Testing the feasibility of a self-help intervention which includes lymphatic drainage to reduce fatigue-related symptoms among patients with long COVID in general practice: Experiences from our Randomised Controlled Trial (RCT)

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Supplementary Material

Reducing Fatigue In 'Long COVID-19' Survey

Stage 1 PIS Please click below to download the Participant Information Sheet for Stage 1

ConsentToStage1 Before you begin, please can you confirm you consent to take part in Stage 1 of this study, and agree we can collect and store your responses?

- ○ Yes I consent to take part in Stage 1
- ○ No, I would not like to take part in Stage 1

Skip To: End of Survey If ConsentToStage1 = No, I would not like to take part in Stage 1

End of Block: Default Question Block

Start of Block: Block 6

Q49 Have you ever tested positive for COVID-19 (SARS-CoV-2 test)?

- ○ Yes
- ○ No

Skip To: End of Survey If Q49 = No

End of Block: Block 6

Start of Block: Block 7

Q50 When did you **last** test positive for COVID-19? (If you are unsure please leave blank)

- ○ Month _____
- ○ Year _____

End of Block: Block 7

Start of Block: Demographics

Q55 Have you been invited to take part in this study through:

- ○ Research for the Future
- ○ GP Letter

Q56 What is the name of your GP surgery (not Doctors name)?

_____

Q42 What is your sex

- ○ Male
- ○ Female
- ○ Prefer not to say

Q43 What is your age?

_____

Q45 Ethnicity

- White - English, Welsh, Scottish, Northern Irish or British (1)
- White - Irish (2)
- White - Gypsy or Irish Traveller (3)
- White - Any other White background (4)
- Mixed or Multiple ethnic groups - White and Black Caribbean (5)
- Mixed or Multiple ethnic groups - White and Black African (6)
- Mixed or Multiple ethnic groups - White and Asian (7)
- Mixed or Multiple ethnic groups - Any other Mixed or Multiple ethnic background (8)
- Asian or Asian British - Indian (9)
- Asian or Asian British - Pakistani (10)
- Asian or Asian British - Bangladeshi (11)
- Asian or Asian British - Chinese (12)
- Asian or Asian British - Any other Asian background (13)
- Black, African, Caribbean or Black British - African (14)
- Black, African, Caribbean or Black British - Caribbean (15)
- Black, African, Caribbean or Black British - Any other Black, African or Caribbean background (16)
- Other ethnic group - Arab (17)
- Other ethnic group - Any other ethnic group (18)

End of Block: Demographics

Start of Block: CFQ-11

CFQ-11 **Chalder fatigue questionnaire (CFQ-11)**

Please complete according to symptoms over the <u>past week</u>

	Less than usual (0)	No more than usual (1)	More than usual (2)	Much more than usual (3)
1. Do you have problems with tiredness? (1)	○	○	○	○
2. Do you need to rest more? (2)	○	○	○	○
3. Do you feel sleepy or drowsy? (3)	○	○	○	○
4. Do you have problems starting things? (4)	○	○	○	○
5. Do you lack energy? (11)	○	○	○	○
6. Do you have less strength in your muscles? (5)	○	○	○	○
7. Do you feel weak? (6)	○	○	○	○
8. Do you have difficulties concentrating? (7)	○	○	○	○
9. Do you make slips of the tongue when speaking? (8)	○	○	○	○
10. Do you find it more difficult to find the right word? (9)	○	○	○	○

	Better than usual (0)	No worse than usual (1)	Worse than usual (2)	Much worse than usual (3)
11. How is your memory? (1)	○	○	○	○

Page Break

End of Block: CFQ-11

Start of Block: SF-12

SF12Intro **SF-12 Health Survey**

Directions: This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities. If you are unsure about how to answer a question, please give the best answer you can.

SF12Q1 1. In general, would you say your health is:

- ○ Excellent (1)
- ○ Very Good (2)
- ○ Good (3)
- ○ Fair (4)
- ○ Poor (5)

SF12Q2Intro *The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much?*

SF12Q2 2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

- ○ Yes, limited a lot (1)
- ○ Yes, limited a little (2)
- ○ No, not limited at all (3)

SF12Q3 3. Climbing several flights of stairs

- ○ Yes, limited a lot (1)
- ○ Yes, limited a little (2)
- ○ No, not limited at all (3)

SF12Q4Intro *During the <u>past week</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u>?*

SF12Q4 4. Accomplished less than you would like

- ○ All of the time (1)
- ○ Most of the time (2)
- ○ Some of the time (3)
- ○ A little of the time (4)
- ○ None of the time (5)

SF12Q5 5. Were limited in the kind of work or other activities

- ○ All of the time (1)
- ○ Most of the time (2)
- ○ Some of the time (3)
- ○ A little of the time (4)
- ○ None of the time (5)

SF12Q6Intro *During the past week, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?*

SF12Q6 6. Accomplished less than you would like

- ○ All of the time (1)
- ○ Most of the time (2)
- ○ Some of the time (3)
- ○ A little of the time (4)
- ○ None of the time (5)

SF12Q7 7. Did work or activities less carefully than usual

- ○ All of the time (1)
- ○ Most of the time (2)
- ○ Some of the time (3)
- ○ A little of the time (4)
- ○ None of the time (5)

SF12Q9Intro 8. During the past week, how much did pain interfere with your normal work (including both work outside the home and housework)?

