



PRANCHAS EM COMUNICAÇÃO
ALTERNATIVA/AUMENTATIVA (CAA) PARA APOIO
À AVALIAÇÃO DO COVID-19
EM PACIENTES COM DEFICIÊNCIA





Nome



Idade



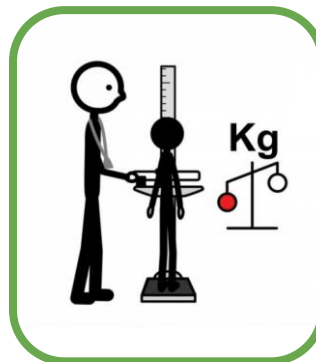
Nome da mãe



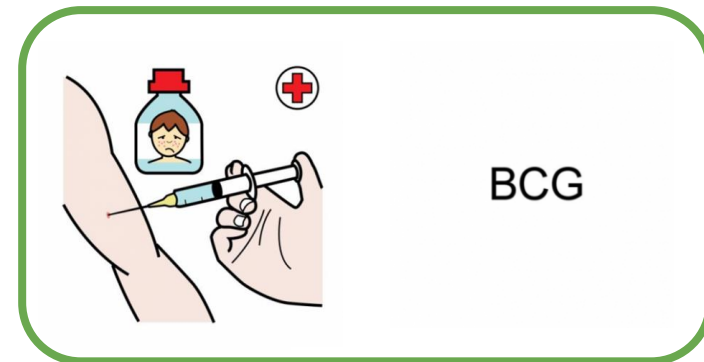
Identificação



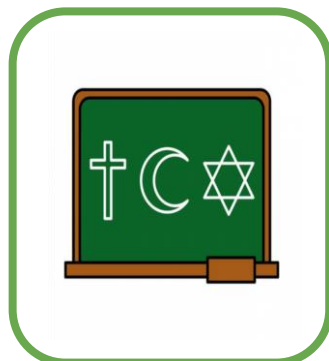
Profissão



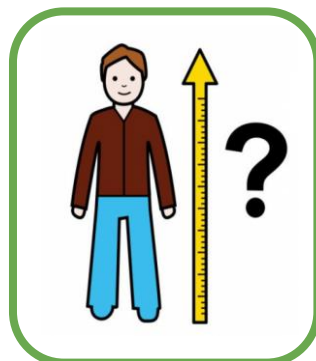
Peso



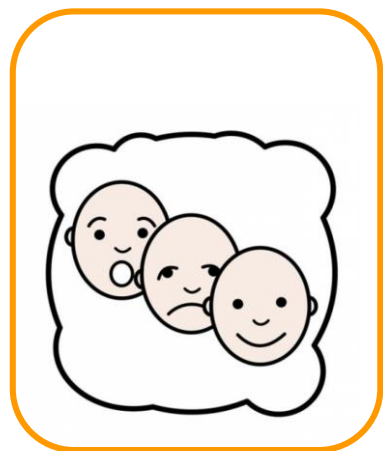
Vacina BCG



Religião



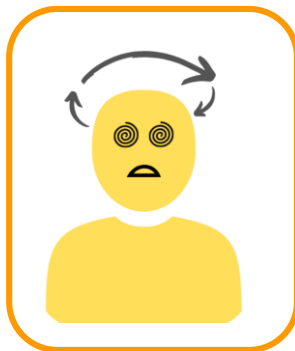
Altura



Sintomas



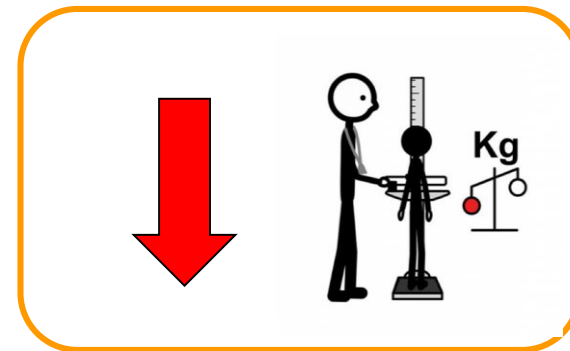
Febre



Tontura



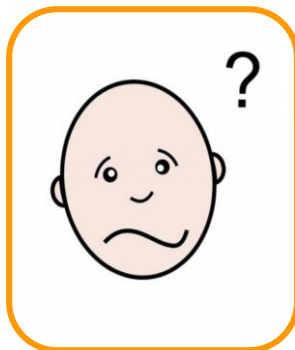
Diarréia



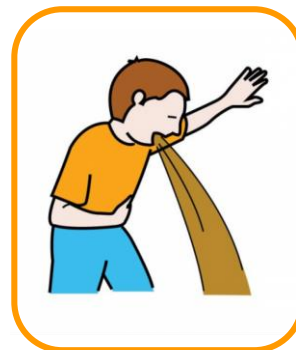
Perda de peso



Cansaço



**Confusão
Mental**



Vômito



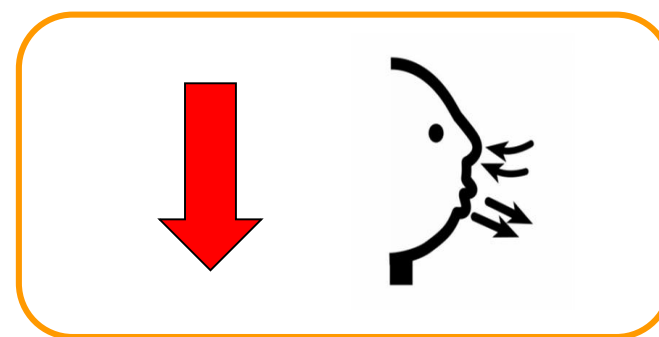
Suor noturno



Náusea



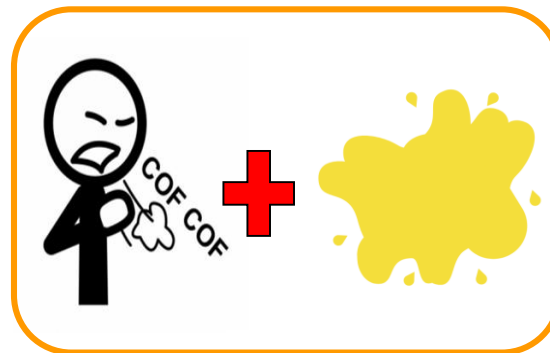
Espirro



