



MY COVID STORY

MY EXPERIENCE

(Fill in the blanks below to help your provider understand your covid history)

On/around _____ (date), I started having COVID-like

symptoms. I **tested/did not test** (circle one) positive for COVID-19.

My symptoms lasted _____ **days/weeks/months** or **are still**

happening (circle one). I was **hospitalized/not hospitalized** (circle one) at

_____ (if so, name of hospital), for _____ days.

I **required/did not require** (circle one) treatment in the intensive care unit

(ICU). I **did/did not** (circle one) go to therapy/rehab afterwards. I am

not/partially/fully (circle one) vaccinated. I **received/did not receive**

(circle one) a vaccine (if vaccinated). I received the **Moderna/Pfizer/J&J**

vaccine. My first dose was on (insert date) ___ / ___ / ___. My second dose

was on ___ / ___ / ___ (leave blank if you only received first dose).

Sources:

Patient-Led Research Collaborative: <https://patientresearchcovid19.com>. The Centers for Disease Control: Post-COVID Conditions (Updated September 2021) <https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects> #ME Action: Pacing and Management Guide for ME/CFS: <https://www.meaction.net/stoprestspace>
Incidence, co-occurrence, and evolution of long-COVID features: A 6-month retrospective cohort study of 273,618 survivors of COVID-19. Taquet M, Dercon Q, Luciano S, Geddes JR, Husain M, et al. (2021) PLOS Medicine 18(9): e1003773. <https://doi.org/10.1371/journal.pmed.1003773>