

Ninemonth

Patient MRN

Patient EMPI

Reviewer name (First Last)

Which hospital was the patient discharged from?

- NYP Cornell
 NYP Lower Manhattan

Was the patient discharged from the ED or an inpatient admission?

- ED visit
 Inpatient admission

What was the date of discharge?

Date of Birth (MM/DD/YYYY)

Age (years)

_____ (Please use to confirm DOB)

Introduction

Does the patient have contact information available in the chart?

- Yes
 No
 Disconnected phone number
 Did not wish to answer questions
 (Select "No" if fake/placeholder number (e.g. 212-999-9999) is listed. If not in Allscripts under Patient Info, check handoff tab, admission note, and Epic for contact info.)

Patient phone number

Date of phone call

Did someone answer your call?

- No
 Yes

Date of second/followup phone call

Did someone answer your second call?

- No
 Yes

Date of third/followup phone call

Did someone answer your third call?

- No
 Yes

Date of fourth/followup phone call

Did someone answer your fourth call?

- No
 Yes

Date of fifth/followup phone call

Did someone answer your fifth call?

- No
 Yes

Date of sixth/followup phone call

Did someone answer your sixth call?

- No
 Yes

Who answered the phone call?

- Patient
 Proxy

What is the proxy's relation to the patient?

Is the proxy aware of what happened to the patient after discharge?

- No
 Yes

Death

Did the patient pass away?

- No
 Yes
 (If yes, only need to ask if they went back to the hospital.)

Date of death

Any comments regarding patient death

ED

Since you were discharged from the hospital on (discharge date) for COVID, have you gone back to any Emergency Room or Hospital?

- No
 Yes

How many times did you go back to the Emergency Room or Hospital?

Date of first ED visit after initial discharge (MM/DD/YYYY)

Location of first ED visit after intial discharge

- NYP Cornell
 NYP Lower Manhattan
 NYP Queens
 Brooklyn Methodist
 NYP Columbia
 Other

Other:

If YES, were you admitted to the hospital?

- No
 Yes

Did you go back to the ED a second time?

- No
 Yes

Date of second ED visit after initial discharge
(MM/DD/YYYY)

Location of second ED visit after intial discharge

- NYP Cornell
 NYP Lower Manhattan
 NYP Queens
 Brooklyn Methodist
 NYP Columbia
 Other

Other:

If YES, were you admitted to the hospital?

- No
 Yes

Did you go back to the ED a third time?

- No
 Yes

Date of third ED visit after initial discharge
(MM/DD/YYYY)

Location of third ED visit after intial discharge

- NYP Cornell
 NYP Lower Manhattan
 NYP Queens
 Brooklyn Methodist
 NYP Columbia
 Other

Other:

If YES, were you admitted to the hospital?

- No
 Yes

Did you go back to the ED a fourth time?

- No
 Yes

Date of fourth ED visit after initial discharge
(MM/DD/YYYY)

Location of fourth ED visit after intial discharge

- NYP Cornell
 NYP Lower Manhattan
 NYP Queens
 Brooklyn Methodist
 NYP Columbia
 Other

Other:

If YES, were you admitted to the hospital?

- No
 Yes

Did you have to go to the ED an additional time?

- No
 Yes

Please enter the date, location, and admission status of any additional ED visits

At this time, do you still experience any symptoms that you think are due to COVID?

- No
 Yes

If YES, what is your most bothersome symptom?

- Brain Fog (slow thinking)
 Cough
 Shortness of breath
 Sore throat
 Numbness/weakness in a hand, arm, leg, or foot
 Trouble concentrating on things like reading, TV shows, or conversations
 Headache
 Muscle aches
 Nausea or vomiting
 Diarrhea
 Sputum production
 Chest Pain (includes "tightness" and "pressure")
 Abdominal Pain
 Loss of Smell/Taste
 Insomnia
 Other

Other Symptom:

Past Medical History

Did you have any of the following medical problems before COVID?

- Heart Failure
 High Blood Pressure
 Lung Disease (Asthma/COPD)
 Pulmonary Hypertension
 Heart Attack
 Coronary Artery Disease
 Kidney Disease
 On Dialysis

Cardiology

Since you left the hospital, have you had any tests to check if your heart has any NEW problems?

- No
 Yes

What test?

Where was it done?

(Be as specific as possible (hospital, physician name, etc))

When was it done?

What was the outcome?

Since you left the hospital, have you been told by a doctor that your heart has a NEW problem such as heart attack, heart failure or any other?

- No
 Yes

What problem?

Where did this happen?

(Be as specific as possible (hospital, physician name, etc))

When did this happen?

