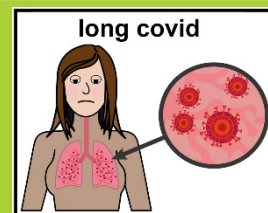




Long Covid Checklist



We want to tell you about the Long Covid service in Leeds. If you have a learning disability it is important to keep a record of your Covid vaccinations and symptoms.

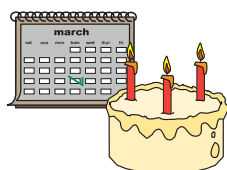
The Long Covid service can offer advice, information and support when you have had symptoms for longer than six weeks.

Your GP will support you and may refer you to other health professionals to help you



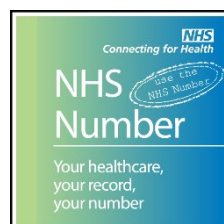
Name:

.....



Date of birth:

.....




NHS Number:

.....


Vaccinations


Write the dates of your Covid vaccinations


coronavirus first vaccine




vaccine

1st  ✓


2nd  ✓

3rd  ✓





Date


coronavirus second vaccine




vaccine

1st  ✓


2nd  ✓

3rd  ✓





Date


coronavirus booster vaccine




vaccine

1st  ✓


2nd  ✓

3rd  ✓





Date:


coronavirus booster vaccine




vaccine

1st  ✓


2nd  ✓

3rd  ✓





Date:


coronavirus booster vaccine




vaccine

1st  ✓


2nd  ✓

3rd  ✓





Date:


coronavirus booster vaccine




vaccine

1st  ✓


2nd  ✓

3rd  ✓





Date:


coronavirus booster vaccine




vaccine

1st  ✓


2nd  ✓

3rd  ✓





Date:


coronavirus booster vaccine




vaccine

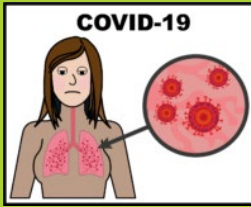
1st  ✓

2nd  ✓

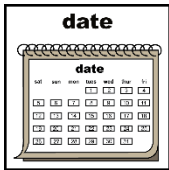
3rd  ✓



Date:



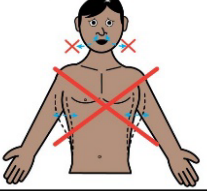



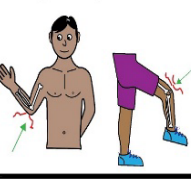


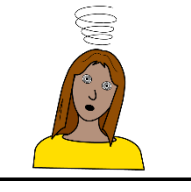
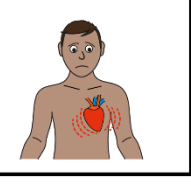


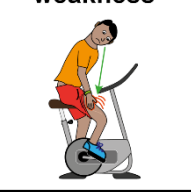

When you got Covid for the first time how did it make you feel?

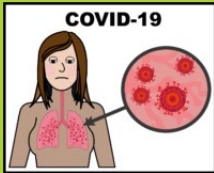


Date of first Covid infection:

.....

Tick all symptoms that you had

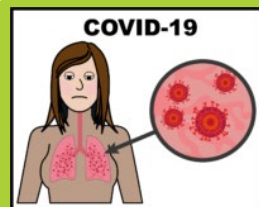
breathlessness  <input checked="" type="checkbox"/> yes <input type="checkbox"/>	memory problems  <input checked="" type="checkbox"/> yes <input type="checkbox"/>	anxiety  <input checked="" type="checkbox"/> yes <input type="checkbox"/>
tired  <input checked="" type="checkbox"/> yes <input type="checkbox"/>	joint pain  <input checked="" type="checkbox"/> yes <input type="checkbox"/>	poor sleep  <input checked="" type="checkbox"/> yes <input type="checkbox"/>
cough  <input checked="" type="checkbox"/> yes <input type="checkbox"/>	dizzy  <input checked="" type="checkbox"/> yes <input type="checkbox"/>	palpitations  <input checked="" type="checkbox"/> yes <input type="checkbox"/>
low mood  <input checked="" type="checkbox"/> yes <input type="checkbox"/>	headache  <input checked="" type="checkbox"/> yes <input type="checkbox"/>	weakness  <input checked="" type="checkbox"/> yes <input type="checkbox"/>
loss taste or smell  <input checked="" type="checkbox"/> yes <input type="checkbox"/>		



How do you feel six weeks after your first Covid infection?

Tick all symptoms that you still have

<p>breathlessness</p> <p>yes</p> <input checked="" type="checkbox"/>	<p>memory problems</p> <p>yes</p> <input checked="" type="checkbox"/>	<p>anxiety</p> <p>yes</p> <input checked="" type="checkbox"/>
<p>tired</p> <p>yes</p> <input checked="" type="checkbox"/>	<p>joint pain</p> <p>yes</p> <input checked="" type="checkbox"/>	<p>poor sleep</p> <p>yes</p> <input checked="" type="checkbox"/>
<p>cough</p> <p>yes</p> <input checked="" type="checkbox"/>	<p>dizzy</p> <p>yes</p> <input checked="" type="checkbox"/>	<p>palpitations</p> <p>yes</p> <input checked="" type="checkbox"/>
<p>low mood</p> <p>yes</p> <input checked="" type="checkbox"/>	<p>headache</p> <p>yes</p> <input checked="" type="checkbox"/>	<p>weakness</p> <p>yes</p> <input checked="" type="checkbox"/>
<p>loss taste or smell</p> <p>yes</p> <input checked="" type="checkbox"/>	<p>If you only have loss of taste and smell then you might be referred to see an Ear, Nose and Throat (ENT) doctor.</p>	



When you got Covid for the second time how did it make you feel?

