



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



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**Nome**



**Idade**



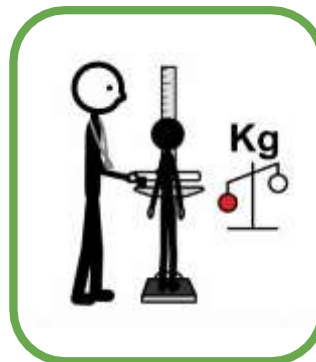
**Nome da mãe**



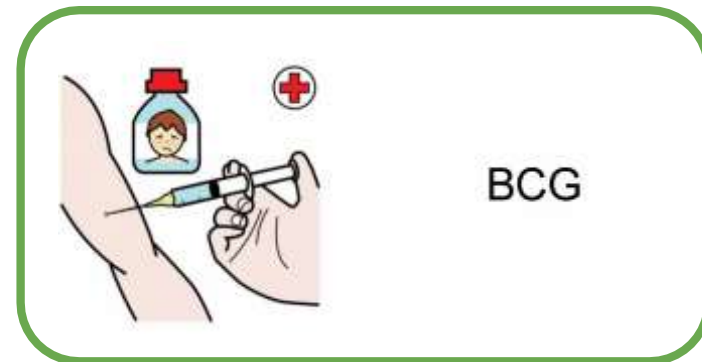
**Identificação**



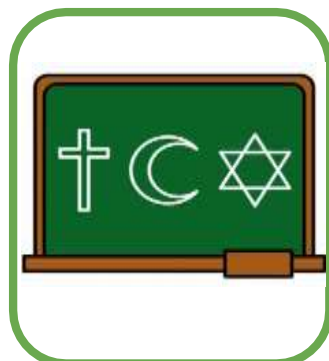
**Profissão**



**Peso**



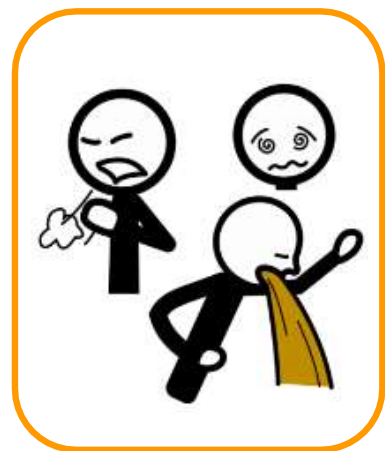
**Vacina BCG**



**Religião**



**Altura**



**Sintomas**



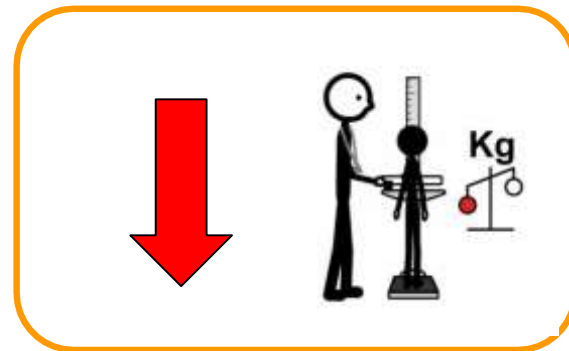
**Febre**



**Tontura**



**Diarréia**



**Perda de peso**



**Cansaço**



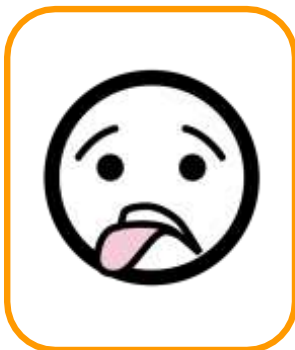
**Confusão  
Mental**



**Vômito**



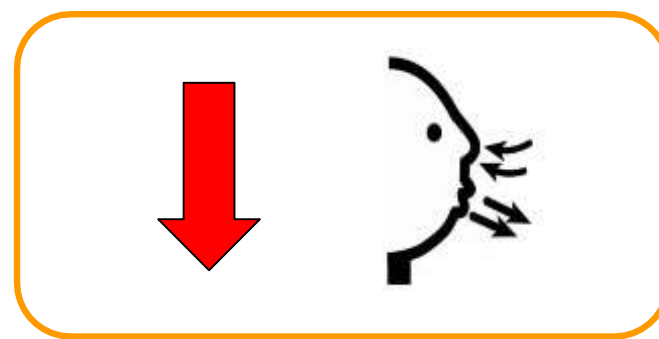
**Suor noturno**



**Náusea**



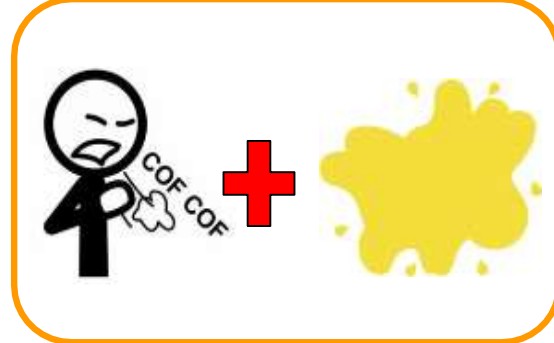