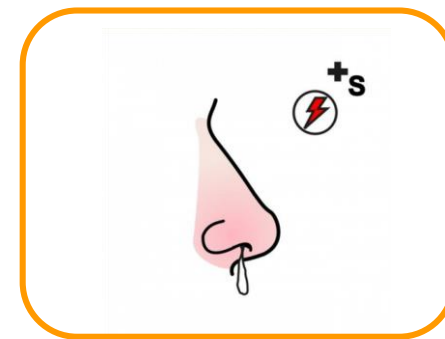
Falta de ar



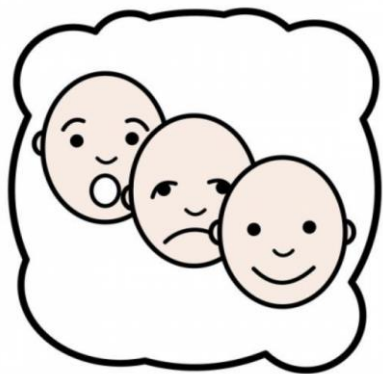
Tosse



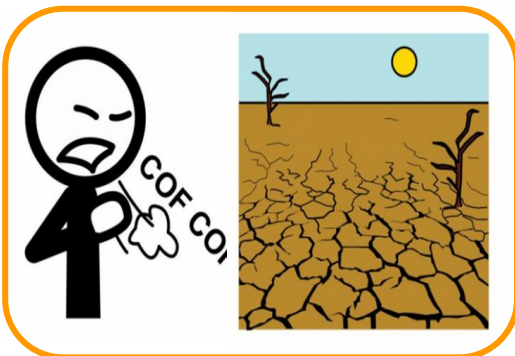
Tosse com catarro



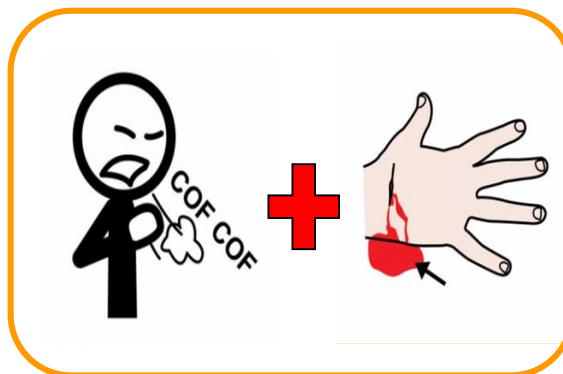
Coriza



Sintomas



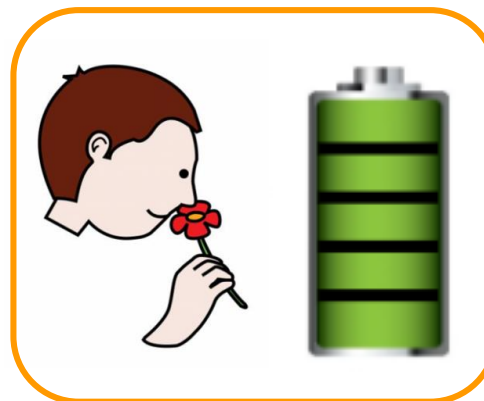
Tosse seca



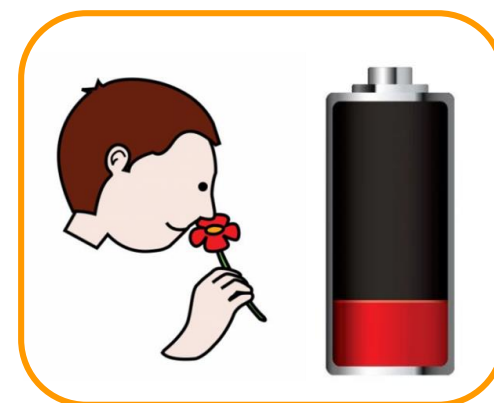
Tosse com sangue



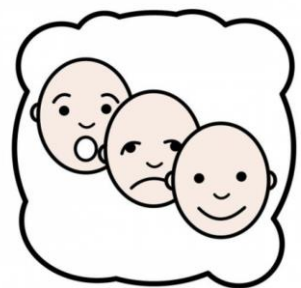
Perda do olfato



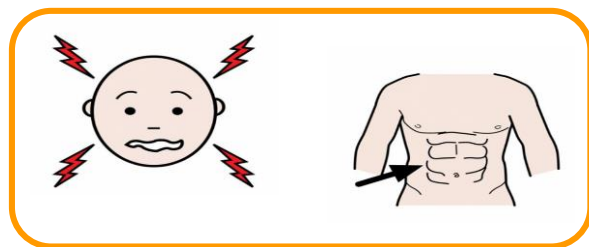
Total



Parcial



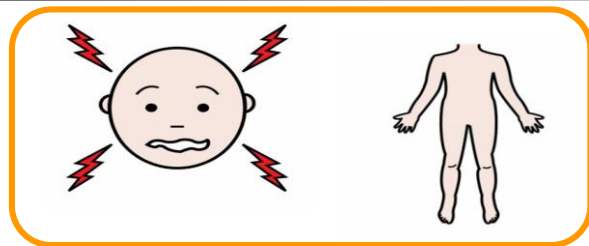
Sintomas



Dor na barriga



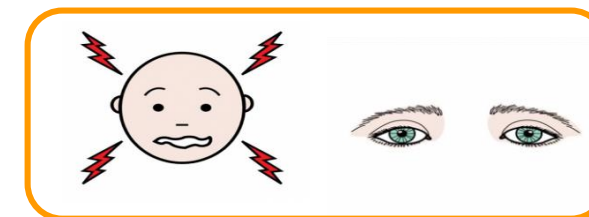
Dor de garganta



Dor no corpo



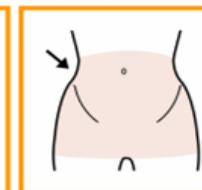
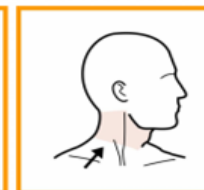
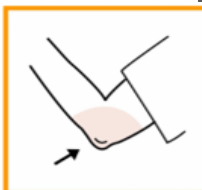
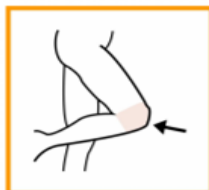
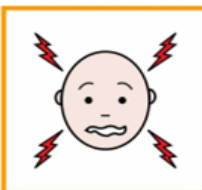
Dor de cabeça



