TABLE 2: Holistic assessment of persons presenting with symptoms suggestive of Long COVID

Assessment Element	Assessment Details
Symptom identification	Common symptoms: Exaggerated fatigue and diminished energy windows Cognitive impairment (e.g., brain fog) Symptom flare 12-48 hours after minimal activity (e.g., PEM/PESE) Dyspnea, racing heart, dizziness upon standing Pain/myalgias Smell and taste alterations See Table 1 for other possible symptoms
Timeline of symptoms	 Lasting at least 3 months (continuously or relapsing-remitting)¹ New or worsened after suspected SARS-CoV-2 infection (supportive but not diagnostic)
Symptom modifiers and triggers	Physical and cognitive activities Social and emotional stressors Recurrent SARS-CoV-2 infections, vaccines, boosters
Impact on daily functioning and activity levels	 ADLs, IADLs Work/school, family, social Physical and cognitive activity tolerance Exercise capacity
Potential competing/co-existing diagnoses	 Pre-existing conditions, symptoms Other new conditions, relevant hospitalizations Medication/supplement side effects Interim life changes
Physical exam	Symptom-specific focused exam 10-minute stand test: o Record HR and BP after supine for 5 minutes and then after standing for 3, 5, 7, and 10 minutes o Note signs and symptoms (e.g., acrocyanosis, flushing, sweating)

[†]Table 1 of the autonomic dysfunction consensus guidance statement outlines diagnostic criteria for POTS, NCS, OH, and IST that incorporate results of the 10-minute stand test.⁶

Abbreviations: PEM (post-exertional malaise), PESE (post-exertional symptom exacerbation), ADLs (activities of daily living), IADLs (instrumental activities of daily living), HR (heartrate), BP (blood pressure), POTS (postural orthostatic tachycardia syndrome), NCS (neurocardiogenic syncope), OH (orthostatic hypotension), IST (inappropriate sinus tachycardia).



