

Post COVID-19 Functional Status Scale and Post COVID-19 Symptom Checklist

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown			

This tool is designed to identify rehabilitation/recovery needs of patients who have been diagnosed with or suspected to have COVID-19. Any healthcare provider can administer this tool at any time during the patient's journey.

Providers should consider pre-existing conditions and functional abilities, and whether there are changes from baseline (*pre-infection*) function. Rehabilitation needs should be determined using a combination of the Post COVID-19 Functional Status Scale (PCFS) and the Post COVID-19 Symptom Checklist.

Providers are encouraged to factor in which resources and services are available in each situation to support their patient's unique needs. The majority of patients can self-manage with appropriate resources and supports.

Additional resources: [Getting Health After COVID-19](#)
[After COVID-19: Information and resources to help you recover](#)
[Recovery & Rehabilitation after COVID-19: Resources for Health Professionals](#)
[Information for Community Physicians](#)
[Together4Health](#)

Part 1: Post COVID-19 Functional Status Scale (PCFS)		
How much is the patient currently affected in their everyday life by COVID-19? <i>(Indicate the most accurate description.)</i>	Corresponding PCFS Score	Treatment Considerations
No limitations in everyday life. No symptoms, pain, depression or anxiety related to the infection.	0 – No functional limitations	Consider universal rehabilitation interventions – self-management resources.
Negligible limitations in everyday life. Can perform all usual duties/activities, although still has persistent symptoms, pain, depression or anxiety.	1 – Negligible functional limitations	Consider universal rehabilitation interventions – self-management resources.
Slight limitations in everyday life. Occasionally needs to avoid or reduce usual duties/activities or needs to spread these over time due to symptoms, pain, depression or anxiety. Is able to perform all activities without any assistance.	2 – Slight functional limitations	Consider targeted rehabilitation interventions - services designed for groups of people with a common need.
Moderate limitations in everyday life. Unable to perform all usual duties/activities due to symptoms, pain, depression or anxiety. Able to take care of oneself without any assistance.	3 – Moderate functional limitations	Consider targeted rehabilitation interventions - services designed for groups of people with a common need. OR Consider personalized rehabilitation interventions - individualized, multidisciplinary care designed to meet the unique needs of an individual.
Severe limitations in everyday life. Unable to take care of oneself and therefore is dependent on nursing care and/or assistance from another person due to symptoms, pain, depression or anxiety.	4 – Severe functional limitations	Consider personalized rehabilitation interventions - individualized, multidisciplinary care designed to meet the unique needs of an individual.
PCFS Score		
Practitioner Name	Signature/Designation	Date <i>(dd-Mon-yyyy)</i>

Adapted from: Klok FA, Boon GJAM, Barco S, et al. The Post-COVID-19 Functional Status scale: a tool to measure functional status over time after COVID-19. Eur Respir J 2020; 56: 2001494 [https://doi.org/10.1183/13993003.01494-2020] is licensed under CC BY NC 4.0.

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Part 2: Post COVID-19 Symptom Checklist

This checklist is intended to highlight specific symptoms patients are **currently** experiencing as a result of COVID-19, so that appropriate resources and/or referrals can be provided.

Have patients indicate if their symptoms are absent, same, worse or stable/improving (*for pre-existing or new since COVID-19*).

Upon completion, providers should ask patients about **additional symptoms** that may have been missed.

Post COVID-19 Symptom	Absent	Pre-existing: same	Pre-existing: worse	New since COVID-19: stable/improving	New since COVID-19: worse
Post COVID-19 Respiratory Symptoms					
Shortness of breath/difficulty breathing at rest					
Shortness of breath/difficulty breathing with activity					
Cough					
Post COVID-19 Cardiovascular Symptoms					
Chest pain at rest					
Chest pain with activity					
Palpitations					
Dizziness or fainting					
Post COVID-19 Gastrointestinal Symptoms					
Nausea and/or vomiting					
Senses of taste/smell been affected					
Difficult eating/drinking/swallowing (<i>e.g. choking, painful swallowing, coughing while eating/drinking</i>)					
Eating less than usual for more than 1 week					
Lost/gained a significant amount of weight without trying <i>Include amount of weight gain/loss, for loss indicate a negative number: _____ (kg)</i>					
Difficulty with bowels (<i>e.g. diarrhea, constipation</i>)					
Difficulty with bladder (<i>e.g. incontinence/leakage secondary to cough</i>)					

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Part 2: Post COVID-19 Symptom Checklist (*continued*)

Post COVID-19 Neurological Symptoms	Absent	Pre-existing: same	Pre-existing: worse	New since COVID-19: stable/improving	New since COVID-19: worse
Issues with concentration, thinking or memory (<i>e.g. brain fog</i>)					
Headaches					
Difficulty hearing					
Ringing in the ears					
Pins & needles/numbness					
Post COVID-19 Psychological Symptoms	Absent	Pre-existing: same	Pre-existing: worse	New since COVID-19: stable/improving	New since COVID-19: worse
Depression (<i>e.g. recurring sadness, isolating oneself, frequent negative thoughts</i>)					
Anxiety (<i>e.g. fear, worry</i>)					
Post COVID-19 Musculoskeletal Symptoms	Absent	Pre-existing: same	Pre-existing: worse	New since COVID-19: stable/improving	New since COVID-19: worse
Pain/discomfort (<i>including muscle/joint pain</i>) Pain orientation (<i>e.g. right, anterior</i>) _____ Pain location (<i>e.g. groin</i>) _____					
Generalized muscle weakness					
Difficulty controlling the movement of body (<i>loss of coordination</i>)					
Difficulty walking (<i>sense of imbalance</i>)					
Post COVID-19 Other Symptoms	Absent	Pre-existing: same	Pre-existing: worse	New since COVID-19: stable/improving	New since COVID-19: worse
Fever (<i>e.g. in the evenings, with activity, unexplained or unexplained fever that comes and goes</i>)					
Fatigue/low energy					
Difficulty sleeping					
Additional Symptoms or Concerns (<i>from Patient</i>)					