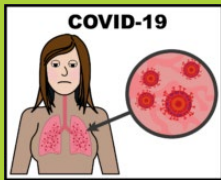


Date of second Covid infection:

.....

Tick all symptoms that you had

breathlessness <input checked="" type="checkbox"/>	memory problems <input checked="" type="checkbox"/>	anxiety <input checked="" type="checkbox"/>
tired <input checked="" type="checkbox"/>	joint pain <input checked="" type="checkbox"/>	poor sleep <input checked="" type="checkbox"/>
cough <input checked="" type="checkbox"/>	dizzy <input checked="" type="checkbox"/>	palpitations <input checked="" type="checkbox"/>
low mood <input checked="" type="checkbox"/>	headache <input checked="" type="checkbox"/>	weakness <input checked="" type="checkbox"/>
loss taste or smell <input checked="" type="checkbox"/>		



How do you feel six weeks after your second Covid infection?

Tick all symptoms that you still have

breathlessness <input checked="" type="checkbox"/> yes <input type="checkbox"/>	memory problems <input checked="" type="checkbox"/> yes <input type="checkbox"/>	anxiety <input checked="" type="checkbox"/> yes <input type="checkbox"/>
tired <input checked="" type="checkbox"/> yes <input type="checkbox"/>	joint pain <input checked="" type="checkbox"/> yes <input type="checkbox"/>	poor sleep <input checked="" type="checkbox"/> yes <input type="checkbox"/>
cough <input checked="" type="checkbox"/> yes <input type="checkbox"/>	dizzy <input checked="" type="checkbox"/> yes <input type="checkbox"/>	palpitations <input checked="" type="checkbox"/> yes <input type="checkbox"/>
low mood <input checked="" type="checkbox"/> yes <input type="checkbox"/>	headache <input checked="" type="checkbox"/> yes <input type="checkbox"/>	weakness <input checked="" type="checkbox"/> yes <input type="checkbox"/>
loss taste or smell <input checked="" type="checkbox"/> yes <input type="checkbox"/>	<p>If you only have loss of taste and smell then you might be referred to see an Ear, Nose and Throat (ENT) doctor.</p>	



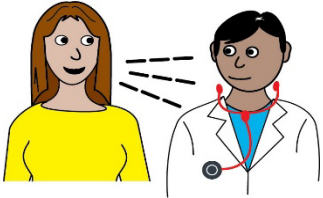
Learn how to tell people that you are poorly RESTORE2 mini and Pulse Oximeter Training



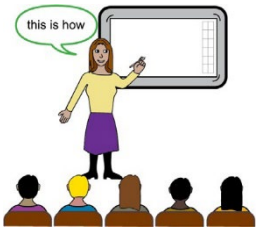
We want to make sure you get the care you need at the right time.



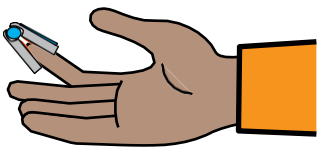
It can be hard to know when people are poorly.
This training will help you tell people.



People get better more quickly if they get medical help early.

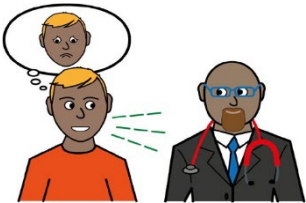


RESTORE2 mini trains families and carers to record early signs of serious illness.



Pulse Oximeters help to measure how poorly people are.
It is easy to do.

We will teach you how and give you a pulse oximeter.



Training will help carers tell medical people when they are worried.

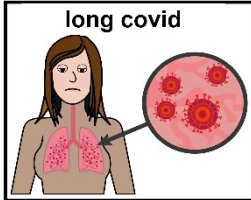
Book your free training here:

<https://www.learningdisabilityservice-leeds.nhs.uk/get-%20checked-out/resources/restore2/>

This will help you get the right treatment at the right time.



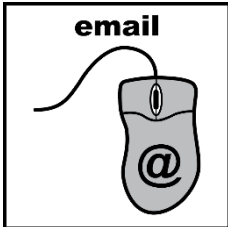
Support and Information



Long Covid rehab team



0113 843 0636



Lcht.covid19rehabpathway@nhs.net



NHS Coronavirus information

You can call 119 if you have questions or need help with Coronavirus vaccinations, testing, NHS COVID Pass, and more.



The Health Facilitation team

The Health Facilitation team website has lots of easy read resources, advice and support.

<https://www.learningdisabilityservice-leeds.nhs.uk/get-checked-out>



<https://www.learningdisabilityservice-leeds.nhs.uk/get-checked-out/resources/restore2/>