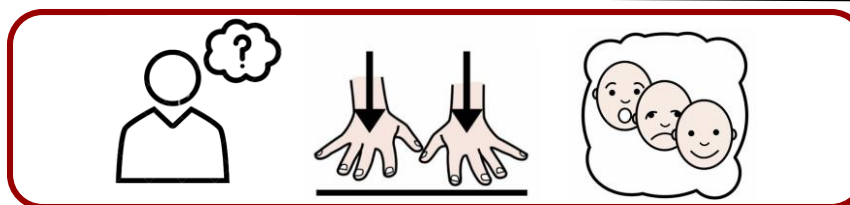
Dor nos olhos



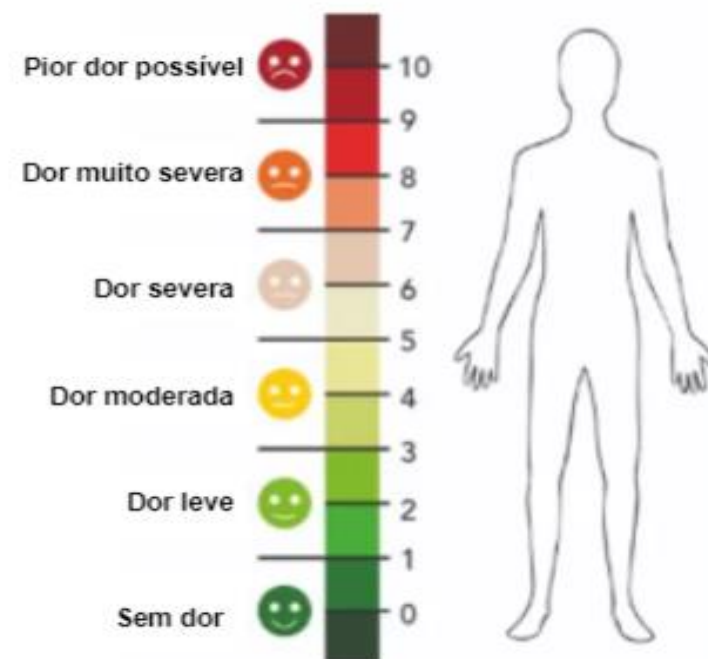
Dor no peito

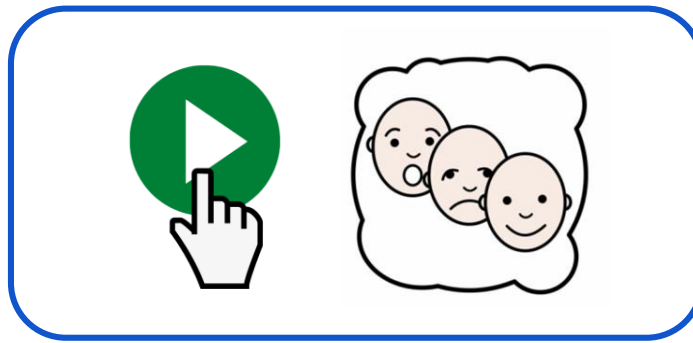


Dor nas articulações

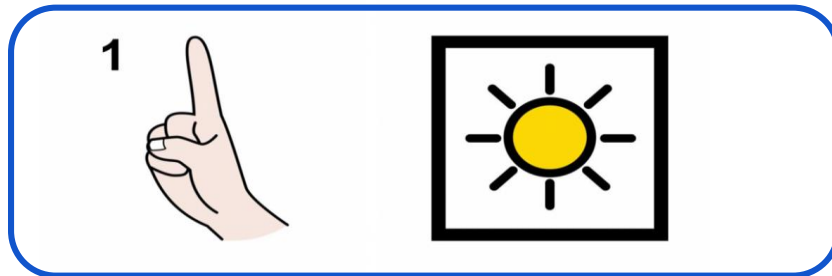


o que estou sentindo?

