Respiratory Screening Questionnaire

To protect and reduce the risk of respiratory infection transmission within hospital settings NHS Scotland have developed the following questionnaire for all patients to complete prior to attending their outpatient appointment.

Can you please complete the below on the day of your appointment **before** you travel to Aberdeen Royal Infirmary.

|  |  |  |
| --- | --- | --- |
| COVID-19 Screening Questions | Yes | No |
| Do you or any member of your household/family have a confirmed diagnosis of COVID-19 diagnosed in the last 14 days? NB: Any person who has previously tested positive for SARS-CoV-2 by PCR should be exempt from being re-tested within a period of 90 days from their initial symptom onset, or the first positive test, if asymptomatic, unless they develop new possible COVID-19 symptoms. This is because fragments of inactive virus can be persistently detected by PCR in respiratory tract samples for some time following infection. |  |  |
| Do you or any member of your household/family have suspected COVID-19 and are waiting for a COVID-19 test result? |  |  |
| Have you travelled internationally in the last 10 days to a country that is on the amber or red list? |  |  |
| Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 10 days? |  |  |
| Do you have any of the following symptoms; High temperature or fever? New, continuous cough? A loss or alteration to taste or smell? |  |  |

If you answer ‘**YES’** to any of the above please contact the clinic reception prior to traveling to your appointment, you will be advised of next steps.

If answer is ‘**No’ to all** of the above complete the following questions:

|  |  |  |
| --- | --- | --- |
| General respiratory screening questions  | Yes | No |
| Do you have any new or worsening respiratory symptoms not already mentioned?  |  |  |
| Have you been diagnosed with a confirmed respiratory virus/infection such as Influenza in the last 14 days? |  |  |

If you answer ‘**YES’** to any of the above please contact the clinic reception prior to traveling to your appointment, you will be advised of next steps.

If you answer **No to all** of the above, please attend your appointment as scheduled and take this questionnaire with you.

Thank you for your cooperation