**Espirro**



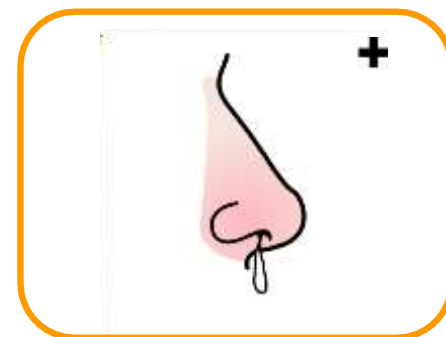
**Falta de ar**



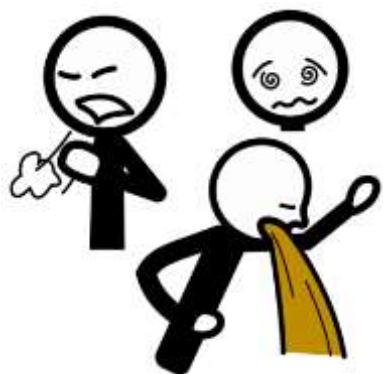
**Tosse**



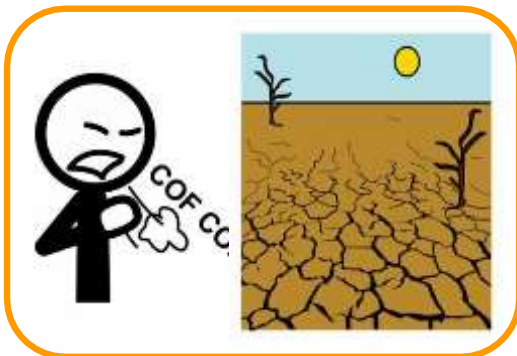
**Tosse com catarro**



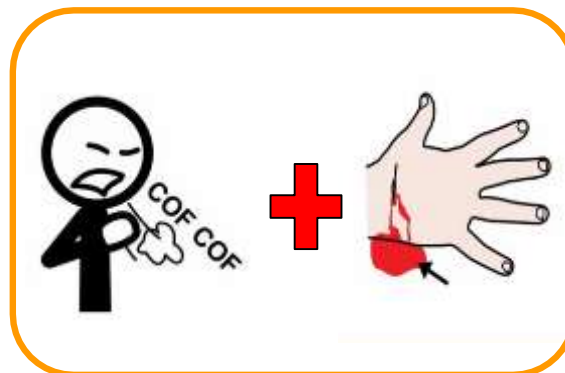
**Coriza**



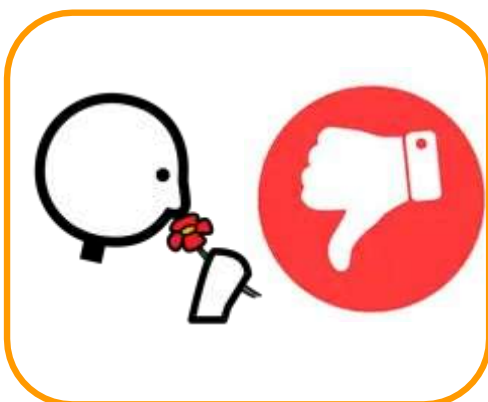
**Sintomas**



**Tosse seca**



**Tosse com sangue**



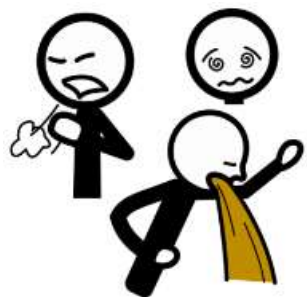
**Perda do olfato**



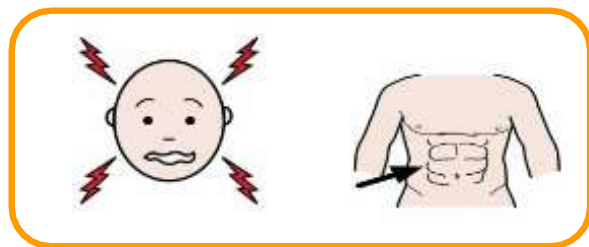
**Total**



**Parcial**



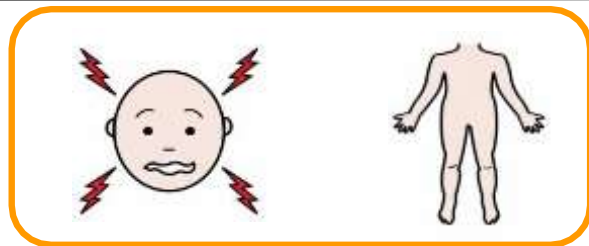
**Sintomas**



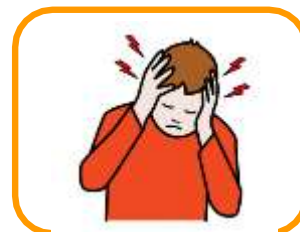
**Dor na barriga**



**Dor de garganta**



**Dor no corpo**



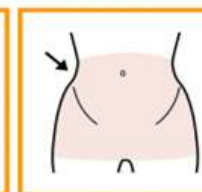
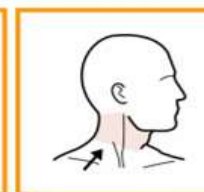
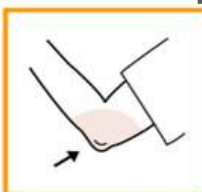
**Dor de cabeça**



