Form PR-2: Symptom Checklist

Symptom Checklist Date (dd/mmm/yyyy): ______________________

For each symptom below, please circle/check one number for frequency and one number for severity thinking about your symptoms over the **past 6 months (baseline visit)/since your last visit**. Please complete from left to right.

Frequency:
How often have you had this symptom?
For each symptom listed below, check a number from:
0 = none of the time
1 = a little of the time
2 = about half the time
3 = most of the time
4 = all of the time

Severity:
How much has this symptom bothered you?
For each symptom listed below, check a number from:
0 = symptom not present
1 = mild
2 = moderate
3 = severe
4 = very severe

No symptoms ☐ True ☐ False

Symptom	**Frequency**	**Severity**
Fatigue / Extreme tiredness	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Dead, heavy feeling after starting to exercise	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Next-day soreness or fatigue after non-strenuous, everyday activities	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Mentally tired after the slightest effort	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Minimum exercise makes you physically tired	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Physically drained or sick after mild activity	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Worsening of symptoms after mild physical activity	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Worsening of symptoms after mild mental activity	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Difficulty reading (dyslexia) after mild physical or mental activity	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Worsening of symptoms after mild emotions	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Feeling unrefreshed after you wake up in the morning	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Needing to nap daily	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Problems falling asleep	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Problems staying asleep	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Sleeping longer than usual	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐

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<table>
<tr><td>Problems remembering things</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Difficulty paying attention for a long period of time</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Trouble concentrating</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Difficulty finding the right word to say, or expressing thoughts</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Difficulty planning</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Difficulty understanding things</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Only able to focus on one thing at a time</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Unable to focus attention</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Slowness of thought</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Absent-mindedness or forgetfulness</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Slowed speech</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Hair loss</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Headaches</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Sensitivity to noise</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Sensitivity to bright lights</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Sensitivity to pain</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Numbness in arms or legs or other parts of the body</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Tingling in arms or legs or other parts of the body</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Shooting or stabbing pain or burning in any place on your body</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Feeling internal vibrations</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Unable to focus vision</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Loss of depth perception</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Eye pain</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Dry eye/irritation</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Red or bloodshot eyes</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Itchy eyes</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Seeing flashing lights and/or floaters</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Watery eyes (excessive tears)</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Ear pain</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Ringing in ears/tinnitus</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Problems hearing</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Runny nose</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Stuffed nose/nasal congestion</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Blocked sinus/sinus congestion</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Some smells, foods, medications, or chemicals make you feel sick</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Change in sense of smell</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Change in sense of taste</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Difficulty swallowing</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Sore throat</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Hoarse voice (change in your voice quality)</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Tender/sore lymph nodes</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Flu-like symptoms</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
<tr><td>Fever</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td><td>0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐</td></tr>
</table>

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Sweats	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Chills	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Cough If selected, With sputum production ☐ With blood sputum ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Viral infections with prolonged recovery periods (compared to prior to COVID illness)	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Pain or aching in your muscles	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Stiffness of muscles	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Pain, stiffness, or tenderness in more than one joint	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Joint swelling	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Pain or aching in your bones	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Muscle twitches	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Muscle cramping	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Muscle weakness	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Swollen legs or ankles	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Slowness of movement	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Feeling unsteady on your feet, like you might fall	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Vertigo/room spinning	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Dizziness	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Feeling disoriented	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Poor coordination	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Sudden loss of consciousness/fainting	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Seizures	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Falls	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Inability to tolerate an upright position	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Tremors	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Mobility aid required	If selected, ☐ Mobility aid required prior to illness?	
Heart beats quickly after standing	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Graying or blacking out after standing	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Chest heaviness/chest tightness/ Chest Pain	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Fast heart rate/palpitations	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Irregular heart beats	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Shortness of breath or trouble catching your breath while sitting Shortness of breath or trouble catching your breath while climbing a flight of stairs Waking up at night short of breath	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Breathing harder / faster when doing nothing at all	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Pain on breathing	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Wheeze	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Bloating	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐

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Symptom	Frequency	Severity
Abdomen / Stomach pain	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Diarrhea/constipation	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Nausea and/or Vomiting	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Indigestion and/or heartburn	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Bladder and Urinary Problems	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Irritable bowel problems	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Skin changes or rash or hives	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Burning in the mouth or tongue (COVID tongue)	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
COVID toes/fingers (lesions on fingers or toes)	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Cold limbs/hands/feet	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Feeling hot or cold for no reason	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Intolerance to extremes of temperature	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Losing weight without trying	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Gaining weight without trying	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Dysmenorrhea (irregular, missed or unexpected periods)	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Difficulty getting or keeping an erection	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Heightened reaction to known or new allergies	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Other (specify)	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Other (specify)	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Other (specify)	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Other (specify)	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Other (specify)	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Other (specify)	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Other (specify)	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Other (specify)	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Other (specify)	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Other (specify)	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐	0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐
Additional other symptoms (please add any additional other symptoms here with frequency and severity ratings in brackets. E.g. eye pain: frequency (1), severity (2)): ___ ___ ___		

Question	Response
In the past week, have you had any symptoms that may be related to COVID-19? *This includes any symptoms that may relate to your long COVID illness.*	☐ Yes ☐ No
If yes:	
In the past week, what was the severity of your overall COVID-19 related symptoms at their worst	☐ Mild ☐ Moderate ☐ Severe
In the past week, how often did you have COVID-19 related symptoms	☐ Rarely ☐ Occasionally ☐ Frequently ☐ Almost constantly

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In the past week, how much did your COVID-19 related symptoms distress or bother you?	☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much
Please list the most important/burdensome symptoms (up to 2)	☐ Fatigue ☐ Shortness of breath / shortness of breath on exertion ☐ Chest heaviness / chest pain / chest tightness ☐ Brain fog ☐ Persistent cough ☐ Fast heart rate/palpitations ☐ Insomnia/sleep disturbances ☐ Depression ☐ Anxiety ☐ Post Traumatic Stress Disorder ☐ Other mental health concerns ☐ Bone/muscle/ joint aches or pains ☐ Nausea/vomiting/diarrhea/abdominal pain ☐ Other (specify)

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