

Mapping of symptoms for corona

| Questions | No | Yes |
|---|----|-----|
| Have you been outside Norway for the last 10 days? | | |
| Are you in quarantine? | | |
| Have you been in contact with anyone who has been confirmed sick with covid-19? | | |
| Have you experienced immune deficiency, or are you undergoing active cancer treatment and have had a fever? | | |
| Have one or more of the symptoms below occurred in the last 10 days (if so, mark what symptoms you have had): | | |
| ➤ Fever | | |
| ➤ Cough | | |
| ➤ Heavy breath | | |
| ➤ Headache with concomitant feeling of illness or lethargy * | | |
| ➤ Reduce sense of smell and / or taste * | | |
| ➤ Muscle aches * | | |
| ➤ Sore throat * | | |
| ➤ Runny / stuffy nose or sneezing (cold symptoms) * | | |
| ➤ Upper abdominal pain and nausea, vomiting or diarrhea * | | |
| * Such symptoms that are of short duration (<1 day) and more than three days back in time are not emphasized. | | |