**Dor nos olhos**



**Dor no peito**



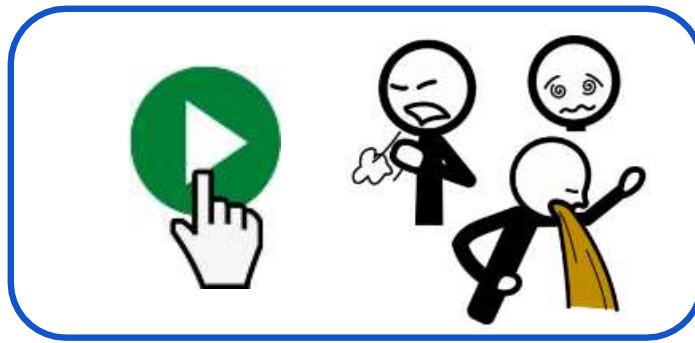
**Dor nas articulações**



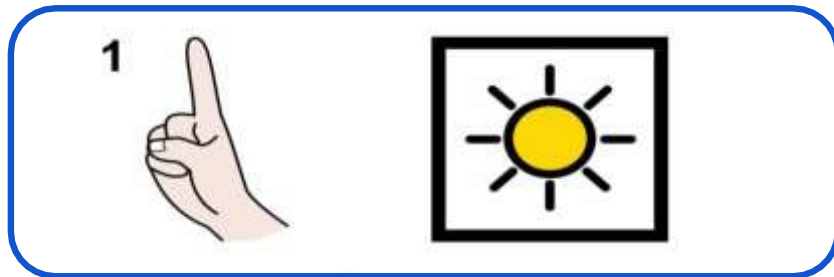
**o que estou sentindo?**



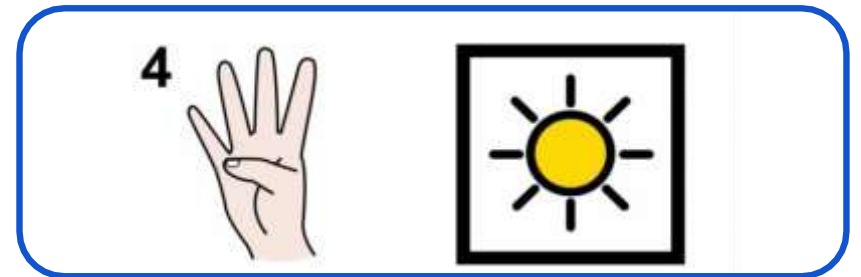




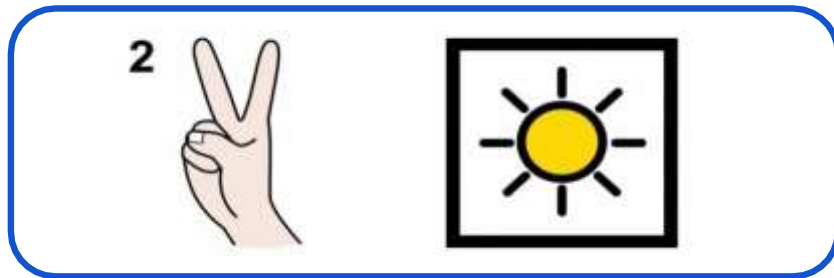
## Início dos sintomas



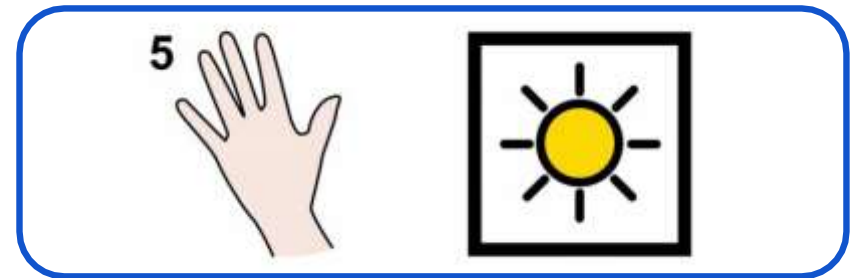
Um dia



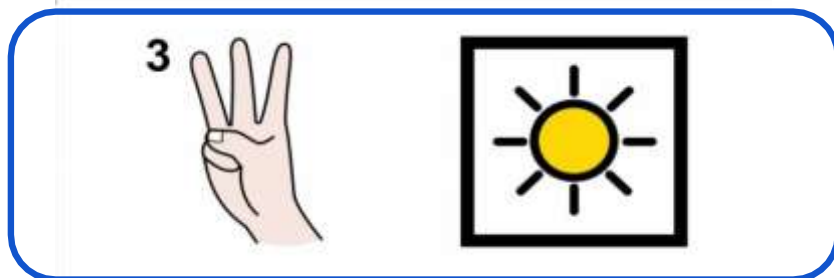
Quatro dias



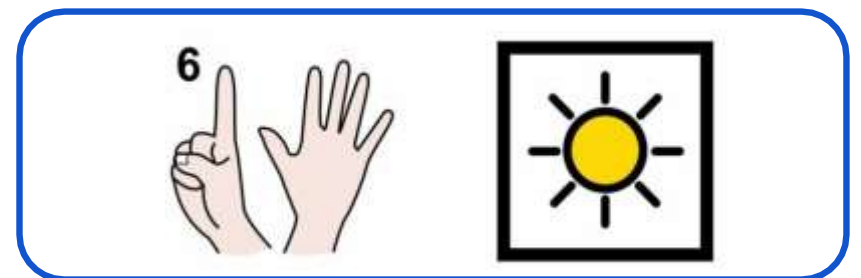
Dois dias



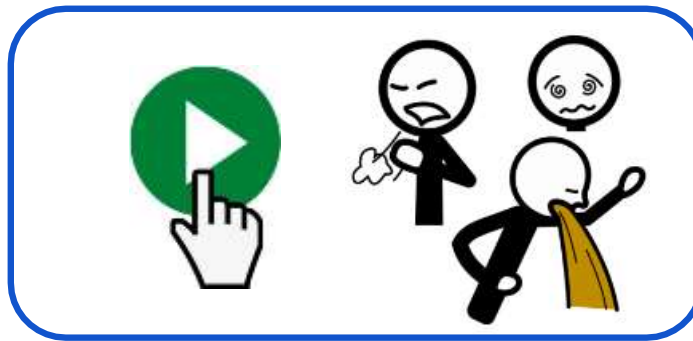
Cinco dias



