COVID-19 Health and Wellbeing Follow Up Survey

PATIENT SELF ASSESSMENT SURVEY

# The question on our minds

This is for people like you, who have had/currently have Covid-19. We would like your help to answer a question that’s on our minds and may be on yours: “What does

Covid-19 mean for my health and well-being, long term?”

# How you can help

This is a new illness. Being included in this short survey means you can help us build a better picture of the care and support needed after Covid-19. As far as possible, we don’t want anyone left out. Our aim is that everyone who has had Covid-19 has a chance to take part, whether you have been treated in hospital or at home. We don’t know how long people’s symptoms will last so, to find out, we’d like to repeat this survey with you in three to six months time.

# Completing the survey

Covid-19 affects people differently, so our survey has to cover a range of issues. Please don’t worry if several questions don’t feel relevant. If you feel unable to answer any, just move on to the next. Equally, if the survey highlights issues you haven’t had chance to deal with, please take good care of yourself and raise them with a health professional, please also find advice on: **(**add local health information website**)**

# Protecting your information

In this research follow-up survey we will use information from you. We will only use information that we need for the research study. We will let very few people know your name or contact details, and only if they really need it for this study. Everyone involved in this study will keep your data safe and secure. We will also follow all privacy rules. We will make sure no-one can work out who you are from the reports we write. Please feel free to read more about the privacy policy at our website, (add link to ISARICs or a local website) where you can also download the online version or further paper copies of this form.

# Our thanks to you

Thank you for helping answer this important question, at the forefront of our minds just now. Once you’ve completed the survey, we’d also like to offer you the chance to tell us more via a consultation with a nurse. We won’t be able to do this for everyone, but if you’d like the chance to be included, please fill in your contact details at the end of the survey.

SURVEY TIMEPOINT (to be completed by the team before sending or administering the survey):

1 - 3m [ \_] > 3 -6m [ \_] > 6- 9m [ \_] > 9 -12m [ \_] > 12 - 18m [ ] > 18 - 24m [ ] > 24 - 36m [ ]

# Your permission to proceed

Thank you for coming this far. Now to take part, please read the statements below, and initial the boxes if you’re happy to go ahead.

|  |  |  |
| --- | --- | --- |
| ***PLEASE COMPLETE THE TABLE BY TICKING OR INITIALLING IN THE BOX TO INIDCATE WHETHER OR NOT YOU AGREE WITH EACH STATEMENT:*** | *YES* | |
| I confirm that I read this document and I give my consent for the information I provide in this study to be used as advised above. |  | |
| Optional: | YES | NO |
| I give my consent for ongoing follow up surveys to be sent to me in 3 to 6 months time. |  |  |
| If **yes**, please indicate if you would like to receive surveys by:  ***Post:*** *Yes □ No □*  ***Telephone:*** *Yes □ No □ (If yes please provide your telephone number/s below)*  ***E-mail:*** *Yes □ No □ (If yes please clearly write your e-mail address below (use capital letters)*  ***Contact details:***  *Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Mobile phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |
| I would like the possibility to be contacted by a nurse, doctor or researcher to discuss my Covid-19 illness further. We may not be able to invite everyone, please complete your contact details if you wish to be considered:  Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Same as above  Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Same as above | YES | NO |
|  |  |
| About you: Please complete your details below. If the person who took part in this study about Covid-19 is not you, but someone you care for and you are completing the survey on their behalf, please complete their details instead of yours:  Patient’s / Adult’s / Carer’s signature **Patient first name: Surname: Town/City: Postcode:**  Patients date of birth (DD/MM/YYYY): [\_D\_][\_D\_]/[\_M\_][\_M\_]/[\_Y\_][\_Y\_][\_Y\_][\_Y\_]  Patients unique national or healthsystem ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Not applicable/don’t know Local hospital ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Not applicable/don’t know | | |