**Participant address**

**[insert date]**

**An invitation to take part in the Rehabilitation Exercise and psycholoGical support after COVID-19 InfectioN study (REGAIN)**

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**REGAIN Screening ID: Hospital Code:**

Dear **[insert name],**

I am writing to you because you were admitted to hospital with COVID-19 and were discharged from **[Insert PIC hospital name]** at least three months ago**.** We are looking for adults who are still struggling several months after being ill with COVID-19 to take part in a new research study about rehabilitation exercise and support. You may be eligible to take part in the study.

People recovering from COVID-19 often experience breathlessness, poor sleep, difficulty concentrating, pain, fatigue, low mood and other problems, many months after being discharged from hospital. Rehabilitation exercise and support may help with recovery.

This new study is designed to find out which of two treatments is better at helping people recover:

1. A single on-line session of exercise advice and support

OR

1. An on-line rehabilitation exercise and support programme

I have enclosed a flyer which shows who might be suitable for the REGAIN study. If you feel that this might be relevant to you, we would like you to consider taking part in the study.

To find out more about the study, please visit our website at [www.warwick.ac.uk/regain](http://www.warwick.ac.uk/regain). On here you will see a link to the participant information sheet. Please read this participant information sheet which provides further information on the study and describes what is involved.

If after reading the participant information sheet you are interested in taking part, please follow the Suitability Check link and you will be asked to complete a series of questions on our website to find out if you may be suitable to take part. You will also be asked to provide your REGAIN Screening ID and Hospital Code, both located at the top of this letter. If you are suitable, you will be able to provide your contact details. A member of the REGAIN team will then telephone you to answer any questions you may have and confirm if you are suitable for the study.

If you do not want to take part in the study, you do not need to do anything in response to this letter. Your care will not be affected in any way**.**

Yours Sincerely,

[Insert study team member signature and name]