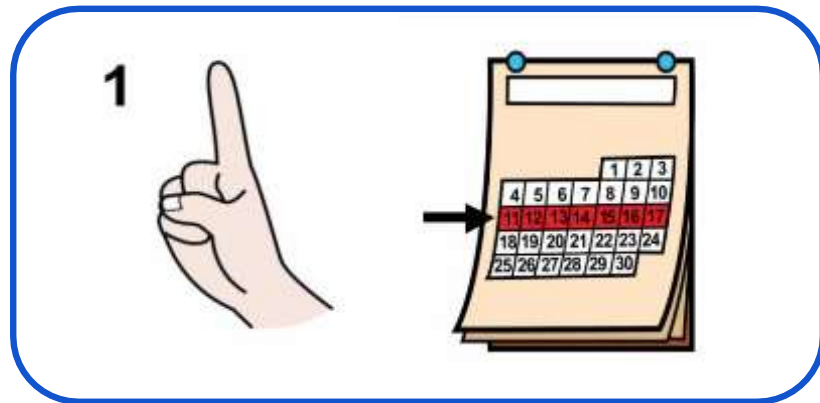
Três dias



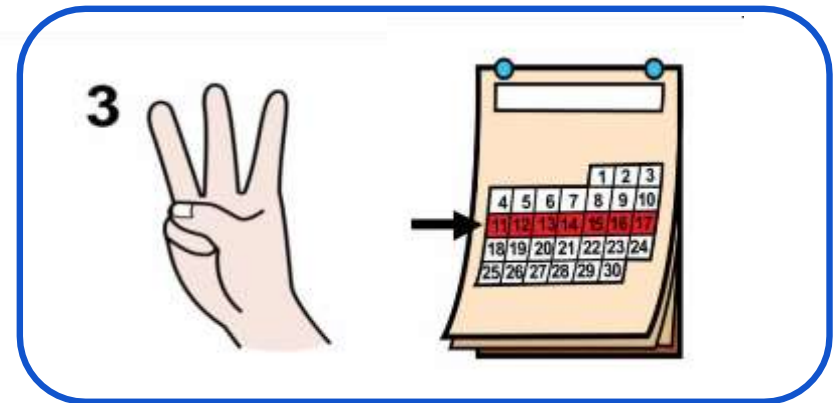
Seis dias



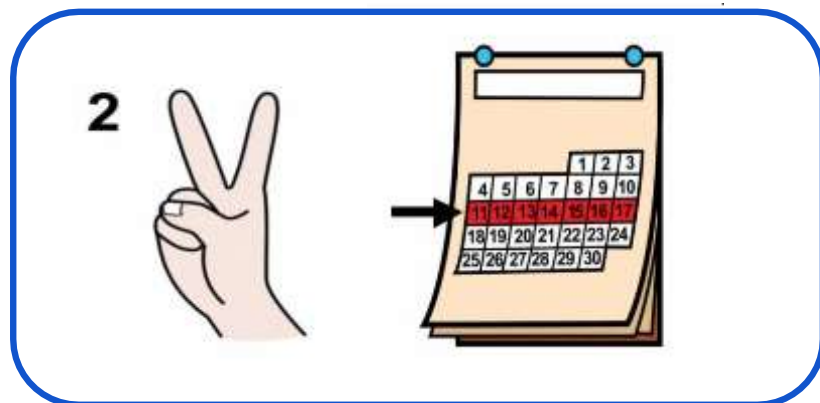
## Início dos sintomas



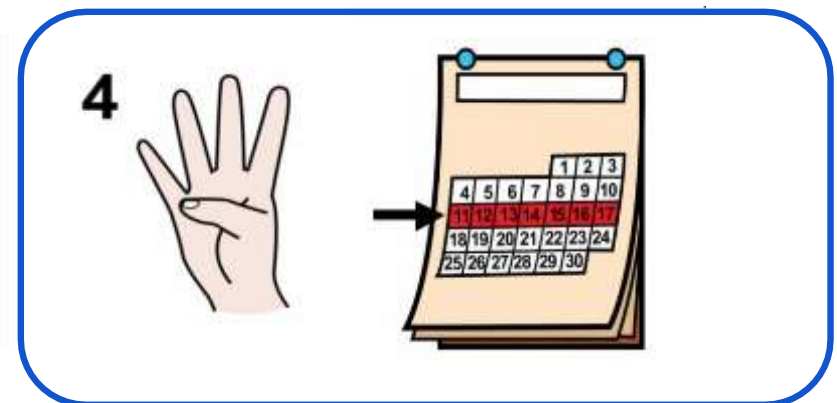
Uma semana



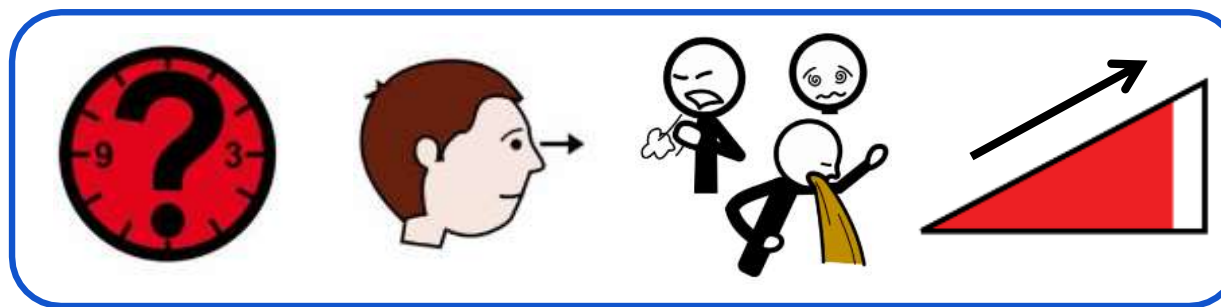
Três semanas



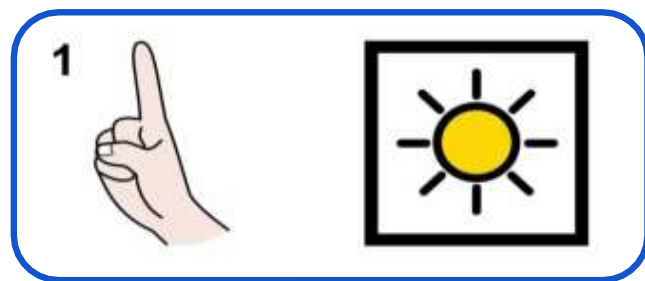
Duas semanas



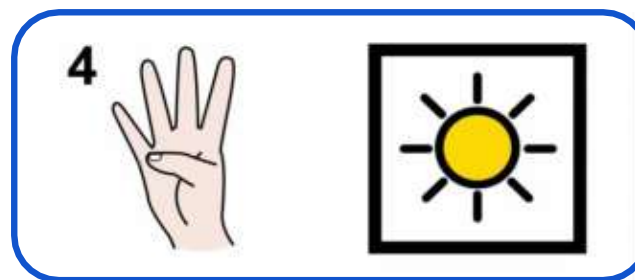
Quatro semanas



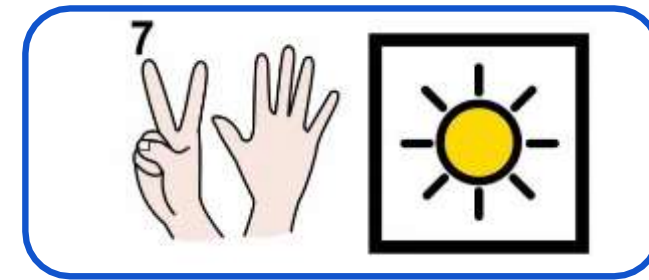
Quando percebeu que os sintomas aumentaram?  
(Auto percepção dos sintomas)