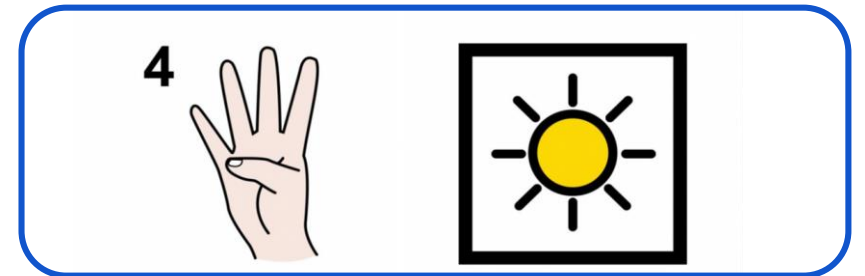




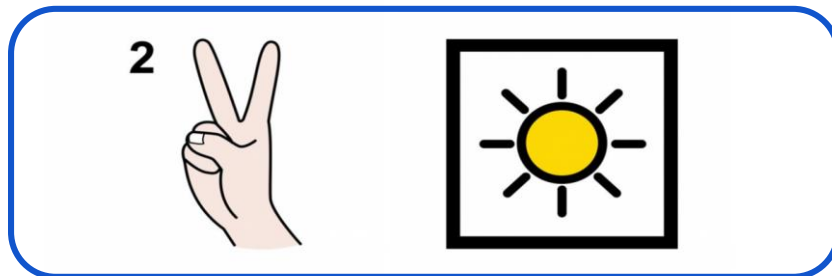
Início dos sintomas



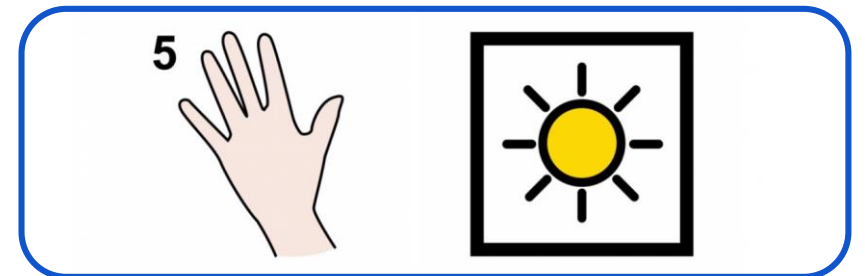
Um dia



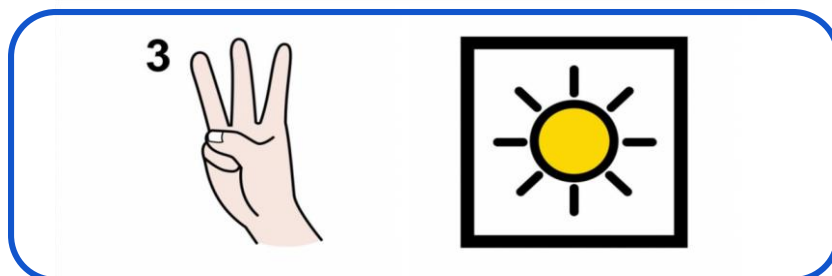
Quatro dias



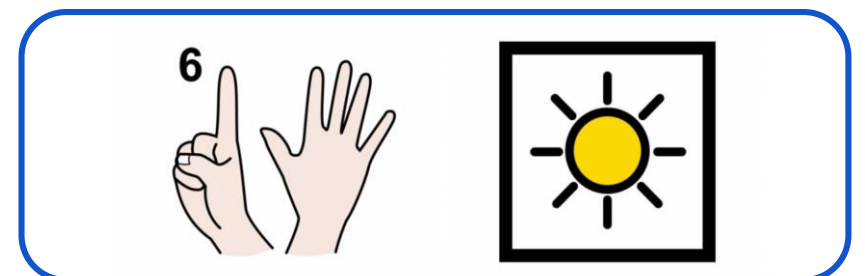
Dois dias



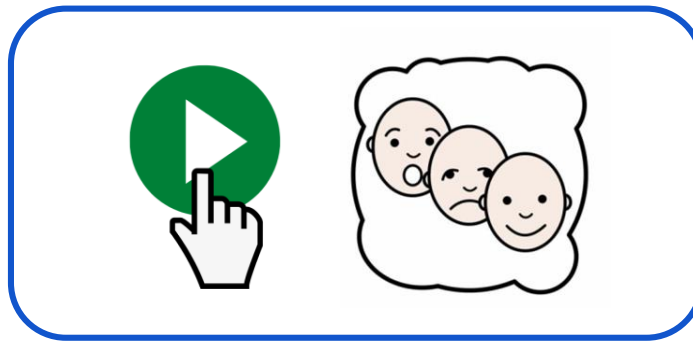
Cinco dias



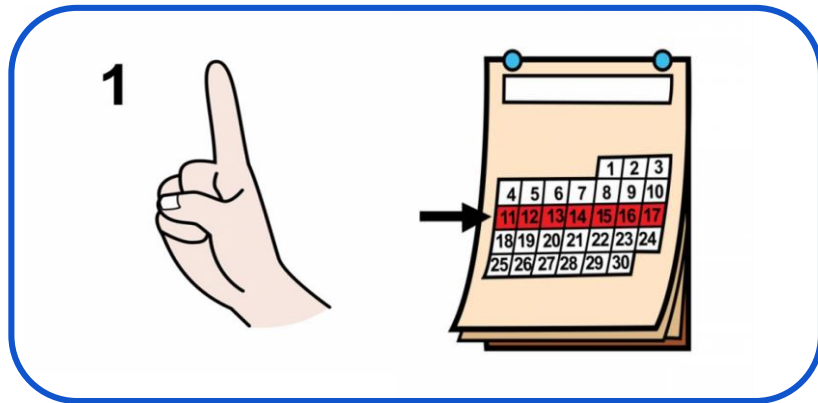
Três dias



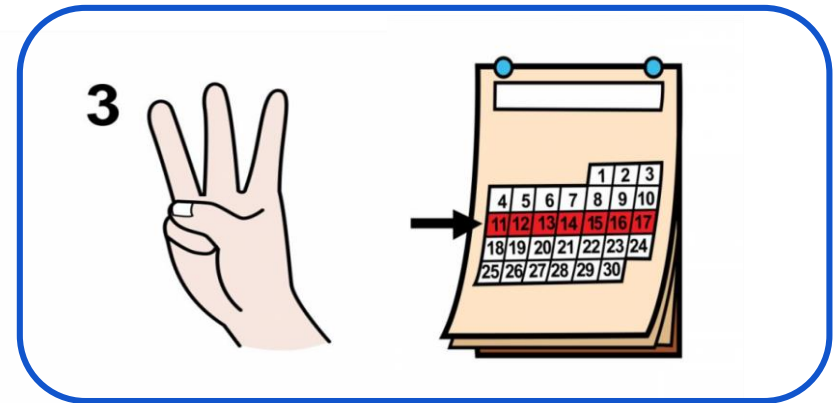
