Long Covid pre-programme assessment

1.Name:

2.Please provide your email address:

3.Have you or a family member suffered with Long Covid?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

4.Have you or a family member experienced any of the following symptoms in relation to Long Covid? Tick more than one if applicable.

|  |  |
| --- | --- |
|  | Cough |
|  | Balance issues |
|  | Mobility Issues |
|  | Extreme tiredness/fatigue |
|  | Feeling short of breath |
|  | Loss of smell |
|  | Muscle aches |
|  | Memory and concentration issues |
|  | Chest pain or tightness |
|  | Difficulty sleeping |
|  | Heart Palpitations |
|  | Dizziness  Pins and Needles |
|  | Joint pain |
|  | Depression |
|  | Anxiety |
|  | Tinnitus |
|  | Ear ache |
|  | Nausea |
|  | Headaches |
|  | Skin sensitivity |
|  | None of the above |
|  | Does not apply |

5.If you or a family member were able to receive support via a Long Covid Support Programme, which areas of support would you find most useful? Tick more than one if applicable.

|  |  |
| --- | --- |
|  | Face to Face Support Groups |
|  | Practical workshop on nutritional support |
|  | Practical workshop on breathing techniques |
|  | Practical workshop on coping with pain and muscular aches |
|  | Practical workshop on memory and concentration issues |
|  | Practical workshop on Sleep support |
|  | Practical workshop on Dizziness/Headache and Tinnitus release |
|  | On-site events to offer wellbeing support in relation to Long Covid |

6.How would you like any support to be delivered? Tick more than one if applicable.

|  |  |
| --- | --- |
|  | Face to Face, on-site sessions |
|  | Remote sessions delivered by a platform such as Microsoft Teams |
|  | A mixture of on-site and remote support |
|  | Other |

7.If you would prefer to receive face to face support where would you prefer to go for the support?

8.What time of day works best to receive future support. Tick more than one if applicable.

|  |  |
| --- | --- |
|  | Morning sessions between 9am and 11am |
|  | Lunchtime sessions between 12pm and 1.30pm |
|  | Afternoon sessions between 2pm and 4pm |
|  | Evening sessions between 5pm and 7pm |
|  | Late Evening sessions between 7pm and 9pm |
|  | Weekend sessions |
|  | Other |

Please could you indicate your Service Area or Team:

………………………………………………………………………………………………………………..

Please return this form to **Wendy Beddows, Employee Health and Wellbeing Co-ordinator, Employee Health and Wellbeing Team, City Hall, Norfolk Gardens, Bradford**

If you have any questions, please contact Wendy on 07929830927 or email [wendy.beddows@bradford.gov.uk](mailto:wendy.beddows@bradford.gov.uk)