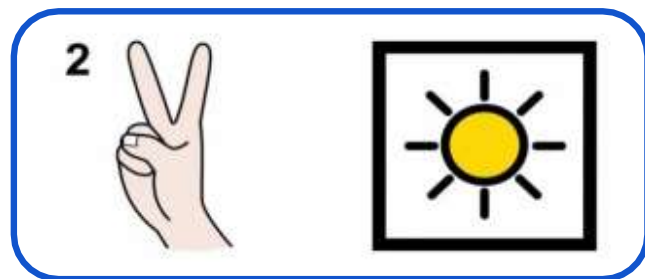
Um dia



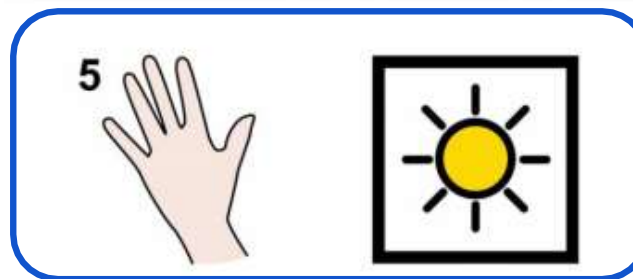
Quatro dias



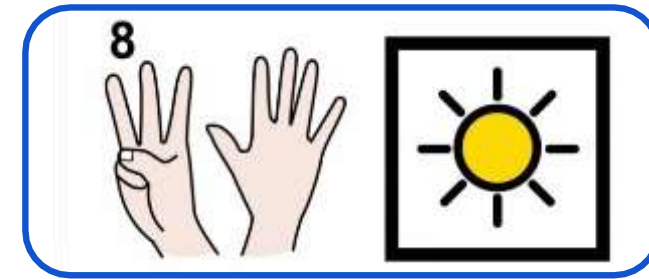
Sete dias



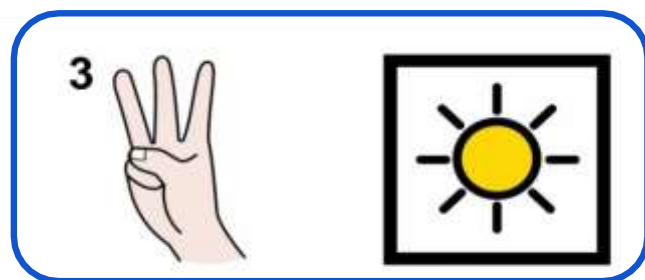
Dois dias



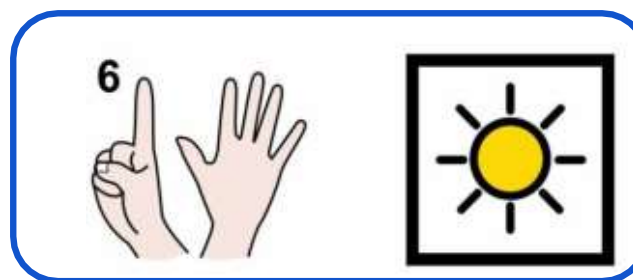
Cinco dias



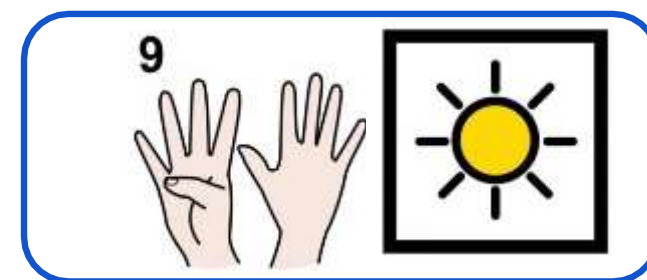
Oito dias



Três dias



Seis dias

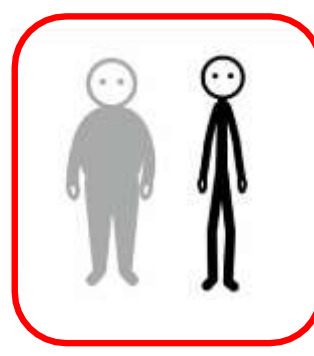


Nove dias

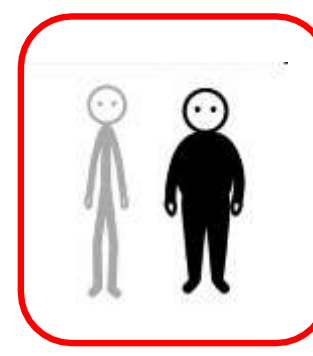




**Asma**



**Desnutrição**



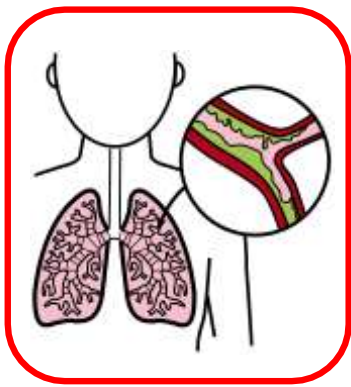
**Obesidade**



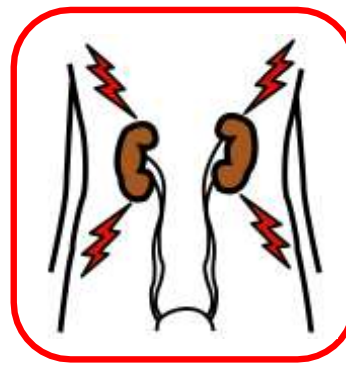
**Diabetes mellitus**



**Eu tenho outras  
doenças**



**Bronquite**



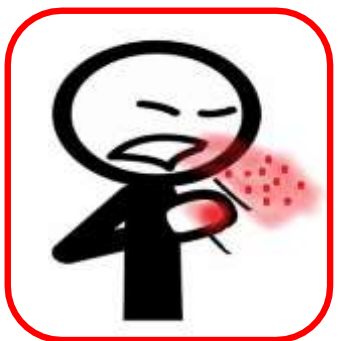
**Doença renal**



**Hipertensão**



**Doença  
cerebrovascular**



