

## REGAIN 6 month Questionnaire

Hello and welcome!

You are about to start completing the REGAIN study six month questionnaire. It should take about 20-30 minutes to complete.

There are a lot of questions, and some may appear quite similar to each other, but your responses are really important to us and we really appreciate the time you spend completing them. If you get tired, you can leave the questionnaire and come back to it a different day, your answers will be saved. To restart where you left off, click on the questionnaire link you were sent via email.

You will receive confirmation by text or email when you have submitted your completed questionnaire.

Thank you from the REGAIN team.

### **Change of Contact Details** *Hard validation on this section*

- **Have your contact details changed in the last three months?**

No/Yes

*If Yes selected, create some way of them updating the relevant field of their contact details page.*

- **Have the contact details for your GP or GP Practice changed in the last three months?**

No/Yes

*If Yes selected, create some way of them updating the relevant field of their GP info which was entered originally on the Eligibility Form*

**Quality of Life (PROMIS 29 + 2 profile v2.1 PROPr)** (Amended wording as described in BQ; Hard validation)

**Health QOL (EQ5D5L)** Hard validation

**PTSD symptom severity: IES-r** (Amended wording as described in BQ)

**Emotional well-being: Hospital Anxiety and Depression Scale (HADS)**

**PROMIS Dyspnoea Severity Short Form**

**Cognitive Function (PROMIS neuroQOL short form 2.0- cog function)**

**Physical Activity (IPAQ-SF)**

### **Overall Health**

- **Compared to three months ago, how would you rate your health in general now? (select one only)**

Much better now than three months ago  
Somewhat better now than three months ago  
About the same  
Somewhat worse now than three months ago  
Much worse now than three months ago

### Medications

- **Have you started taking any new prescribed medications regularly in the last three months?**

No/Yes

*If Yes selected: Please list these below*

Per medication:

#### Medication Name

*Free text field, max count 50*

**How many times did you collect a prescription for this medication in the last three months?**

*Number field, 2 digits max, whole numbers only*

### Work Status

- **Are you in regular work (this includes full or part-time, paid or unpaid e.g. as an unpaid carer)?**

No/Yes

*If Yes selected: How many days were you unable to work in the last three months because of health problems following on from having COVID-19?*

*Number field followed by the word 'days'. 3 digits, no decimals allowed*

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### Health and Social Care Resource Use

**Please think back over the times that you have used the NHS in the last three months. If you are unsure about any answers, please write in your best recollection.**

### **Inpatient Care**

- **In the last three months, have you been admitted overnight to hospital?**

No/Yes

*If Yes selected: Please record the details of each inpatient admission below*

Provide 10 rows. Per admission:

**Reason for overnight admission:** *Free text box, max count 50*

**Number of days admitted:** *Number field, max 3 digits, whole numbers only*

**Ward/Clinical Department/Area admitted to:** *Free text box, max count 50*

*Include an extra free text box for people who need more than 10 rows. Max count 200. Caption it: If you have run out of rows to list your admissions, please record the details in this box.*

### **Nursing Home Care**

- **In the last three months, have you been admitted to a publically funded nursing care home?**

No/Yes

*If Yes selected: Please provide the total number of days you spent in a nursing care home*

*Number field, max 3 digits, whole numbers only*

### **Outpatient Care**

- **In the last three months, have you made any visits to hospital/clinic as an outpatient?**

No/Yes

*If Yes selected: Please record the details of each outpatient admission below*

Provide 10 rows. Per admission:

**Number of visits:** *Number field, max 3 digits, whole numbers only*

**Reason(s) for outpatient visit:** *Free text box, max count 50*

*Include an extra free text box for people who need more than 10 rows. Max count 200. Caption it: If you have run out of rows to list your admissions, please record the details in this box.*

### **Accident & Emergency (A&E)**

- **In the last three months, have you attended Accident & Emergency (A&E)?**

No/Yes

If Yes selected: **Please record the details of all A&E visits below**

Provide 10 rows .Per admission:

**Number of visits:** *Number field, max 3 digits, whole numbers only*

**Reason for A&E visit:** *Free text box, max count 50*

*Include an extra free text box for people who need more than 10 rows. Max count 200. Caption it: If you have run out of rows to list your admissions, please record the details in this box.*

### Community Care

- **In the last three months, have you seen any health professionals in the community?**

No/Yes

If Yes selected: **Please select each professional you have seen and give the number of times you've seen that professional**

*Database needs to show the list, offer some kind of tick system for pts to select who they've seen. Once ticked, it should ask for the number of visits in the last three months. Need a facility for specifying the professional when Other is selected.*

Type of health professional	Number of visits in the last three months
GP visits in surgery	
GP home visits	
GP telephone contacts	
Practice nurse contacts	
District nurse contacts	
Community physiotherapy contacts	
Calls to NHS Direct	

Calls for ambulance or paramedic	
Occupational therapy contacts	
Physiotherapy visits (NHS or self-funded)	
Other (e.g. Mental health services) please give details: 1..... _____ visits 2..... _____ visits 3..... _____ visits	

**Personal Social Services**

- **In the last three months, have you been provided with personal social services to make your day to day life easier? E.g. meals on wheels, laundry service, social worker contacts, care worker contacts including help at home**

No/Yes

*If Yes selected: Please record each service you use, and the number of visits you've had from them in last three months*

Provide 10 rows. Per row:

**Personal Social Service used:** *Free text box, max count 50*

**Number of visits in the last three months:** *Number field, max 3 digits, whole numbers only*

*Include an extra free text box for people who need more than 10 rows. Max count 200. Caption it: If you have run out of rows to list your admissions, please record the details in this box.*

- **In the last three months, have you been admitted to a privately funded care home?**

No/Yes

*If Yes selected: Please provide the total number of days you spent in the privately funded care home*

*Number field, max 3 digits, whole numbers only*

- **In the last three months, have you incurred personal expenses for health problems related to having COVID-19? Examples include: wheelchair (manual/electric), home adaptations, feeding aids, walking aids, paid for home-help**

No/Yes

*If Yes selected: Please list the types of expenses you have incurred below*

*Provide 10 rows. Free text box. Separate row for each expense*

**You have reached the end of the questionnaire!**

Thank you for taking the time to complete the questionnaire, we really appreciate it.

Once you click the Submit button, you will not be able to change any of your questionnaire answers.

We will contact you again in six months times asking you to complete the last questionnaire so we can see how you have been doing.

**Thank you from the REGAIN Team**