	Υ	N	Υ	N	Υ	Ν	Υ	N
Cough	Υ	Ν	Υ	N	Υ	N	Υ	Ν	Υ	N	Υ	N	Υ	Ν
Runny Nose/Sneezing	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N
Nasal congestion/Stuffy Nose	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N
Sore throat/Hoarseness	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N
Myalgia (muscle aches)	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N
Arthralgia (painful joints)	Υ	Ν	Υ	Ν	Υ	N	Υ	N	Υ	N	Υ	Ν	Υ	N
Malaise (feeling unusually tired or unwell)	Υ	Ν	Υ	N	Υ	N	Υ	Ν	Υ	N	Υ	Ν	Υ	Ν
Headache	Υ	Ν	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N
Diarrhea/Vomitting	Υ	N	Υ	Ν	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N
Dizziness/Ringing in ears	Υ	Ν	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N
Loss of appetite/Nausea	Υ	N	Υ	Ν	Υ	N	Υ	N	Υ	N	Υ	N	Υ	N

Took study medication today

Staff Daily Diary

Study Day 1 Date: 2020-_ Study Code: LTC ID Staff ID MMM DD Skin rash/Itchiness Y N Y N N Ν N Υ N Υ N Other symptoms that may be related to medication, name_____ Υ Ν Υ Υ Υ Υ Υ Ν Ν Ν Ν Ν N Inability to work or do regular activities Y N N N Ν N Y N Y N Nasal swab collected Υ Ν Ν N Ν Ν Y N Y N Other specimen collected, specify_____ Υ Ν Υ N Ν Ν Υ Ν Υ N Ν Sought medical care/admitted to hospital Y N Y N Υ N Ν Ν Y N Y N Contact with study office/staff N Ν Ν Ν Ν Υ Ν Υ N Worked on outbreak unit today, Y N N Ν Ν Ν N N specify unit:

Y N

Y N

Ν

Y N

Y N

Y N

Y N