

# Colonoscopy or Flexible

University Hospitals Sussex  
NHS Foundation Trust

## Sigmoidoscopy

### Pre-procedure screening "SCOTS" questionnaire

**PLEASE ENSURE YOU FULLY READ AND COMPLETE THIS QUESTIONNAIRE AND BRING WITH YOU TO YOUR APPOINTMENT**

We recommend all patients complete a lateral flow test (LFT) on the day of their appointment.

You can get lateral flow test kits from <https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests>, by calling [119](tel:119), visiting your [local pharmacy](#) or scanning the [QR code](#) using a smartphone.



If you answer '**Yes**' to any of the questions below, you must contact the Endoscopy Department on [0300 303 8517](tel:03003038517)

Name		Date of Procedure
Hospital Number		
Date of Birth		

Please circle the appropriate answer	Completed by patient	Completed by Nurse
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	YES	NO	YES	NO
1. In the last 10 days, have you had any symptoms* suggestive of COVID-19?				
2. In the last 10 days, have you been in close contact with a confirmed case of COVID-19 or anyone awaiting a PCR test result?				
3. Have you or any member of your household/family been advised to isolate by any NHS organisation in the last 10 days?				
4. In the last 10 days have you travelled internationally and returned from a country on the government's red list?				

<b>*Symptoms of COVID-19</b>
Classical:
Fever of >37.5°C
New persistent cough
Myalgia (muscle and/or joint pains)
Difficulty in breathing compared to normal
Loss or alteration to taste
Loss or alteration to smell

<b>Internal use only</b>
Patient information label

Nurse Comments:		
If ' <b>YES</b> ' to questions 1 - 4, appointment may be delayed for a further 10 days or may be offered an alternative test.		
SCOTS questions checked	YES	NO
Date:		
Nurse Name:		

Once complete, please add to the patient's notes.