**Tuberculose**



**Câncer**



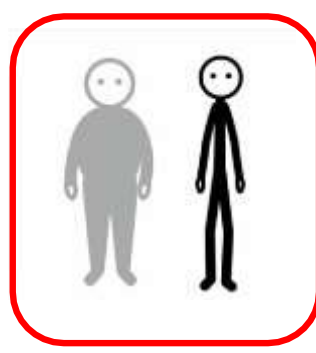
**HIV**



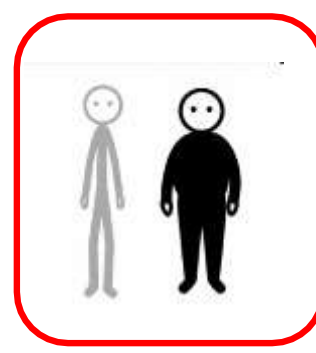
**Gestação de  
alto risco**



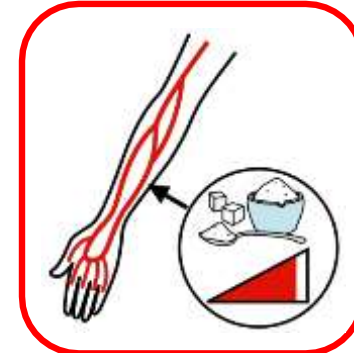
**Asma**



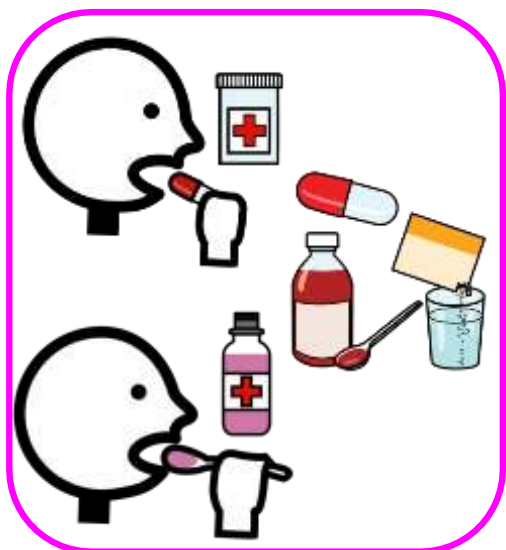
**Desnutrição**



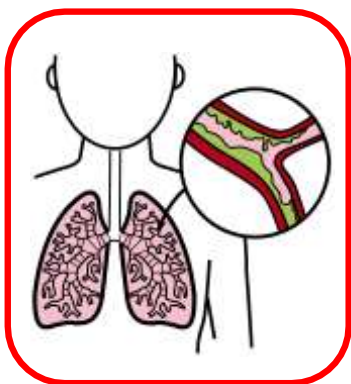
**Obesidade**



**Diabetes mellitus**



**Faço uso  
contínuo de  
medicamento para:**



**Bronquite**



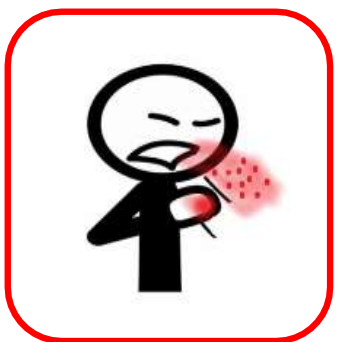
**Doença renal**



**Hipertensão**



**Doença  
cerebrovascular**



**Tuberculose**



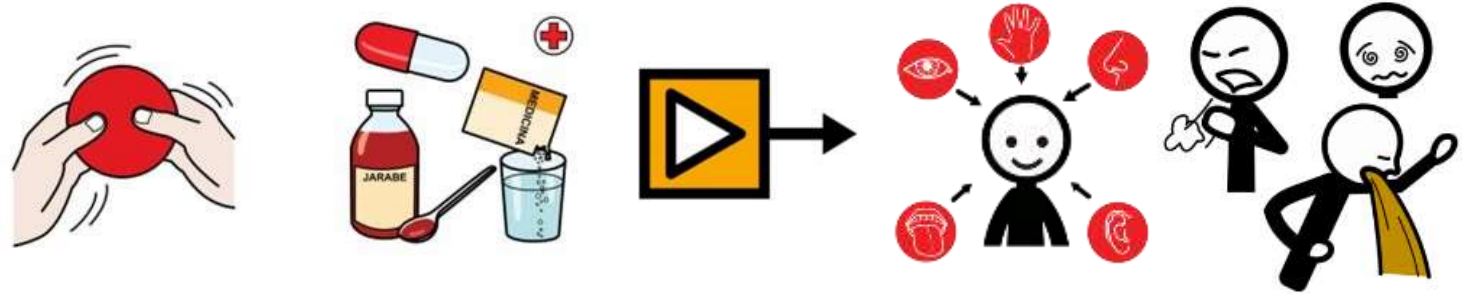
**Câncer**



**HIV**



**Gestação de  
alto risco**



**Usou medicamentos ao sentir os sintomas?**



**Medicação**



**Corticoesteróides**



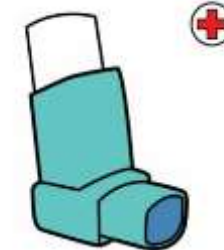
**Dipirona**



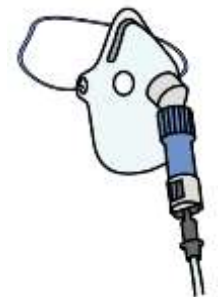
