**Appendix 2: Remote monitoring COVID-19 diary**

(Per local pathway or for women who prefer paper diary)

Patient addressograph

First name: Surname:

Date of birth: Age:

NHS CHI number:

Live alone ☐ Carer at home ☐

Date first symptoms began:

Date of positive test:

Please record 2 times a day:

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| Date and time | Pulse rate | Oxygen level% | Temperature If you have thermometer | Feeling better worse or same |
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| Date and time | Pulse rate | Oxygen level% | Temperature If you have thermometer | Feeling better worse or same |
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