

DATE _____ PATIENT-ID _____
NAME _____
SOCIAL SECURITY NUMBER _____

THE FUNCTIONAL COMPASS COVID-19

A function and activity analysis
self-assessment form for people
suffering from late symptoms
after COVID-19

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The Functional Compass COVID-19

The Functional Compass COVID-19 is a self-assessment form that should be helpful with investigation and follow-up evaluation to provide the best rehabilitation measures and improve quality of life for those suffering from late symptoms after COVID-19.

The Functional Compass COVID-19 is a simple way to clearly describe and analyze how, and in which way, your late symptoms after COVID-19 affect your function, your activities and your quality of life.

The Functional Compass COVID-19 is a self-assessed questionnaire. The questions are directly linked to the World Health Organization WHO's International Classification of Functioning, Disability and Health, (ICF).

Your answers and your descriptions will give your doctor the best possible basis, to make a proper assessment of how your pain affects you and your everyday life. The questionnaire will provide you and your doctor with a common picture of your situation, helping to establish which measures and treatments that need to be deployed and what you can manage despite your late symptoms after COVID-19.

The Functional Compass COVID-19 facilitates the medical investigation, diagnosis and follow-ups, giving a clear direction from which to tailor your individual rehabilitation plan.

The Functional Compass COVID-19 is to assist you and your doctor in remembering all of the most important questions regarding your pain problems, but also to help in follow-ups and referrals to other specialists, with the overall goal of improving your situation.

Using the Functional Compass COVID-19, you are asked to mark the five-point scale (from 0 No problem, 1 Slight problem, 2 Moderate problem, 3 Large problem, 4 Extreme problem) next to the question to find out how pain affects you in your different tasks.

Some questions provide space to describe your situation in your own words, as well as to make a note about your own ambitions and goals. You are the one that can describe your own situation best. Do not hesitate to bring up your questions and thoughts to your doctor. The Functional Compass COVID-19 is intended to point out the direction for your individual rehabilitation plan to lead you to the common goal.

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Function/Activity

Please mark your answer with an X in the boxes

Do you, after your COVID-19 infection, experience long-standing problems, such as....	No problem	Slight problem	Moderate problem	Large problem	Extreme problem
1. Respiratory issues? (ICF: b 440)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cardiovascular issues? (ICF: 410)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Abnormal body temperatures (such as fever)? (ICF: b 5500)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Olfactory perception issues (smell, fragrance)? (ICF: b 1562)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Gustatory perception issues (taste, salt, sour, bitter, sweet, umami)? (ICF: b 1563)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Tactile perception issues (differences between rough and smooth)? (ICF: b 1564)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sensivity to temperature (cold, heath)? (ICF: b 2700)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sensivity to vibration? (ICF: b 2701)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Sensivity to pressure? (ICF: 2702)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. With getting dressed? (ICF: d 540)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. With joint mobility? (ICF: b 710)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. With muscle weakness? (ICF: b 730)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. With muscular endurance? (ICF: d 740)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Muscle twitches when at rest? (ICF: b 735)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. With walking? (ICF: d 450)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. With climbing stairs? (ICF: d 4551)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. With maintaining a sitting position? (ICF: d 4153)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. With making your bed? (ICF: d 649)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. With doing housework? (ICF: d 640)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. With lifting and carrying objects? (ICF: d 430)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. With driving motorized vehicles? (ICF: d 4751)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not hold a driver's license <input type="checkbox"/>					
22. With using transportation? (ICF: d 470)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Other activities that cause you problem?	<input type="text"/>				

Quality of life

Please mark your answer with an X in the boxes

Do you, after your COVID-19 infection, experience long-standing problems, such as....	No problem	Slight problem	Moderate problem	Large problem	Extreme problem
24. Sleep issues? (ICF: b 134)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Problems multitasking? (ICF: d 2200)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Lack of energy and drive? (ICF: b 130)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Cognitive function (concentration)? (ICF: b 160)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. With short-term memory? (ICF: b 1440)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. With long-term memory? (ICF: b 1441)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Difficulty handling stress and other psychological demands? (ICF: d 240)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Fatigue/exhaustion? (ICF: b 4552)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Problems with emotion? (ICF: b 152)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Problems with digestion? (ICF: b 535)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. With recreation and leisure? (ICF: d 920)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. With family relationships? (ICF: d 760)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Sexual dysfunction? (ICF: b 640)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. With informal social relationships? (ICF: d 750)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. With economic self-sufficiency? (ICF: d 870)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Problems holding down paid employment? (ICF: d 850)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pain

Please mark your answer with an X in the boxes

Do you, after your COVID-19 infection, experience long-standing problems, such as....	No problem	Slight problem	Moderate problem	Large problem	Extreme problem
40. Pain in one specific body part? (ICF: b 2801)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Pain in multiple body parts? (ICF: b 2802)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Radiating pain in a region of the body? (ICF: b 2804)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Generalized pain? (ICF: b 2800)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. How would you rate your pain right now? (ICF: b 280)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. How would you rate your average pain during the last week? (ICF: b280)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. How would you rate your pain when it is at its best? (ICF: b 280)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. How would you rate your pain when it is at its worse? (ICF: b 280)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work/Daily Activity

48. Are you currently in employment? Full time Part time % or hours a day No

49. Education?

50. Profession?

51. Tasks at work?

Please mark your answer
with an X in the boxes

No problem Slight problem Moderate problem Large problem Extreme problem

52. Do you see any problems at your workplace preventing you from returning to work?

I am already back to work

53. How do you rate the possibility of going back to work or extending your working hours?

I am already working full time

54. Are you on sick leave? Full time Part time % since date (year) No

55. Do you have a permanent sickness benefit or early retirement pension? Full time Part time % since date (year) No

56. Do you have an ongoing insurance case that has not yet been resolved? Insurance case Occupational injury case Other No

57. What would you like to do if you felt a little better?
