

**Covid-19 evaluation tool**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

- 1. Have you tested positive or are you awaiting test results for COVID-19 (One (1) point for Yes) \_\_\_\_\_
- 2. Do you have any of the following symptoms now or in the last 48hrs?
  - Fever \_\_\_\_\_
  - Cough \_\_\_\_\_
  - Fatigue \_\_\_\_\_
  - Sputum production \_\_\_\_\_
  - Severe weakness \_\_\_\_\_
  - Nasal congestion or runny nose \_\_\_\_\_
  - Sore throat \_\_\_\_\_
  - Headache \_\_\_\_\_
  - Body or joint aches \_\_\_\_\_
  - Nausea or vomiting \_\_\_\_\_
  - Diarrhea \_\_\_\_\_

One point for each symptom

- 3. Is there someone sick with any symptoms listed above who lives with you at home or who is awaiting COVID-19 results or who has tested positive for COVID? \_\_\_\_\_ Yes or No
- 4. Have you had any of the following problems in the last 48 hrs?
  - Shortness of breath \_\_\_\_\_
  - Extreme tightness in your chest \_\_\_\_\_
  - Fast or shallow breathing \_\_\_\_\_
  - Difficulty speaking due to breathing problems \_\_\_\_\_

**TOTAL POINTS FOR QUESTIONS 1-4 (IF THE PATIENT HAS ANY POINTS ON QUESTIONS 1, 2, 3, AND 4 THEY ARE A POSITIVE SCREEN.**

- 5. Do you have any of the following conditions? One point for each problem.
  - Lung problems or respiratory conditions (asthma, emphysema/COPD) \_\_\_\_\_
  - Heart conditions \_\_\_\_\_
  - Cancer \_\_\_\_\_
  - Diabetes \_\_\_\_\_
  - Any immunocompromising illnesses or medications \_\_\_\_\_
  - Age 60+ \_\_\_\_\_

**TOTAL POINTS** \_\_\_\_\_

**POINTS ABOVE ZERO ARE VUNERABLE TO COMPLICATED COVID-19**