Covid 19 Yorkshire Rehab Screen (C19-YRS)

Patient name and NHS number:

Time and date of call:

Staff member making call:

We are getting in touch with people who have been discharged after having had a diagnosis of coronavirus disease (Covid-19). The purpose of this call is to find out if you are experiencing problems related to your recent illness with coronavirus. We will document this in your clinical notes. We will use this information to direct you to services you may need and inform the development of these services in the future.

This call will take around 15 minutes. If there's any topics you don't want to talk about you can stop the conversation at any point. Do you agree to talk to me about this today? **Yes** ☐ **No** ☐

Opening questions:

Have you had any further medical problems or needed to go back to hospital since your discharge? Re-admitted? **Yes** ☐ **No** ☐ Details:
Have you used any other health services since discharge (e.g. your GP?) **Yes** ☐ **No** ☐ Details:

I'll ask some questions about how you might have been affected since your illness. If there are other ways that you've been affected then there will be a chance to let me know these at the end.			
1. Breathlessness	On a scale of 0-10, with 0 being not breathless at all, and 10 being extremely breathless, how breathless are you: (n/a if does not perform this activity)	Now	Pre-Covid
	a) At rest?	0-10: ____	0-10: ____
	b) On dressing yourself?	0-10: ____ N/a ☐	0-10: ____ N/a ☐
	c) On walking up a flight of stairs?	0-10: ____ N/a ☐	0-10: ____ N/a ☐

2. Laryngeal/ airway complications	Have you developed any changes in the sensitivity of your throat such as troublesome cough or noisy breathing? **Yes** ☐ **No** ☐ If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐
3. Voice	Have you or your family noticed any changes to your voice such as difficulty being heard, altered quality of the voice, your voice tiring by the end of the day or an inability to alter the pitch of your voice? **Yes** ☐ **No** ☐ If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐
4. Swallowing	*Are you having difficulties eating, drinking or swallowing such as coughing, choking or avoiding any food or drinks?* **Yes** ☐ **No** ☐ If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐
5. Nutrition	Are you or your family concerned that you have ongoing weight loss or any ongoing nutritional concerns as a result of Covid-19? **Yes** ☐ **No** ☐ Please rank your appetite or interest in eating on a scale of 0-10 since Covid-19 (0 being same as usual/no problems, 10 being very severe problems/reduction) **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐
6. Mobility	On a 0-10 scale, how severe are any problems you have in walking about? 0 means I have no problems, 10 means I am completely unable to walk about. Now: **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐ Pre-Covid: **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐
7. Fatigue	Do you become fatigued more easily compared to before your illness? **Yes** ☐ **No** ☐ If yes, how severely does this affect your mobility, personal cares, activities or enjoyment of life? (0 being not affecting, 10 being very severely impacting) Now: **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐ Pre-Covid: **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐
8. Personal-Care	On a 0-10 scale, how severe are any problems you have in personal cares such as washing and dressing yourself? 0 means I have no problems, 10 means I am completely unable to do my personal care. Now: **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐ Pre-Covid: **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐
9. Continence	Since your illness are you having any <u>new</u> problems with: • controlling your bowel **Yes** ☐ **No** ☐ • controlling your bladder **Yes** ☐ **No** ☐

10. Usual Activities	On a 0-10 scale, how severe are any problems you have in do your usual activities, such as your household role, leisure activities, work or study? 0 means I have no problems, 10 means I am completely unable to do my usual activities. Now: **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐ Pre-Covid: **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐
11. Pain/ discomfort	On a 0-10 scale, how severe is any pain or discomfort you have? 0 means I have no pain or discomfort, 10 means I have extremely severe pain Now: **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐ Pre-Covid: **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐
12. Cognition	Since your illness have you had new or worsened difficulty with: • concentrating? **Yes** ☐ **No** ☐ • short term memory? **Yes** ☐ **No** ☐
13. Cognitive-Communication	*Have you or your family noticed any change in the way you communicate with people, such as making sense of things people say to you, putting thoughts into words, difficulty reading or having a conversation?* **Yes** ☐ **No** ☐ If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐
14. Anxiety	On a 0-10 scale, how severe is the anxiety you are experiencing? 0 means I am not anxious, 10 means I have extreme anxious. Now: **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐ Pre-Covid: **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐
15. Depression	On a 0-10 scale, how severe is the depression you are experiencing? 0 means I am not depressed, 10 means I have extreme depression. Now: **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐ Pre-Covid: **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐
16. PTSD screen	a) Have you had any unwanted memories of your illness or hospital admission whilst you were awake, so not counting dreams? **Yes** ☐ **No** ☐ If yes, how much do these memories bother you? (is the distress: **mild** ☐ **/ moderate** ☐ **/ severe** ☐ **/ extreme** ☐) b) Have you had any unpleasant dreams about your illness or hospital admission? **Yes**☐ **No**☐ If yes, how much do these dreams bother you? (is the distress: **mild** ☐ **/ moderate** ☐ **/ severe** ☐ **/ extreme** ☐) c) Have you tried to avoid thoughts or feelings about your illness or hospital admission? **Yes** ☐ **No** ☐ If yes, how much effort do you make to avoid these thoughts or feelings? (**mild** ☐ **/ moderate** ☐ **/ severe** ☐ **/ extreme** ☐) d) Are you currently having thoughts about harming yourself in any way? **Yes** ☐ **No** ☐

17. Global Perceived Health	How good or bad is your health overall? 10 means the best health you can imagine. 0 means the worst health you can imagine. Now: **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐ Pre-Covid: **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐ **10** ☐
18. Vocation	What is your employment situation and has your illness affected your ability to do your usual work? Occupation: _____ Employment status before Covid-19 Lockdown: _____ Employment status before you became ill: _____ Employment status now: _____
19. Family/carers views	Do you think your family or carer would have anything to add from their perspective?

Closing questions:

Are you experiencing any other new problems since your illness we haven't mentioned? Any other discussion (clinical notes):