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| **Newcastle post-COVID syndrome Follow Up Screening Questionnaire**  The purpose of the questionnaire is to identify patients who may benefit from a comprehensive face to face multi-disciplinary assessment if symptoms persist 10-12 weeks after the acute illness. |

**Patient name: NHS number:**

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| **1. Have you made a full recovery or are you still troubled by symptoms?** | | Symptoms persist Full Recovery | |
| **2. Are you more breathless now than you were before your COVID illness?** | Is this more than you would have expected by now?  OR  Do you think you are on your way back to full fitness? | | |
| **3. Do you feel fatigued (worn out/lacking energy or zest) compared with how you were before your COVID illness?** | Is this more than you would have expected by now?  OR  Do you think you are well on your way back to full fitness? | | |
| **4. Do you have a cough (different from any cough you may have had before COVID19)?** | | | Yes  No |
| **5. Do you get any palpitations? (sense that you can feel your heart pounding or racing)** | | | Yes  No |
| **6. How is your physical strength? Do you feel so weak that it still limiting what you can do (more than you were pre your COVID illness)?** | | | Yes  No |
| **7. Do you have any myalgia (‘aching in your muscles’)?** | | | Yes  No |
| **8. Do you have anosmia (‘no sense of smell’)?** | | | Yes  No |
| **9. Have you lost your sense of taste?** | | | Yes  No |
| **10. Is your sleep disturbed (more than it was pre-COVID)?** | | | Yes  No |
| **11. Have you had any nightmares or flashbacks?** | | | Yes  No |
| **12. On your mood, is your mood low/do you feel down in the dumps/lacking in motivation/no pleasure in anything?** | | | Yes  No |
| **12b. Do you find yourself feeling anxious/worrying more than you used to?** | | | Yes  No |
| **13. Have you lost weight (more than ½ stone, 3 Kg) since your COVID illness?** | | | Yes  No |
| **14. Any other symptoms (list):** Click here to enter text. | | | |