

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

Last Name (Legal)		First Name (Legal)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(dd-Mon-yyyy)	
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 two-part tool is designed to identify rehabilitation and 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.

Part 1: Post COVID-19 Functional Status Scale (PCFS)		
How much is the patient currently affected in their everyday life by COVID-19?		
Check the box beside the most accurate description and see below for appropriate resources and services. Consider pre-existing conditions and whether there are changes from baseline (pre-COVID-19 infection) function.		
<input type="checkbox"/>	<b>No limitations = PCFS Score 0</b> No symptoms related to the COVID-19 infection.	
<input type="checkbox"/>	<b>Negligible limitations = PCFS Score 1</b> Can perform all usual duties/activities, although still has persistent symptoms e.g. cough, loss of taste/smell.	
<input type="checkbox"/>	<b>Slight limitations = PCFS Score 2</b> Occasionally needs to avoid or reduce usual duties/activities/work or needs to spread these over time due to symptoms. May require occasional assistance to complete activities due to persistent symptoms e.g. minor headache/fatigue, muscle aches.	
<input type="checkbox"/>	<b>Moderate limitations = PCFS Score 3</b> Unable to perform all usual duties/activities/work due to symptoms e.g. chest pain, moderate fatigue/brain fog, nerve pain.	
<input type="checkbox"/>	<b>Severe limitations = PCFS Score 4</b> Unable to take care of oneself, is dependent on nursing care and/or assistance from another person due to symptoms e.g. shortness of breath, severe fatigue/brain fog.	
Practitioner Name		Date (dd-Mon-yyyy)
Signature/Designation		

Healthcare 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.

### Resources for **ALL** patients (PCFS Score 0-4)

**Universal Self Care Resources** should be shared with ALL patients as early as possible.

[Getting Healthy After COVID-19: Resources for Patients](#)

[After COVID-19: Information and resources to help you recover](#)

### Targeted Resources (PCFS Score 2-3)

Services designed for groups of people with a common need.

[Alberta Healthy Living Program's Video Series for Patients](#)

### Personalized Resources (PCFS Score 3-4)

Individualized, multidisciplinary care designed to meet the unique needs of an individual.

[Long COVID Patient Services](#)

### Additional Resources for Healthcare Providers

[Recovery & Rehabilitation after COVID-19: Resources for Health Professionals](#)

[Information for Community Physicians](#)

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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 along with other psychosocial concerns, financial changes since having COVID-19, difficulty working, etc.

Post COVID-19 Respiratory Symptoms	Absent	Pre-existing: same	Pre-existing: worse	New since COVID-19: stable/improving	New since COVID-19: worse
Shortness of breath/difficulty breathing at rest					
Shortness of breath/difficulty breathing with activity					
Cough					
Post COVID-19 Cardiovascular Symptoms	Absent	Pre-existing: same	Pre-existing: worse	New since COVID-19: stable/improving	New since COVID-19: worse
Chest pain at rest					
Chest pain with activity					
Palpitations					
Dizziness or fainting					
Post COVID-19 Gastrointestinal Symptoms	Absent	Pre-existing: same	Pre-existing: worse	New since COVID-19: stable/improving	New since COVID-19: worse
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>					

Adapted from: Sivan M, Halpin S, Gee J. Assessing long term rehabilitation needs in COVID-19 survivors using a telephone screening tool (C19-YRS tool). ACNR. 2020; 19 (4): 14-7. doi: <https://doi.org/10.47795/NELE5960> is used under CC BY 4.0.