Seis dias



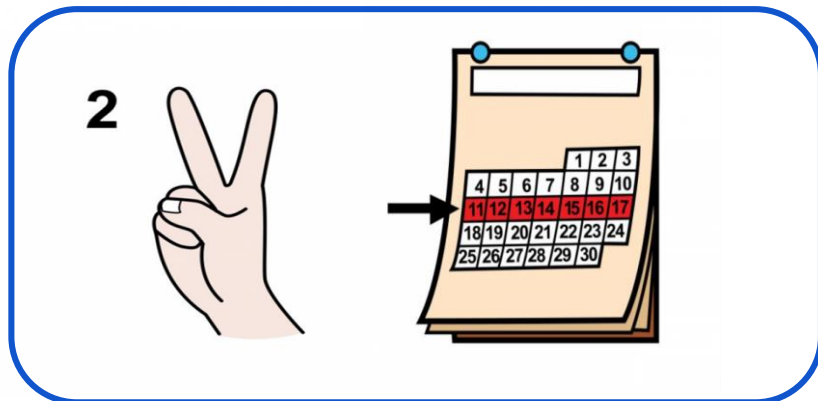
Início dos sintomas



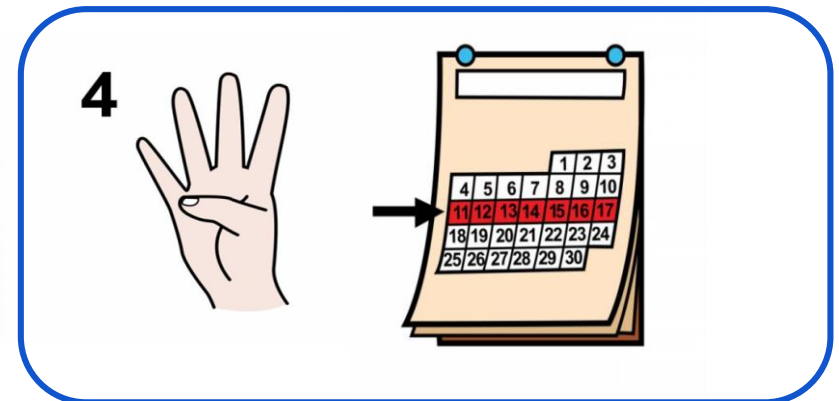
Uma semana



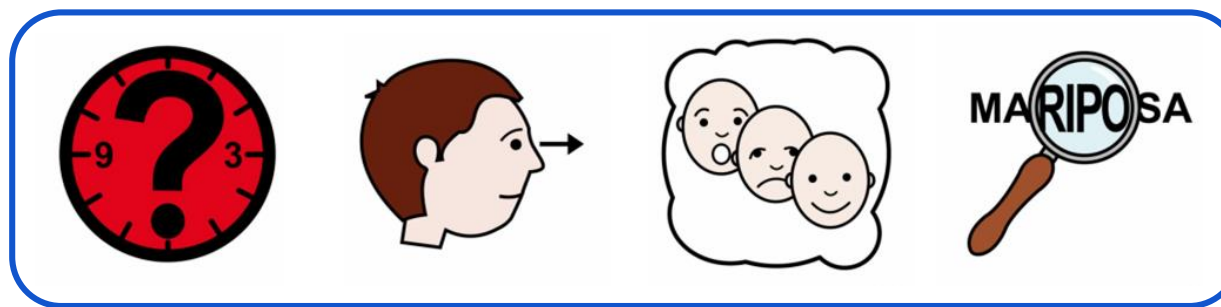
Três semanas



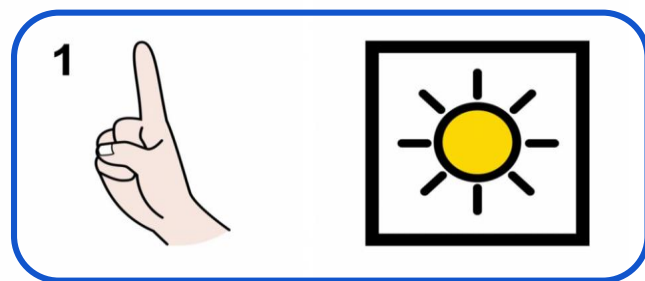
Duas semanas



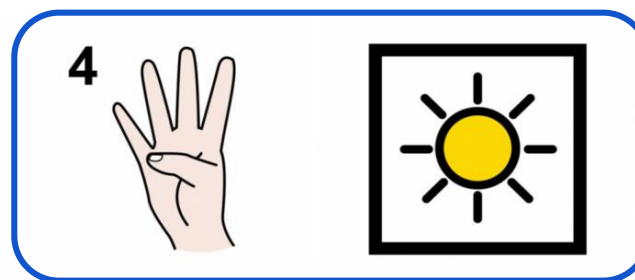
Quatro semanas



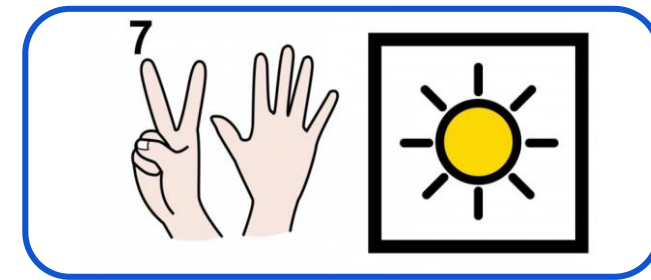
Quando percebeu que os sintomas aumentaram?
(Auto percepção dos sintomas)



