Use this tool as a guide in order to be active in taking care of your own health management or a loved one whom you care for.

When you are calling, emailing or having a telehealth visit with your health care professional (a doctor, pharmacist, advanced practice nurse, nurse, case manager or social worker) use this questionnaire to discuss your symptoms, health status, concerns and to record actions you should take in managing your symptoms. You should also use the questionnaire when you or a loved one is leaving the hospital after you have been treated for COVID-19 to record important information about your health management and what you need to do when you get home.

Visit With: __________________________      Today’s Date: ________________

BE SURE YOU KNOW THESE THINGS:

1. I am experiencing the follow symptoms (Check all that apply):
   Fever; My Temperature is: ______ Sore Throat: _____ Fatigue____________
   Cough: ______ Trouble Breathing: ______ Other:__________________________

2. Have you had contact with a person who has COVID-19?  Yes___ No___

3. I have the following medical conditions:
   Heart Disease____ Diabetes_____ Chronic Lung Disease___ Autoimmune Disorder_____
   Additional Medical Conditions_____________________________________________

4. List All medicines you are currently taking on the back of this questionnaire, including any on the following list:
   ___All prescription medications (can buy only with a prescription)
   ___Major side effects of these medicines I have experienced
   ___Over-the-counter medicine (can buy without a prescription)
   ___Vitamins, herbs, or supplements I take such as St. John's Wort

IMPORTANT! Inform providers of allergies or sensitivities you have to any medicine

5. Should I be tested for COVID-19?____ Do I need a Physician Order?____________
   Where do I go for the Test?______________________________________________

6. What medication are you prescribing for me today? __________________________
   ______________________________________________________________________

7. Are there any side effects with this medication I should be aware of?
   ______________________________________________________________________

8. Should I self-quarantine? ____ If so, for how long?________________________

9. What do I need to do to protect my family? ________________________________

10. Be sure to tell your provider if in you have any of the following living in your home:
    ____Adults over 65
    ____An adult/child who has a chronic condition or their immune system is compromised

11. When should I do a follow up regarding my condition or any changes in my condition?
    ______________________________________________________________________

12. Who should I call with any concerns about my condition or if I have additional questions?
    ______________________________________________________________________

NAME:_______________________ TELEPHONE #: ___________________________
**COVID-19 Health Management**

Use this tool as a guide in order to be active in taking care of your own health management or a loved one whom you care for.

When you are calling, emailing or having a telehealth visit with your health care professional (a doctor, pharmacist, advanced practice nurse, nurse, case manager or social worker) use this questionnaire to discuss your symptoms, health status, concerns and to record actions you should take in managing your symptoms. You should also use the questionnaire when you or a loved one is leaving the hospital after you have been treated for COVID-19 to record important information about your health management and what you need to do when you get home.

<table>
<thead>
<tr>
<th>WHEN I GET UP, I TAKE:</th>
<th>MY MEDICINE LIST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drug name-</strong></td>
<td><strong>This looks like.</strong></td>
</tr>
<tr>
<td><strong>Brand name or generic &amp; DOSE</strong></td>
<td><strong>Color, shape</strong></td>
</tr>
<tr>
<td>Example: Lisinopril 10 mg</td>
<td>Round yellow pill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IN THE AFTERNOON, I TAKE:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IN THE EVENING, I TAKE:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BEFORE I GO TO BED, I TAKE:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER MEDICINES THAT I DO NOT USE EVERYDAY:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Trusted Information Sources:**

- [https://www.ntocc.org/](https://www.ntocc.org/)
- [https://www.usa.gov/state-health](https://www.usa.gov/state-health)