**Paracetamol**



**Ibuprofeno**



**Inalador**



**Nebulizador**

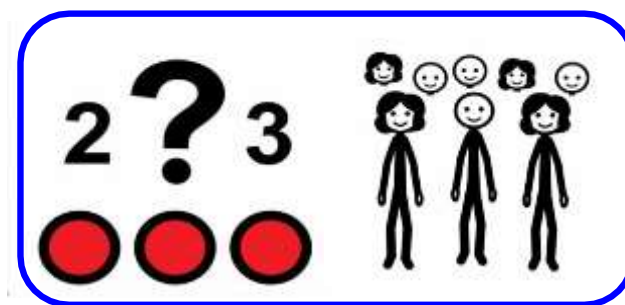




**Pessoas que teve contato  
em casa**



**Gestantes**



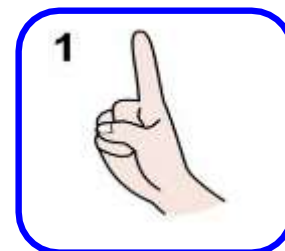
**Quantas pessoas**



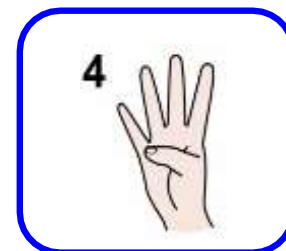
**Idosos**



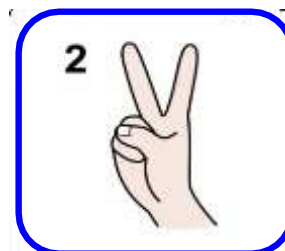
**Crianças**



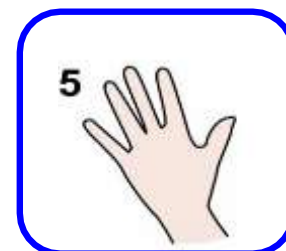
**uma pessoa**



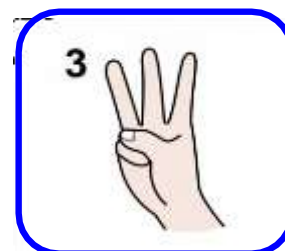
**quatro pessoas**



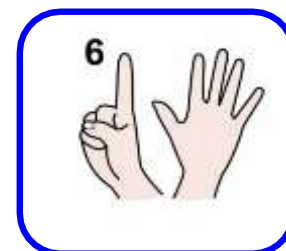
**duas pessoas**



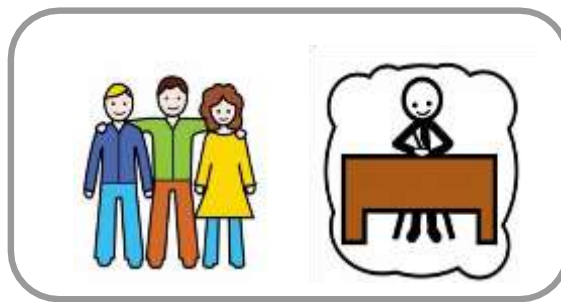
**cinco pessoas**



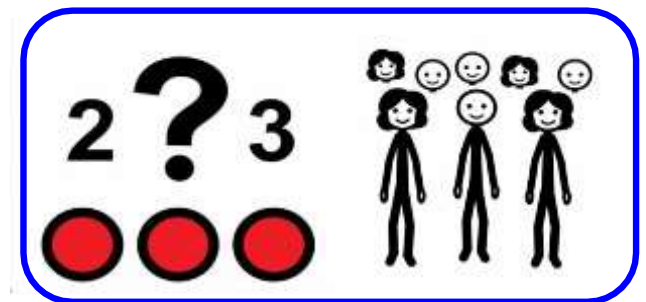
**três pessoas**



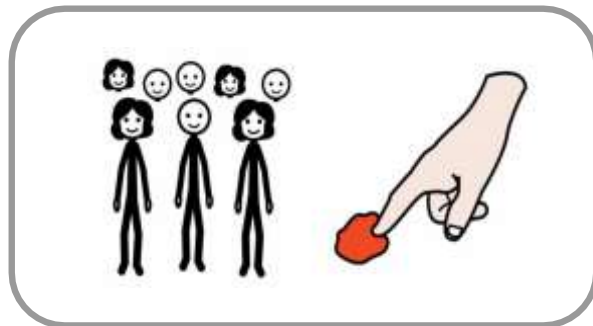
**seis pessoas**



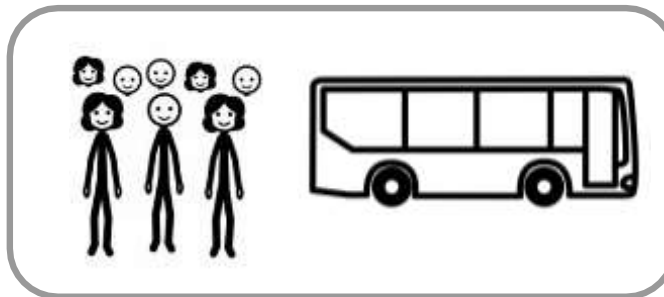
