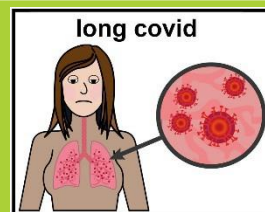




# Long Covid Checklist



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.

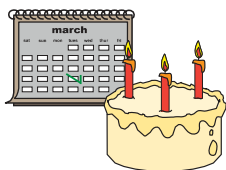
The Long Covid service can offer advice, information and support when you have had symptoms for longer than six weeks.

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



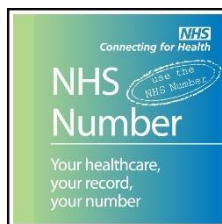
Name:

.....



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: .....

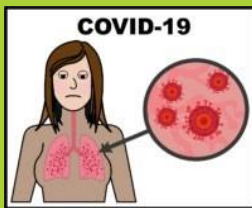
**coronavirus booster vaccine**



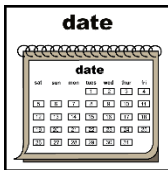
vaccine

- 1st  ✓
- 2nd  ✓
- 3rd  ✓

Date: .....



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

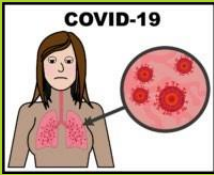


Date of first Covid infection:

.....

Tick all symptoms that you had

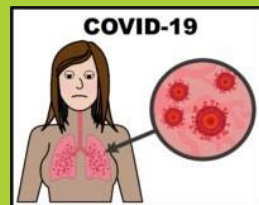
<b>breathlessness</b>  <input checked="" type="checkbox"/>	<b>yes</b> <input checked="" type="checkbox"/>	<b>memory problems</b>  <input checked="" type="checkbox"/>	<b>yes</b> <input checked="" type="checkbox"/>	<b>anxiety</b>  <input checked="" type="checkbox"/>	<b>yes</b> <input checked="" type="checkbox"/>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



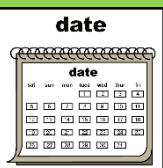
# How do you feel six weeks after your first Covid infection?

Tick all symptoms that you still have

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



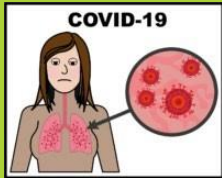
Date of second Covid infection:

.....

Tick all symptoms that you had


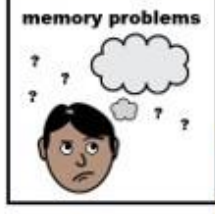






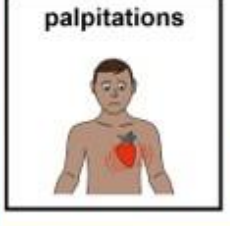
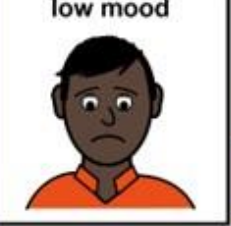



<b>breathlessness</b>  <input checked="" type="checkbox"/>	<b>memory problems</b>  <input checked="" type="checkbox"/>	<b>anxiety</b>  <input checked="" type="checkbox"/>
<b>tired</b>  <input checked="" type="checkbox"/>	<b>joint pain</b>  <input checked="" type="checkbox"/>	<b>poor sleep</b>  <input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





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

Tick all symptoms that you still have

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



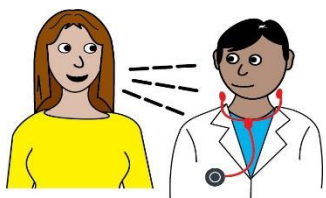
## Learn how to tell people that you are poorly RESTORE2 mini and Pulse Oximeter Training



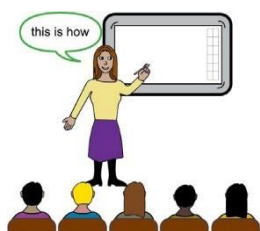
We want to make sure you get the care you need at the right time.



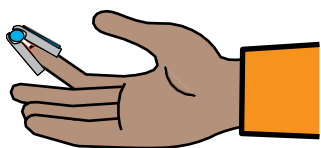
It can be hard to know when people are poorly.  
This training will help you tell people.



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

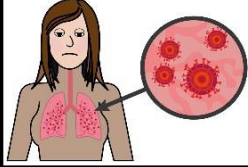


# Support and Information

ask for information



long covid



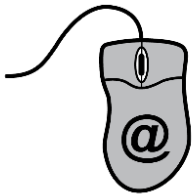
Please contact the **Long Covid Rehab Team** to talk about how you feel after having Coronavirus.

phone number



0113 843 0636

email



[Lcht.covid19rehabpathway@nhs.net](mailto:Lcht.covid19rehabpathway@nhs.net)

phone 119



## NHS Coronavirus information

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