- ○ Not at all (1)
- ○ A little bit (2)
- ○ Moderately (3)
- ○ Quite a bit (4)
- ○ Extremely (5)

SF12Q9Intro2 *These questions are about how you feel and how things have been with you during the past week. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past week...*

SF12Q9 9. Have you felt calm and peaceful

- ○ All of the time (1)
- ○ Most of the time (2)
- ○ Some of the time (3)
- ○ A little of the time (4)
- ○ None of the time (5)

SF12Q10 10. Did you have a lot of energy

- ○ All of the time (1)
- ○ Most of the time (2)
- ○ Some of the time (3)
- ○ A little of the time (4)
- ○ None of the time (5)

SF12Q11 11. Have you felt downhearted and depressed

- ○ All of the time (1)
- ○ Most of the time (2)
- ○ Some of the time (3)
- ○ A little of the time (4)
- ○ None of the time (5)

SF12Q12 12. During the past week, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- ○ All of the time (1)
- ○ Most of the time (2)
- ○ Some of the time (3)
- ○ A little of the time (4)
- ○ None of the time (5)

End of Block: SF-12

Start of Block: EQ-5D-5L

EQ5D5LMobility MOBILITY

- ○ I have no problems in walking about (1)
- ○ I have slight problems in walking about (2)
- ○ I have moderate problems in walking about (3)
- ○ I have severe problems in walking about (4)
- ○ I am unable to walk about (5)

EQ5D5LSelfCare SELF-CARE

- ○ I have no problems washing or dressing myself (1)
- ○ I have slight problems washing or dressing myself (2)
- ○ I have moderate problems washing or dressing myself (3)
- ○ I have severe problems washing or dressing myself (4)
- ○ I am unable to wash or dress myself (5)

EQ5D5LUsual USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- ○ I have no problems doing my usual activities (1)
- ○ I have slight problems doing my usual activities (2)
- ○ I have moderate problems doing my usual activities (3)
- ○ I have severe problems doing my usual activities (4)
- ○ I am unable to do my usual activities (5)

EQ5D5LPain PAIN / DISCOMFORT

- ○ I have no pain or discomfort (1)
- ○ I have slight pain or discomfort (2)
- ○ I have moderate pain or discomfort (3)
- ○ I have severe pain or discomfort (4)
- ○ I have extreme pain or discomfort (5)

EQ5D5LAnxiety ANXIETY / DEPRESSION

- ○ I am not anxious or depressed (1)
- ○ I am slightly anxious or depressed (2)
- ○ I am moderately anxious or depressed (3)
- ○ I am severely anxious or depressed (4)
- ○ I am extremely anxious or depressed (5)

EQ5D5LHealthToday • We would like to know how good or bad your health is TODAY.
• This scale is numbered from 0 to 100.
• 100 means the best health you can imagine. 0 means the worst health you can imagine.
• Mark on the scale to indicate how your health is TODAY.

0 = The worst health you can imagine
100 = The best health you can imagine

	0 10 20 30 40 50 60 70 80 90 100
1 ()	

Page Break

End of Block: EQ-5D-5L

Start of Block: EligibleBlock

EligibleIntro **Based on your responses, you are eligible to take part in Stage 2 of the study.**

EligibleDetails

Please click the link below to read the Stage 2 Participant Information Sheet

EligibleTakePart Would you like to take part in Stage 2 of the study?

- ○ Yes (1)
- ○ No - please let us know why below (2) _____

Display This Question:

If EligibleTakePart = Yes

EligibleDetailsIntro **Thank you, we will now collect a few contact details and someone will be in touch with you soon.**

Display This Question:

If EligibleTakePart = Yes

Q51 What is your first name?

_____

Display This Question:

If EligibleTakePart = Yes

Q60 What is your surname?

_____

Display This Question:

If EligibleTakePart = Yes

EligbleDetailsPhone Please provide your phone number

_____

Display This Question:

If EligibleTakePart = Yes

*

EligibleDetailsEmail Please provide your email address

_____

Display This Question:

If EligibleTakePart = Yes

Q57 Thank you for providing this information. A member of our Long COVID team will contact you to ask if you have any questions about participating in the next Stage of this study. Are there any times it is best to contact you?

- ○ Morning (1)
- ○ Afternoon (2)
- ○ Evening (3)

End of Block: EligibleBlock