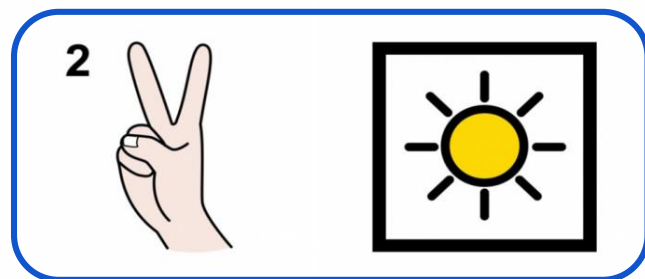
Um dia



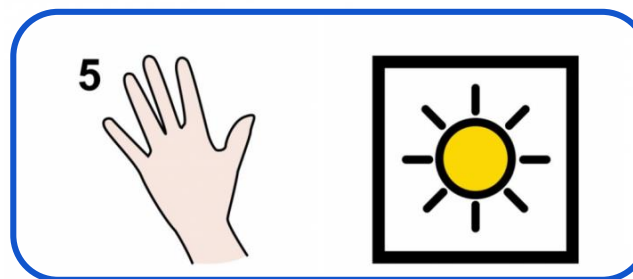
Quatro dias



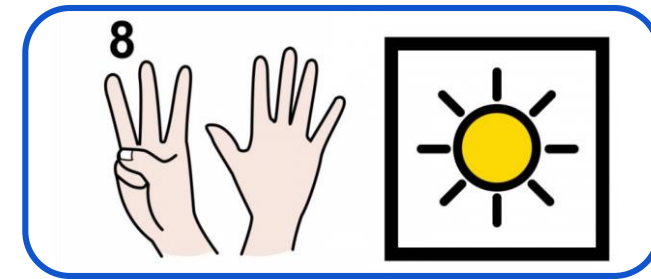
Sete dias



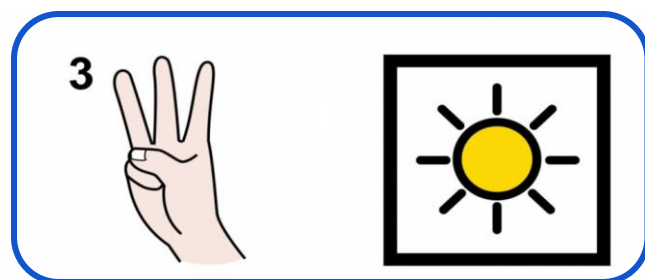
Dois dias



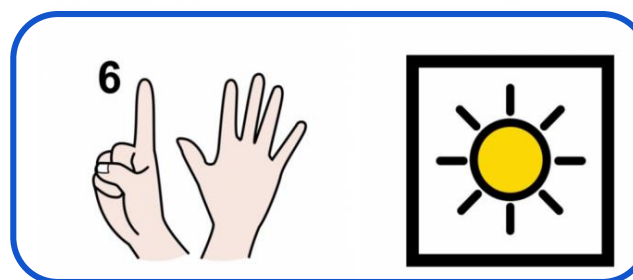
Cinco dias



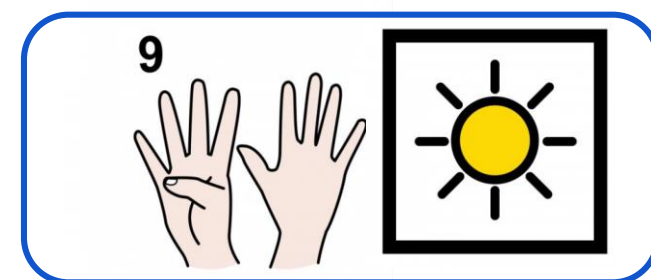
Oito dias



Três dias



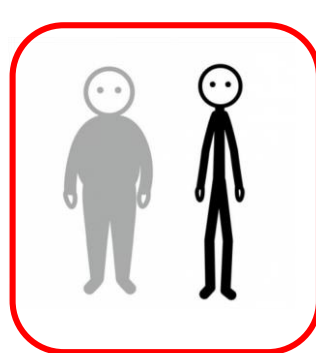
Seis dias



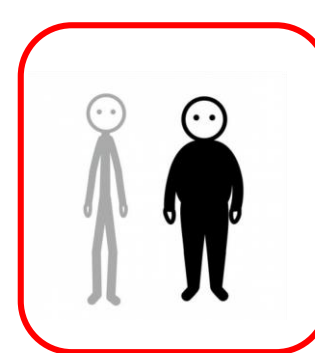
Nove dias



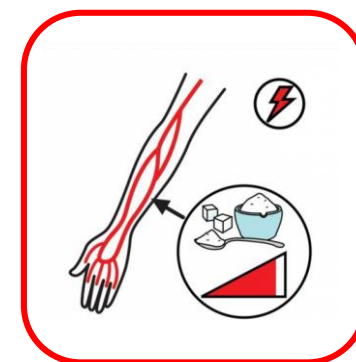
Asma



Desnutrição



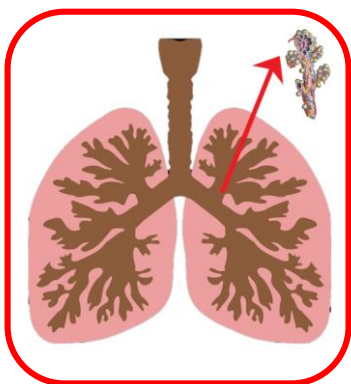
Obesidade



Diabetes mellitus



**Eu tenho outras
doenças**



Bronquite



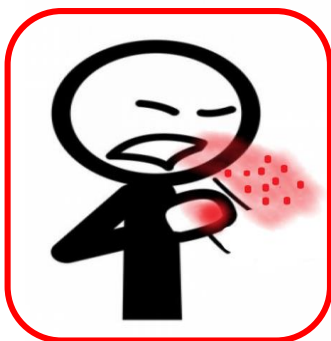
Doença renal



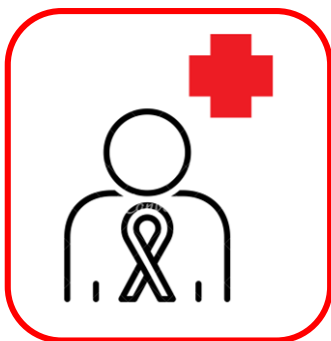
Hipertensão



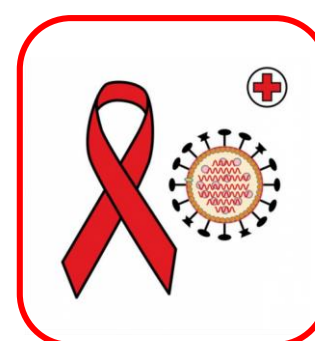
