

Post-COVID Health History and Symptom Checklist



Having had COVID-19 is an important part of your health history – now and in the future. **Use this worksheet to write down the details of your COVID illness, as well as any new or lingering symptoms that might need to be checked.**



This information also will help you and your care team understand how your health may have changed after COVID.

Before having COVID

Did you already have heart disease or risk factors, such as high blood pressure or high cholesterol, or is this new for you?

- ☐ Yes, I had heart issues
- ☐ No, I didn't have any heart issues or wasn't aware of any

If yes, please explain:

Your Health

For some people, COVID can have lasting effects on the heart. If you have heart disease or other health conditions, it can be hard to know what symptoms or health changes are due to COVID versus other illnesses.

Share your questions with your care team. They can help sort through your symptoms and why you might be having them.

About your COVID illness

When did you last have COVID? ____ / ____ / ____

Was this the first time you had COVID or knew you had it?

- ☐ Yes ☐ No If no, list other infections and when, if known: _____

Your vaccine history

Have you been getting the new COVID vaccines as they are available?

- ☐ Yes
- ☐ No
- ☐ Unsure

If known, when did you last get a COVID vaccine? ____ / ____ / ____

Was your COVID illness:

- ☐ Asymptomatic (I had no symptoms)
- ☐ Mild (some symptoms like headache, cough, fever, body aches, but no shortness of breath)
- ☐ Moderate (affected the lungs, perhaps resulting in pneumonia or bronchitis; the amount of oxygen in the blood was lower than normal)
- ☐ Severe (required hospitalization, the number of breaths you took per minute was higher than normal and/or the amount of oxygen in the blood was much lower than normal)
- ☐ Critical (required care in the intensive care unit, or ICU)

Did you:

- ☐ Recover at home
- ☐ Go to the hospital
If you were in the hospital:
How many days did you stay? _____
Did you need to be treated in the ICU? ☐ Yes ☐ No
- ☐ Were heart issues involved? ☐ Yes ☐ No
If so, what heart problems did you have?



Getting vaccinated helps protect your heart – just like staying active, eating heart-healthy foods, not smoking, limiting alcohol, and managing stress. Scan the QR code to learn more about respiratory infections and your heart.



Symptoms after COVID

Tell us a little about any symptoms you've had since your COVID illness.

Since having COVID, have you had any lingering or new symptoms?

☐ Yes ☐ No

If yes, which ones? For example:

Symptom	When did it start?	How often (daily, every few days, once in a while)?	What, if anything, seems to make it worse?
<input type="checkbox"/> Chest pain			
<input type="checkbox"/> Shortness of breath			
<input type="checkbox"/> Palpitations, like your heart skips a beat			
<input type="checkbox"/> Fast beating or pounding heart (tachycardia)			
<input type="checkbox"/> Not being able to exercise or worsening of symptoms after exerting yourself			
<input type="checkbox"/> Feeling unusually tired			
<input type="checkbox"/> Difficulty concentrating or thinking ("brain fog")			
<input type="checkbox"/> Feeling weak, lightheaded			
<input type="checkbox"/> Joint or muscle pain			
<input type="checkbox"/> Depression or anxiety			
<input type="checkbox"/> Trouble sleeping			
<input type="checkbox"/> Others:			

Which symptoms are most bothersome or worrisome to you? Please explain.

How long have you had these symptoms?

- ☐ A few weeks ☐ A month ☐ 2-3 months ☐ Over 3 months

Do these symptoms make it hard for you to: (Check all that apply)

- ☐ Work ☐ Be social
☐ Take care of others ☐ Enjoy my relationships
☐ Do daily activities (for example, bathing, grooming, eating) ☐ Have a good quality of life in general
☐ Be active, exercise ☐ Other: _____

Compared with before you got COVID, would you say that your current health is:

- ☐ Better ☐ Worse ☐ The same
☐ Other: _____

Have you been monitoring any of these at home?

- ☐ Heart rate ☐ Your symptoms – when they get worse or better
☐ Oxygen saturation
☐ Heart rhythm ☐ Other: _____

Have you seen any other doctors to help manage post-COVID health concerns? If yes, please provide name and specialty and any tests that were done.

Clinician name and phone number	Tests or imaging ordered

Anything else that you would like to discuss?
