

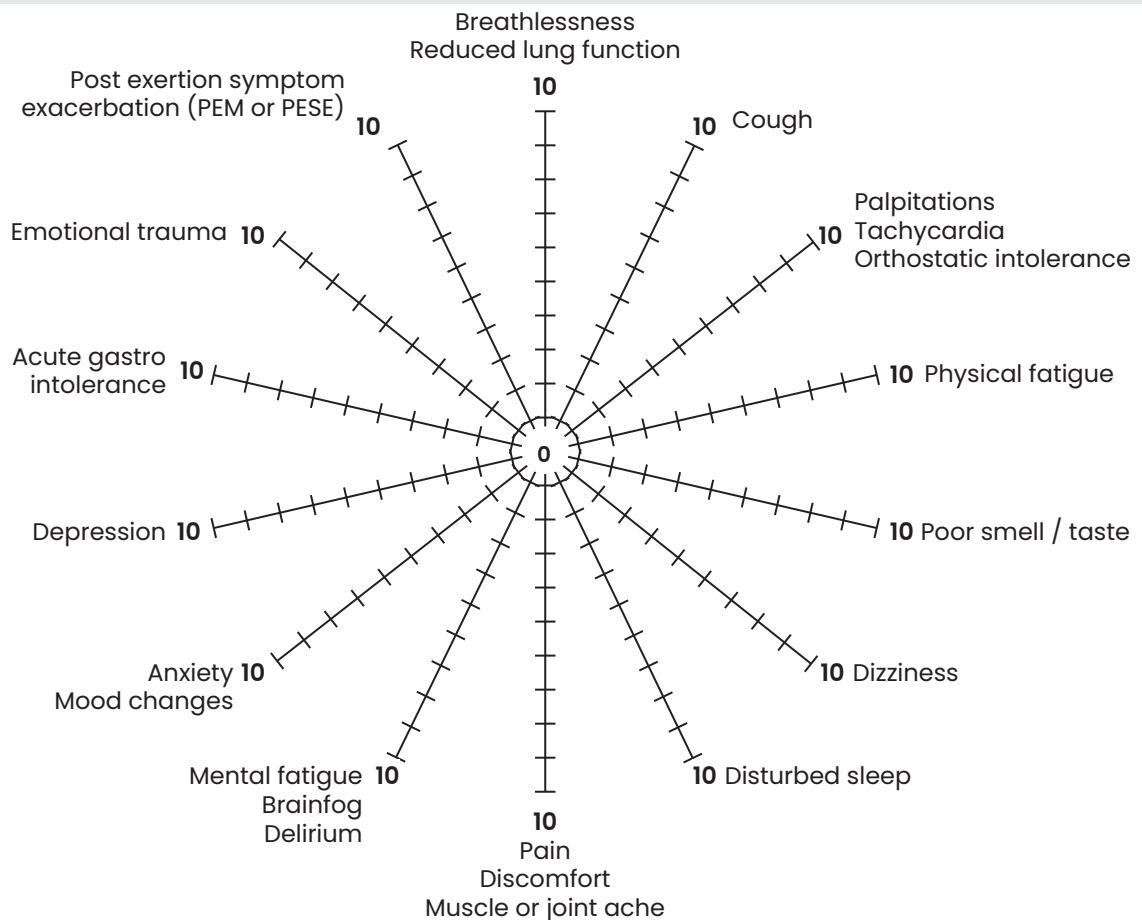
# Long Covid Symptom Map

ATTACH PATIENT LABEL

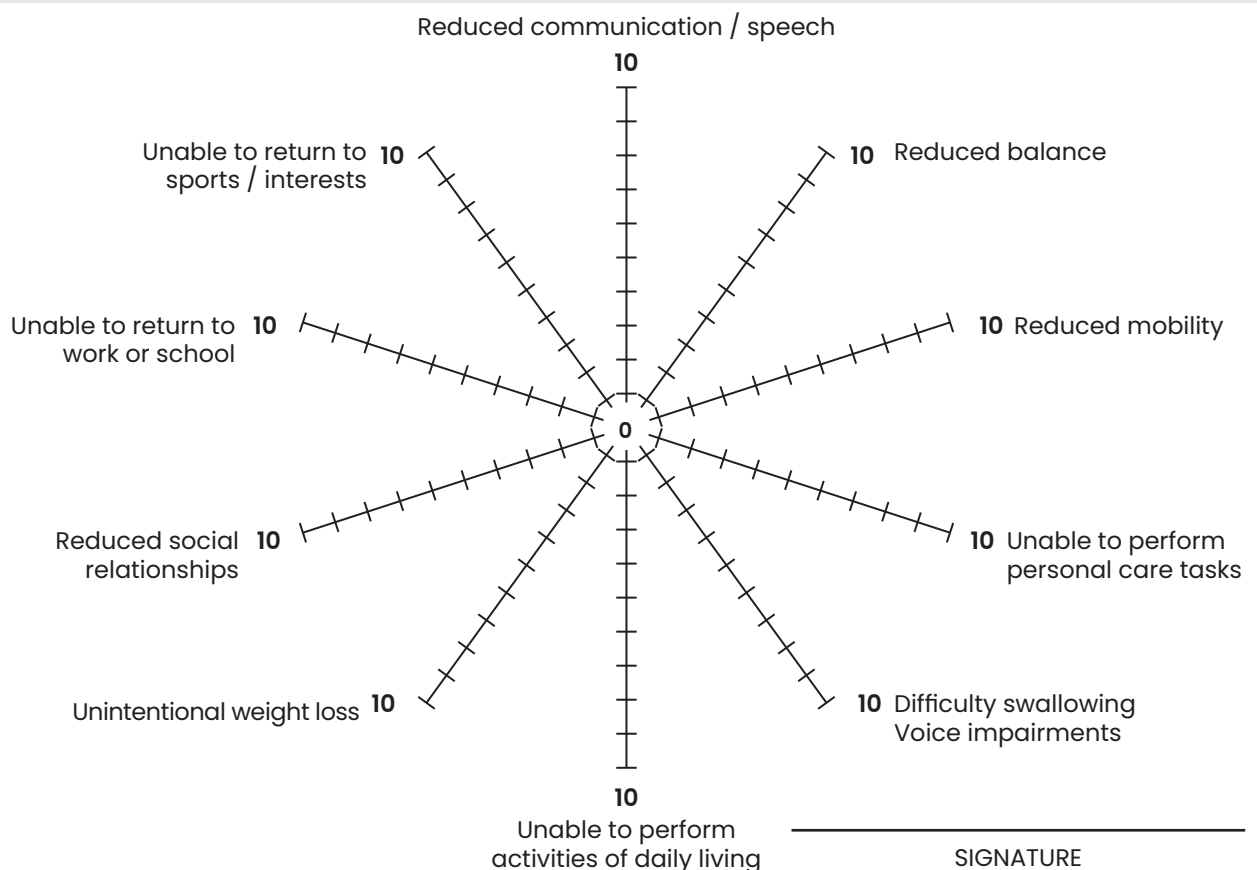
DATE:

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

**SYMPTOM SEVERITY SCORE**



**FUNCTIONAL DISABILITY SCORES**



SIGNATURE

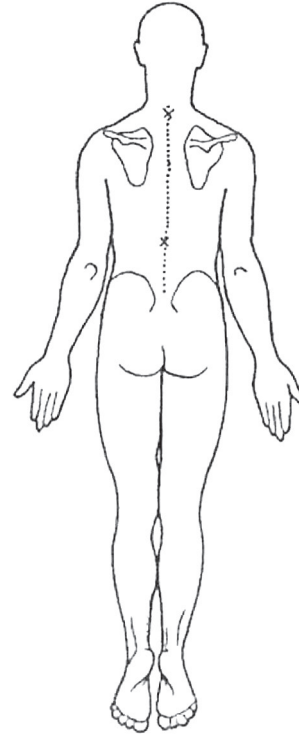
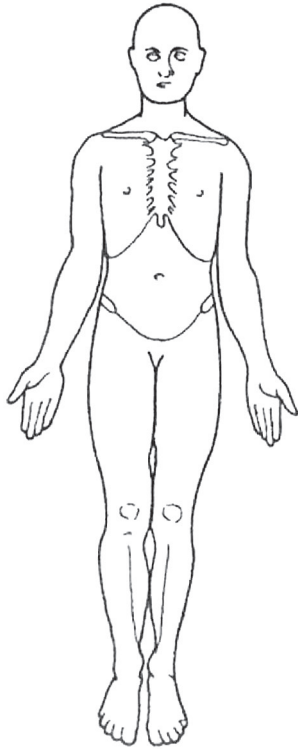
# Long Covid Symptom Map

SIGNATURE: \_\_\_\_\_

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:

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Form completed by \_\_\_\_\_ (Patient/family/staff) \_\_\_\_\_  
PRINT NAME PRINT NAME

Long Covid Symptom Map V2		Developed By Fy Dunford.
<b>Department:</b> Expert Advisory Group/ Ministry of Health	<b>Responsibility:</b> Physiotherapy New Zealand, Cardio Respiratory Special Interest Group.	<b>Review By Date:</b> 01/11/23
<b>Caveat:</b> The electronic version is the Master copy and in the case of conflict, the electronic version prevails over any printed version		