**Doença
cerebrovascular**



Tuberculose



Câncer



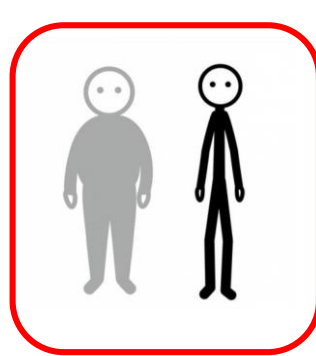
HIV



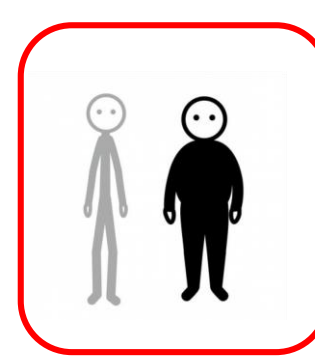
**Gestação de
alto risco**



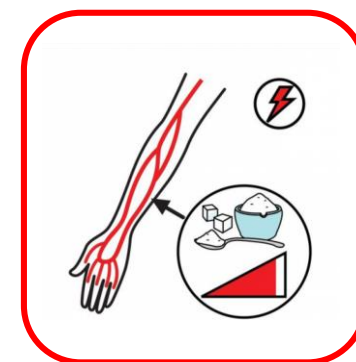
Asma



Desnutrição



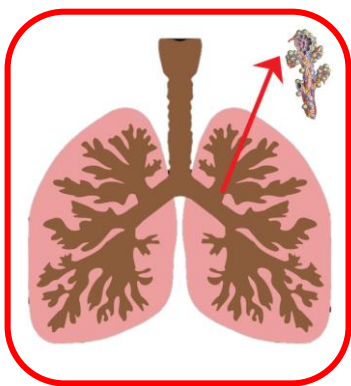
Obesidade



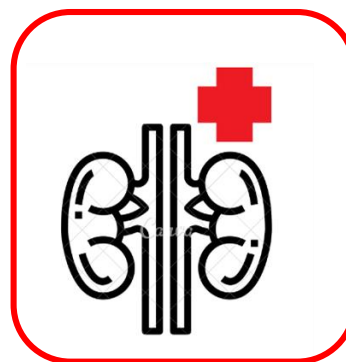
Diabetes mellitus



**Faço uso
contínuo de
medicamento para:**



Bronquite



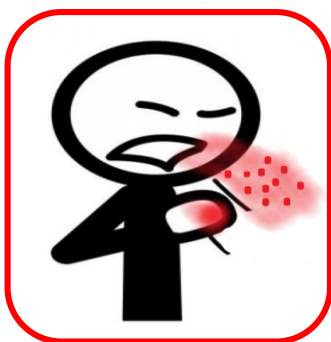
Doença renal



Hipertensão



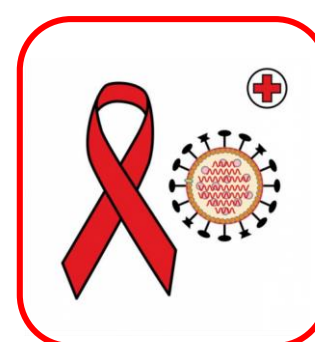
**Doença
cerebrovascular**



Tuberculose



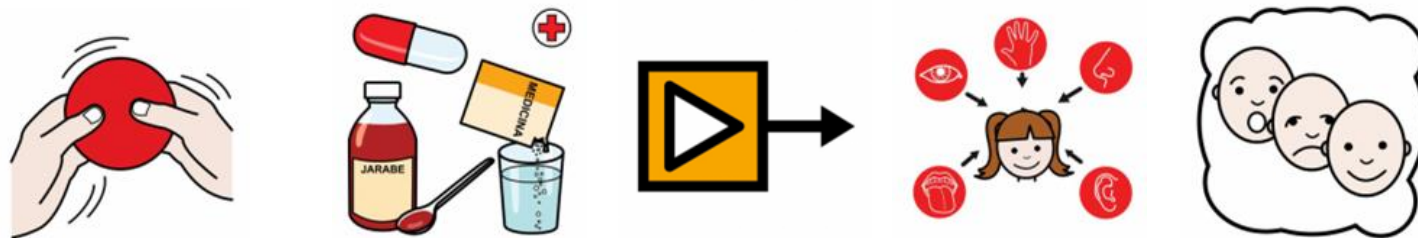
Câncer



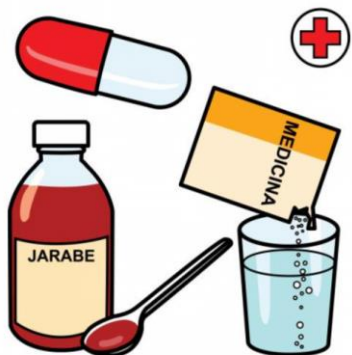
HIV



**Gestação de
alto risco**



Usou medicamentos ao sentir os sintomas?



