**Covid-19 Yorkshire Rehab Screen (C19-YRS)**

**Patient Details:**

|  |  |
| --- | --- |
| **Name:** |  |
| **DOB:** |  |
| **NHS Number:** |  |

**Opening questions:**

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

|  |
| --- |
| *This questionnaire covers ways in which you might have been affected since your illness. Please complete all questions as best you can.* |
| 1. Breathlessness | On a scale of 0-10, with 0 being not breathless at all, and 10 being extremely breathless, how breathless are you:(Tick n/a if you do not perform this activity) | Now | Pre-Covid |
| 1. At rest?
 | 0-10: \_\_\_\_\_\_ | 0-10: \_\_\_\_\_\_ |
| 1. On dressing yourself?
 | 0-10: \_\_\_\_\_\_n/a [ ]  | 0-10: \_\_\_\_\_\_n/a [ ]  |
| 1. 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 care 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 new 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 doing 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 painNow: **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 readingor 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 anxiety.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? **Yes** [ ]  **No** [ ] **Details:** |

**Closing questions:**

|  |
| --- |
| Are you experiencing any other new problems since your illness you haven’t mentioned?Any other Concerns: |