COVID-19 Yorkshire Rehabilitation Screening Tool

With thanks to
Dr Manoj Sivan Associate Professor and Consultant in Rehabilitation Medicine, University of Leeds, Leeds Teaching Hospitals NHS Trust and Leeds Community Healthcare Trust.
Dr Stephen Halpin Senior Research Fellow and Consultant in Rehabilitation Medicine, University of Leeds, Leeds Teaching Hospitals NHS Trust and Leeds Community Healthcare Trust.
Mr Jeremy Gee Community Advanced Clinical Practitioner and Physiotherapist, Airedale NHS Foundation Trust

Patient name:

NHS number:

Date:

<table>
<tr><td colspan="4">Below are 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 describe these at the end.</td></tr>
<tr><td rowspan="4">1. Breathlessness</td><td>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)</td><td>Now</td><td>Pre-Covid</td></tr>
<tr><td>a) At rest?</td><td>0-10: ____</td><td>0-10: ____</td></tr>
<tr><td>b) On dressing yourself?</td><td>0-10: ____
N/a ☐</td><td>0-10: ____
N/a ☐</td></tr>
<tr><td>c) On walking up a flight of stairs?</td><td>0-10: ____
N/a ☐</td><td>0-10: ____
N/a ☐</td></tr>
<tr><td>2. Laryngeal/ airway complications</td><td colspan="3">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 ☐</td></tr>
<tr><td>3. Voice</td><td colspan="3">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 ☐</td></tr>
<tr><td>4. Swallowing</td><td colspan="3">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 ☐</td></tr>
<tr><td>5. Nutrition</td><td colspan="3">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 ☐</td></tr>
</table>

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 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 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. 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 ☐

17. 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: _____
18. 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 that haven't been mentioned above? Would you be prepared to be contacted for future research? Yes ☐ No ☐