* Adapted from the original COVID-19 Yorkshire Rehab Screen

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

When assessing a patient presenting with ongoing symptoms post-COVID, this tool provides guidance on a structured approach to reviewing complications. For most symptoms the rating scale is structured as a 1-10 scale. For patients indicating significant impact by responding 7 or higher you may need to explore these symptoms further to determine the clinical significance. Particularly for symptoms around cognition, anxiety, depression and PTSD positive responses will require further exploration.

The original C19-YRS was designed as a telephone interview, it can be adapted for an in person encounter.

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 ☐

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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** ☐

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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 GAD-2	Over the last 2 weeks, how often have you been bothered by the following problems 1. Feeling nervous, anxious or on edge **0** ☐ not at all **1** ☐ several days **2** ☐ more than half the days **3** ☐ nearly every day 2. Not being able to stop or control worrying **0** ☐ not at all **1** ☐ several days **2** ☐ more than half the days **3** ☐ nearly every day If the total score is 3 or greater, further diagnostic evaluation for generalized anxiety is warranted How does this compare to any anxiety symptoms before your COVID illness? **1** ☐ about the same; **2** ☐ better **3** ☐ worse **4** ☐ not applicable – did not experience anxiety
15. Depression PHQ-2	Over the last 2 weeks, how often have you been bothered by the following problems 1. Little interest or pleasure in doing things **0** ☐ not at all **1** ☐ several days **2** ☐ more than half the days **3** ☐ nearly every day 2. Feeling down, depressed or hopeless

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	0 ☐ not at all **1** ☐ several days **2** ☐ more than half the days **3** ☐ nearly every day If the total score is 3 or greater, major depressive disorder is likely. Individuals who screen positive should be further evaluated with the PHQ-9, other tests or direct interview How does this compare to any depression symptoms before your COVID illness? **1** ☐about the same; **2** ☐better **3** ☐worse **4** ☐not applicable, did not experience depression
16. PTSD screen	Considering your recent COVID illness/ COVID related hospital admission, In the past month have you: Had nightmares about the event(s) or thoughts about the event(s) when you did not want to **Yes** ☐ **No** ☐ Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)? **Yes** ☐ **No** ☐ Been constantly on guard, watchful or easily startled? **Yes** ☐ **No** ☐ Felt numb or detached from people, activities, or your surroundings **Yes** ☐ **No** ☐ Felt guilty or unable to stop blaming yourself or others fro the event(s) or any problems the event(s) may have caused **Yes** ☐ **No** ☐ Does individual answer yes to 3 or more items **Yes** ☐ **No** ☐ If yes, this is a positive screen for PTSD and further diagnostic evaluation is warranted
17. Self Rated Health	How would you rate your current health? Now: **Excellent** ☐ **Good** ☐ **Fair** ☐ **Poor** ☐ **Bad** ☐ Pre-Covid: **Excellent** ☐ **Good** ☐ **Fair** ☐ **Poor** ☐ **Bad** ☐
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: _____

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19. Family/caregiver views	Do you think your family or caregivers would have anything to add from their perspective?

Closing question

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