

Post Covid Symptom Map

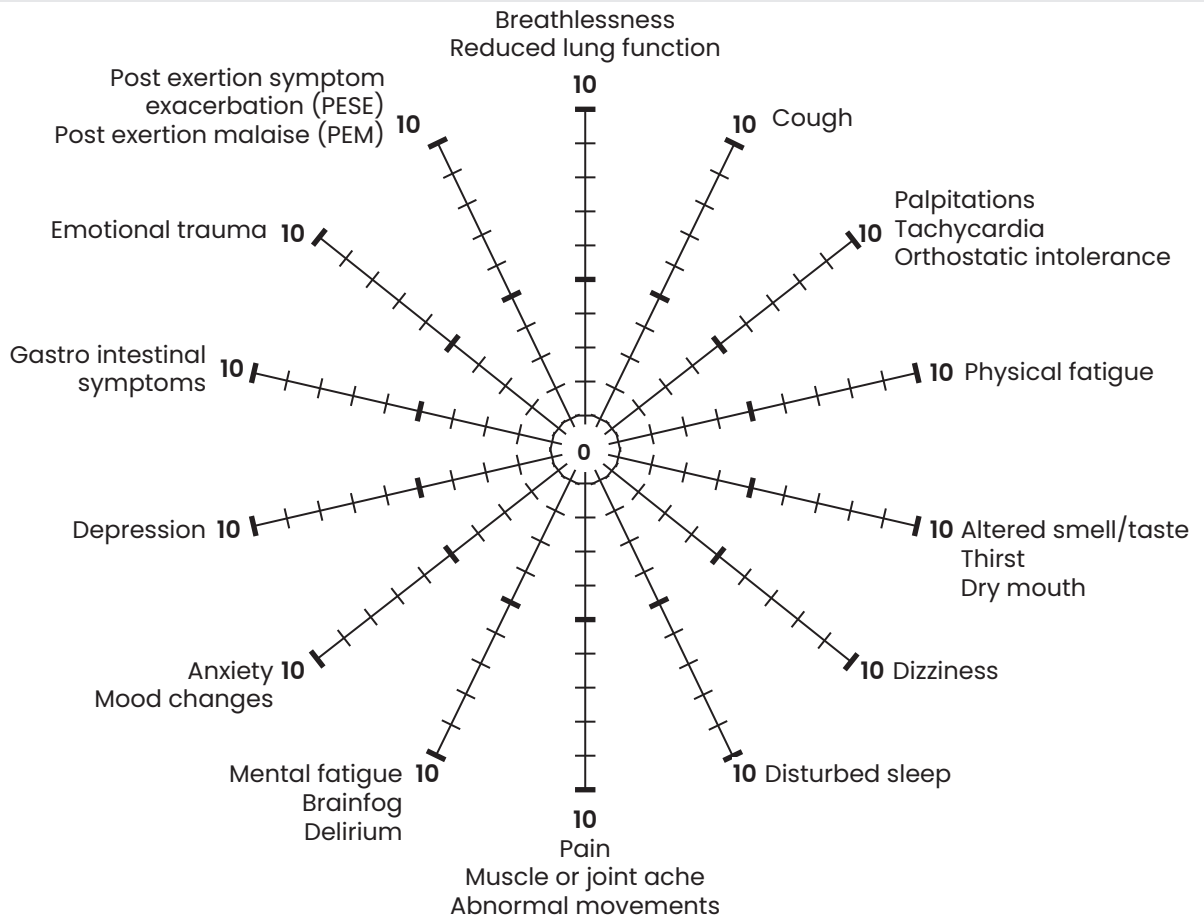
ATTACH PATIENT LABEL

DATE: / /

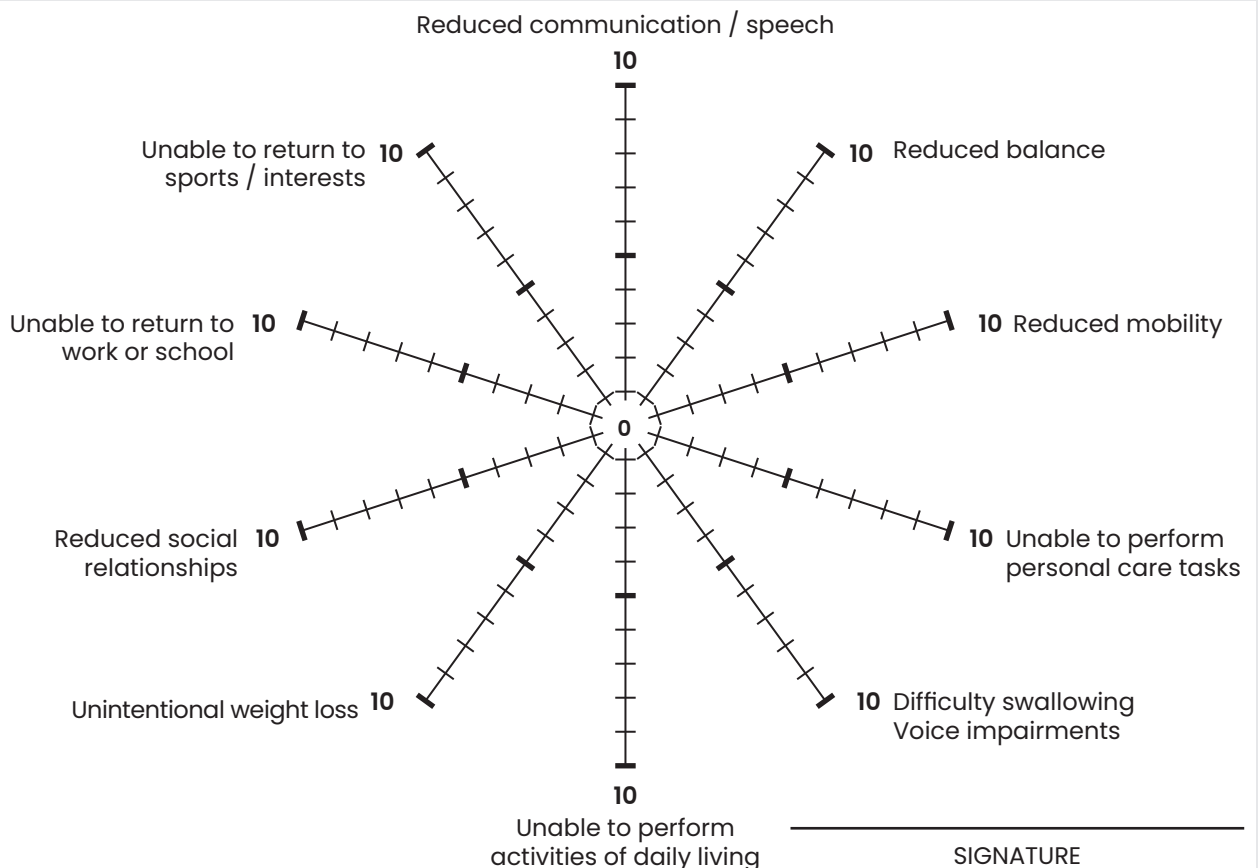
LOCATION: _____

COVID-19 can cause many symptoms. Mark on the charts below where you would rate your symptoms today. Zero means nil or nothing and 10 is the highest level. Family/whānau or staff can help you to complete this form. If you do not have a symptom, please leave the line blank.

SYMPTOM SEVERITY SCORE



FUNCTIONAL DISABILITY SCORES



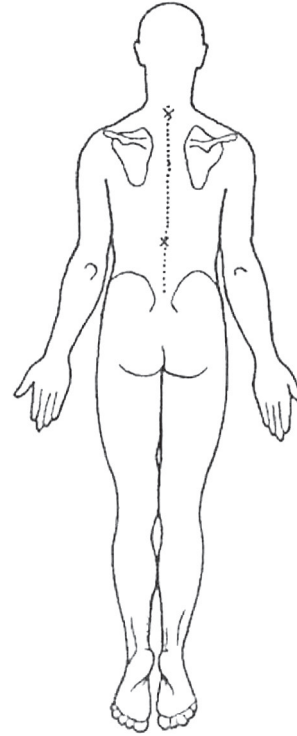
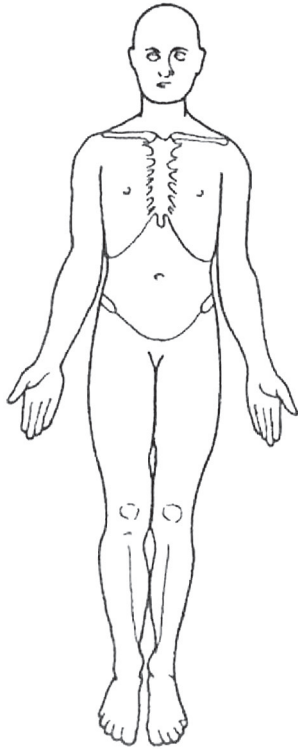
SIGNATURE

Long Covid Symptom Map

DATE: / /

ATTACH PATIENT LABEL

Mark on the body diagram where you experience symptoms and describe what they are.



OTHER

Please note below any symptoms that you feel have not been mentioned:

Form completed by _____ (Patient/family/staff) _____
SIGN AND PRINT NAME SIGN AND PRINT NAME

Long Covid Symptom Map V3		Developed By Fy Dunford.
Department: Expert Advisory Group/ Ministry of Health	Responsibility: Physiotherapy New Zealand, Cardio Respiratory Special Interest Group.	Review By Date: 01/11/2025
Caveat: The electronic version is the Master copy and in the case of conflict, the electronic version prevails over any printed version		