**Colegas de trabalho**



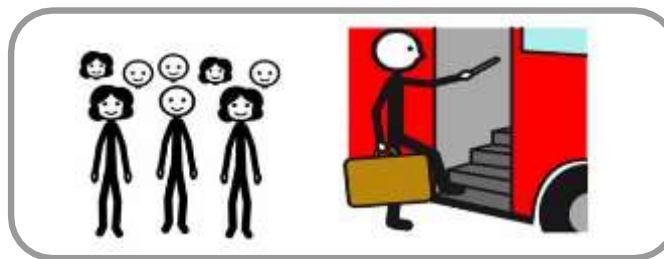
**Quantas pessoas?**



**Pessoas que teve contato**



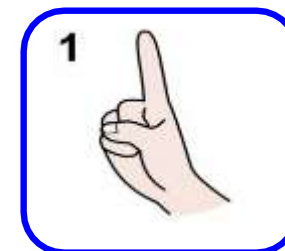
**Pessoas no transporte público**



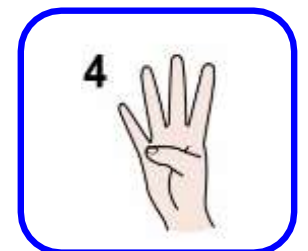
**Pessoas que viajaram**



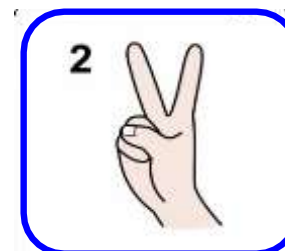
**Qual o local?**



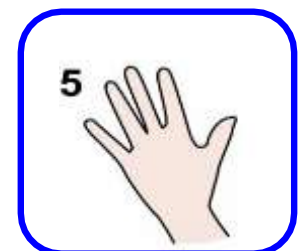
**uma pessoa**



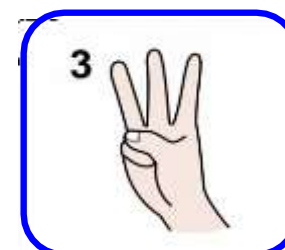
**quatro pessoas**



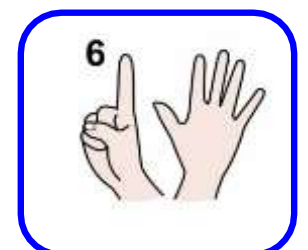
**duas pessoas**



**cinco pessoas**



**três pessoas**



**seis pessoas**



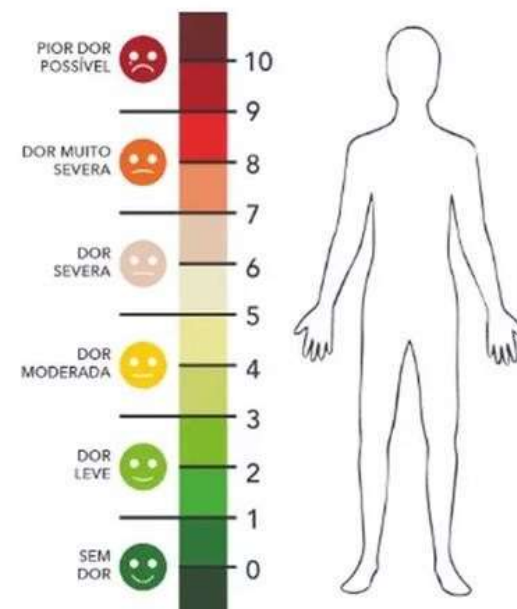
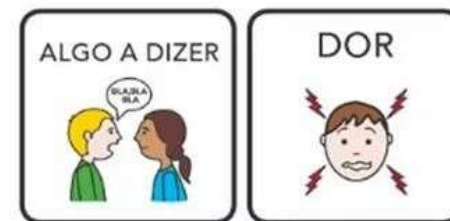


Sim



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/>

## **Equipe de Produção das Pranchas - UNIPAMPA**

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