Have you had any of the following symptoms since you left the hospital?

- Difficulty in breathing while lying flat causing you to sleep propped up in a bed or on more pillows than usual?
 Swelling of the legs that leave a mark when pressed?
 Waking several times at night to urinate?
 Shortness of breath and cough occurring at night awakening you from sleep?
 Easy fatigability on exertion (climbing stairs/walking/etc)?

Do you have high blood pressure?

- No
 Yes

Is this new since your first hospitalization for COVID?

- No
 Yes

Do you have diabetes?

- No
 Yes

Is this new since your first hospitalization for COVID?

- No
 Yes

Do you have heart failure? No
 Yes

Is this new since your first hospitalization for COVID? No
 Yes

Please tell me if you have had any of the following symptoms in the past week not at all, once, a few times, or several times? (Check one for each question)

Loss of smell/taste Not at all
 Once
 A few times
 Several times

Numbness or weakness in a hand, arm, leg, or foot Not at all
 Once
 A few times
 Several times

Brain fog (slow thinking) Not at all
 Once
 A few times
 Several times

Chest tightness or chest pain Not at all
 Once
 A few times
 Several times

Cough Not at all
 Once
 A few times
 Several times

Shortness of breath Not at all
 Once
 A few times
 Several times

Trouble concentrating on things like reading, TV shows, or conversations Not at all
 Once
 A few times
 Several times

Struggled to get to sleep or stay asleep Not at all
 Once
 A few times
 Several times

In general, would you say your health is: Excellent
 Very Good
 Good
 Fair
 Poor

Compared to one year ago, how would you rate your health in general now?

- Much better than one year ago
 Somewhat better than one year ago
 About the same
 Somewhat worse than one year ago
 Much worse than one year ago

The following items are about activities you might do during a typical day. Does your health now limit you in these activities a lot, a little, or not at all?

Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.

- A lot
 A little
 Not at all

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

- A lot
 A little
 Not at all

Lifting or carrying groceries.

- A lot
 A little
 Not at all

Climbing several flights of stairs.

- A lot
 A little
 Not at all

Climbing one flight of stairs.

- A lot
 A little
 Not at all

Bending, kneeling, or stooping.

- A lot
 A little
 Not at all

Walking more than a mile.

- A lot
 A little
 Not at all

Walking several blocks.

- A lot
 A little
 Not at all

Walking one block.

- A lot
 A little
 Not at all

Employment

Did you have a job prior to your hospitalization for COVID?

- No
 Yes

Did your employment status change since March?

- No
 Yes

Do you believe your employment change was due to COVID?

- No
 Yes

Since March, which of the following best reflects your current employment status?

- Have you lost your job and are looking for work?
- Have you lost your job and are now working at a different job?
- Have you been temporarily laid off from your job?
- Are you on sick leave or other leave from your job?
- Are you on medical disability due to COVID?
- Are you working at a new job for non-COVID reasons
- None of the above.

Social Isolation: Lubben Social Network Scale

How many relatives do you see or hear from at least once a month?

- None
- One
- Two
- Three or four
- Five through eight
- Nine or more

How many relatives do you feel at ease with such that you can talk about private matters?

- None
- One
- Two
- Three or four
- Five through eight
- Nine or more

How many relatives do you feel close to such that you could call on them for help?

- None
- One
- Two
- Three or four
- Five through eight
- Nine or more

How many friends do you see or hear from at least once a month?

- None
- One
- Two
- Three or four
- Five through eight
- Nine or more

How many friends do you feel at ease with such that you can talk about private matters?

- None
- One
- Two
- Three or four
- Five through eight
- Nine or more

How many friends do you feel close to such that you could call on them for help?

- None
- One
- Two
- Three or four
- Five through eight
- Nine or more

How often do you feel that you lack companionship?

- None
- Hardly Ever
- Some of the time
- Often

How often do you feel left out?

- None
 Hardly Ever
 Some of the time
 Often
-

How often do you feel isolated from others?

- None
 Hardly Ever
 Some of the time
 Often
-

Do you provide unpaid assistance or care to a family member or friend because of a COVID-related health condition or disability?

- No
 Yes
(Assistance can include medical care or help with everyday activities (including supervision or reminders).)
-

Chart Status

What is the status of this chart?

- Need to call again
 No valid contact information
 Proxy contacted, survey partially completed
 Patient contacted, declined survey
 Patient contacted, survey complete
-

What numbers have you tried?

Does the patient consent to releasing their medical records?

- No
 Yes
(Patient only needs consent if they returned to the hospital, were diagnosed with a new cardiac condition, or had a new cardiac test)
-

Comments
