

GASTROSCOPY

University Hospitals Sussex
NHS Foundation Trust

Pre-procedure screening "SCOTS" questionnaire

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

You must complete a lateral flow test (LFT) on the day of your appointment. Failure to do so may result in your appointment being cancelled or postponed.



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 smartphone.

By signing this form, I confirm I have completed a lateral flow test on the day of my appointment and the result was negative.

Signature: _____

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
---	-----------------------------	---------------------------

	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?				

*Symptoms of COVID-19
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

Internal use only
Patient information label

Nurse Comments:		
If ' YES ' 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.