Medicação



Corticoesteróides



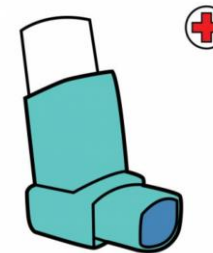
Dipirona



Paracetamol



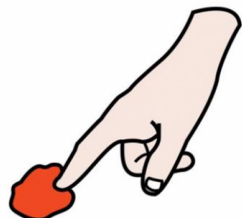
Ibuprofeno



Inalador



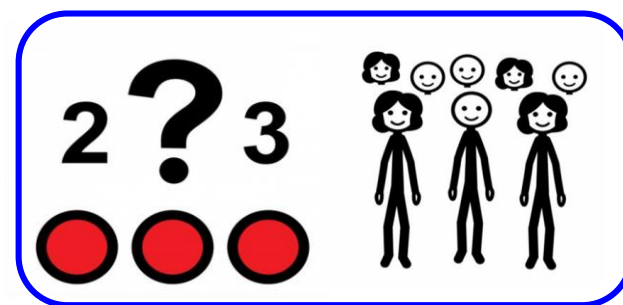
Nebulizador



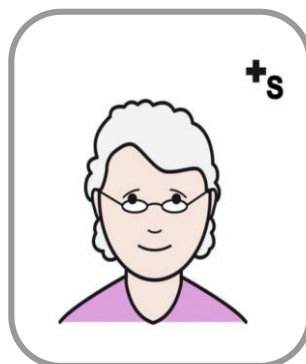
**Pessoas que teve contato
em casa**



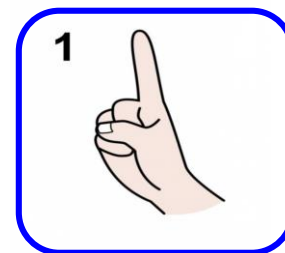
Gestantes



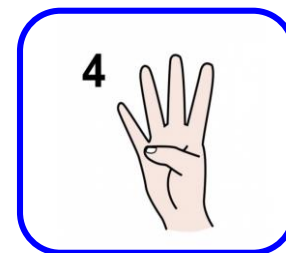
Quantas pessoas



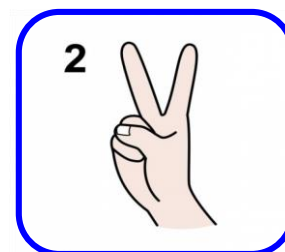
Idosos



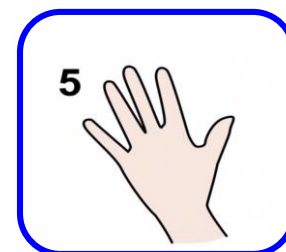
uma pessoa



quatro pessoas



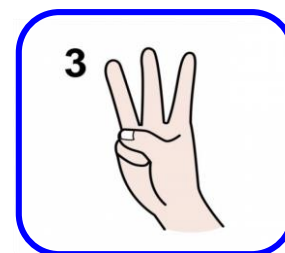
duas pessoas



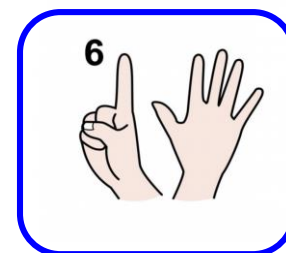
cinco pessoas



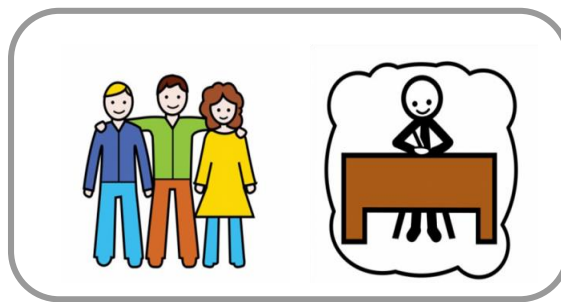
Crianças



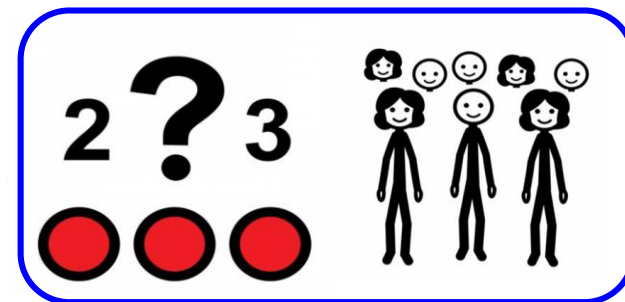
três pessoas



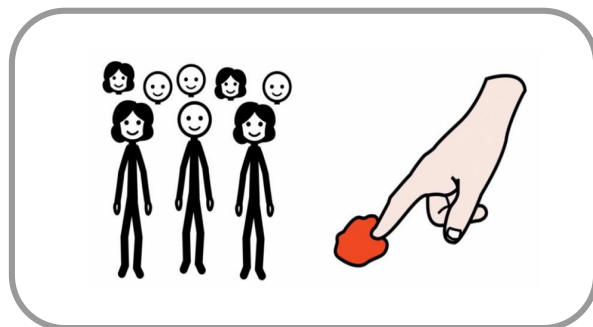
seis pessoas



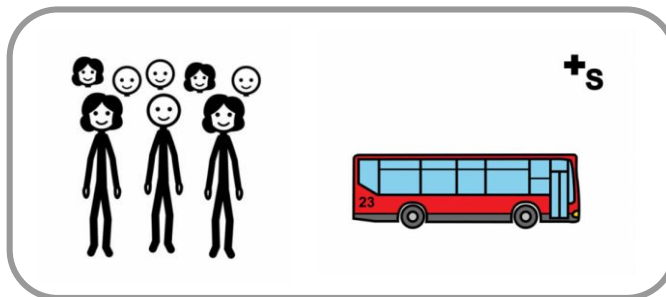
Colegas de trabalho



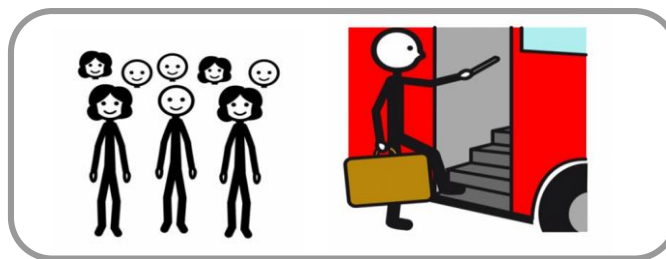
Quantas pessoas?



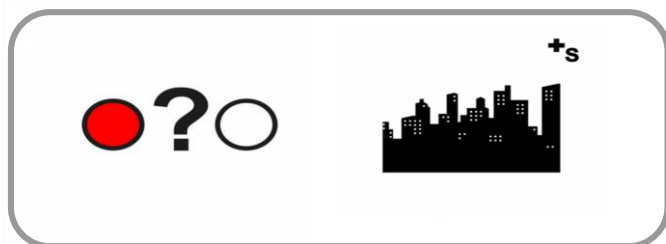
Pessoas que teve contato



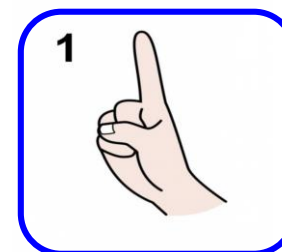
Pessoas no transporte público



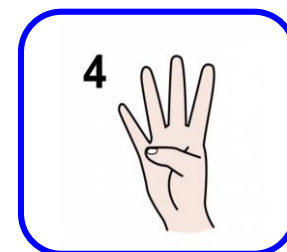
Pessoas que viajaram



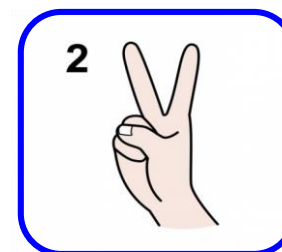
Qual o local?



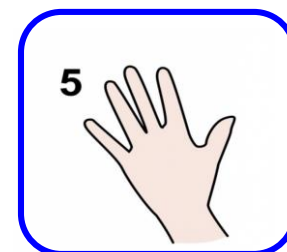
uma pessoa



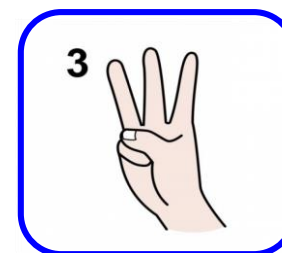
quatro pessoas



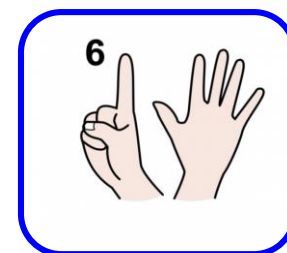
duas pessoas



cinco pessoas



três pessoas



seis pessoas

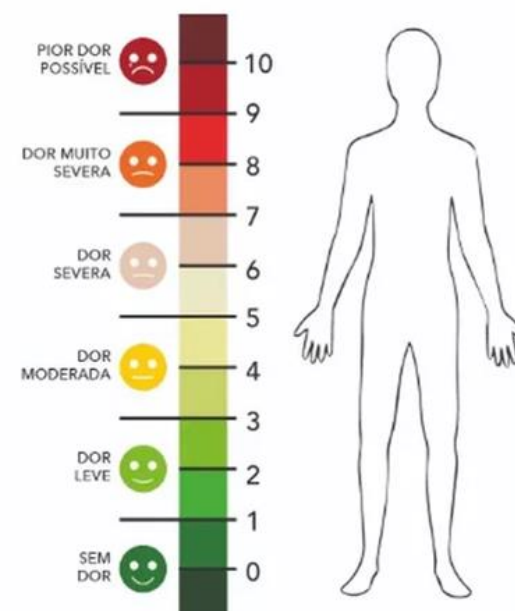


Sim



Não

A	B	C	D	NOVA PALAVRA	COMEÇAR DE NOVO				
E	F	G	H	SIM ✓	NÃO ✗				
I	J	K	L	M	N				
O	P	Q	R	S	T				
U	V	W	X	Y	Z				
1	2	3	4	5	6	7	8	9	10



Referência da imagem:
<https://www.ufrgs.br/comacesso/pranchas-caa-hospitalar/>

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