CRF Completion Guidance

DESIGN OF THIS CASE RECORD FORM (CRF)

This CRF has 3 modules:

Module 1 to be completed on the first day of admission to the health centre.

Module 2 to be completed on first day of admission to ICU or high dependency unit. Module 2 should also be completed daily for as many days as resources allow. Continue to follow-up patients who transfer between wards.

Module 3 to be completed at discharge or death.

ADMINISTRATION GUIDANCE

- The CRF is designed to collect data obtained through examination, interview and review of hospital notes for the period from hospital admission to discharge, transfer, death, or continued hospitalization without possibility of continued data collection. Data may be collected retrospectively if the patient is enrolled after the admission date. Participant Identification Numbers consist of a site code and a participant number. You can obtain a site code and registration on the data management system by contacting *ncov@isaric.org*. Participant numbers should be assigned sequentially for each site beginning with 00001. In the case of a single site recruiting participants on different wards, or where it is otherwise difficult to assign sequential numbers, it is acceptable to assign numbers by incorporating alpha characters (e.g. Ward X assigns A0001, Ward Y assigns B0001 onwards). Enter the Participant Identification Number at the top of every page.
- Data are entered on the central electronic REDCap database at https://ncov.medsci.ox.ac.uk or to your site/network's independent database. Printed paper CRFs may be used for later transfer of the data onto the electronic database.
- In the case of a participant transferring between sites, it is preferred to maintain the same Participant Identification Number across the sites. When this is not possible, space for recording the new number is provided.
- Complete every section. Questions marked 'If yes, …" should be left blank when they do not apply (i.e. when the answer is not yes).
- Selections with square boxes (☐) are single selection answers (choose one answer only).
  Selections with circles (O) are multiple selection answers (choose as many answers as are applicable).
- Mark 'Unknown' for any data that are not available, not applicable or unknown.
- Avoid recording data outside of the dedicated areas. Sections are available for recording additional information.
- If using paper CRFs, we recommend writing clearly in ink, using BLOCK-CAPITAL LETTERS.
- Place an X when you choose the corresponding answer. To make corrections, strike through (-------) the data you wish to delete and write the correct data above it. Please initial and date all corrections.
- Please keep all the sheets for a single participant together, e.g. with a staple or participant-unique folder.
- Please transfer all paper CRF data to the electronic database. All paper CRFs can be stored by the institution responsible for them. All data should be transferred to the secure electronic database.
- Please enter data on the electronic data capture system at https://ncov.medsci.ox.ac.uk. If your site would like to collect data independently, we are happy to support the establishment of locally hosted databases.
- Please contact us at *ncov@isaric.org* If we can help with databases, if you have comments and to let us know that you are using the forms.

CRF Completion Guidance

GENERAL GUIDANCE AND DEFINITIONS

Coinfections

Any coinfections should be entered in Module 3 under 15. DIAGNOSITC/PATHOGEN TESTING

Comorbidities

Comorbidities present before the onset of COVID-19 and are still present. Do not include those that developed following the onset of COVID-19 symptoms. More detailed guidance is provided.

Hospital admission

For patients who were admitted to hospital with COVID-19 or symptoms consistent with possible COVID-19 infection, please enter details for the date of hospital admission. For patients with a clear alternative diagnosis leading to admission who subsequently acquired COVID-19, original admission date should be provided, but all subsequent references to admission should be taken as referring to the first 24 hours after first day of onset of symptoms of suspected or confirmed COVID-19 infection.

Where a patient was admitted via multiple hospital departments, count admission from the time they came to the first department during the visit that led to their admission (e.g. arrival at the Emergency Department).

Oxygen therapy

Include any form of supplemental oxygen received using any methods. Then complete all data on type of delivery and duration. If the exact delivery device used is not listed, please select the most similar option. If multiple different flow rates and interfaces have been used, please select the one delivering the greatest oxygen flow. If a venturi valve is used, please record the fraction of inspired oxygen (FiO_2) in preference to the flow rate of oxygen.

Invasive ventilation

Please include any mechanical ventilation delivered following intubation or via a tracheostomy. Do not include patients who are breathing independently via a tracheostomy.

Non-invasive ventilation

Please include any positive-pressure treatment given via a tight-fitted mask. This can be continuous positive pressure (CPAP) or bi-level positive pressure (BIPAP).

Oral/orogastric fluids

Please include any fluids/nutrients delivered artificially to the gastrointestinal tract (e.g. nasogastric tube, nasojejunal tube, gastrostomy) but not patients taking normal oral intake.

Renal replacement therapy or dialysis

Please include any form of continuous renal replacement therapy or intermittent haemodialysis.

Worst result

References to 'worst result' refer to those furthest from the normal physiological range or laboratory normal range.

Results that were rejected by the clinical team (e.g. pulse oximetry on poorly perfused extremities, haemolysed blood samples, contaminated microbiology results) should not be reported.

Blood pressure: Please report the systolic and diastolic blood pressure from the observation with the lowest mean arterial pressure (if mean arterial pressure has not been calculated, report the measurement with lowest systolic blood pressure).

Respiratory rate: If both abnormal low and high rate observed, record the abnormally high rate.

Enter participant ID on each page.

1. CLINICAL INCLUSION CRITERIA

Proven or suspected infection with pathogen of Public Health Interest
Select yes if patient has either clinically suspected or laboratory-confirmed SARS-CoV-2 /COVID-19 infection.

2. DEMOGRAPHICS

If date of birth is unknown, please record age in years, or if <1 year old, record age in months.

If pregnant or recently delivered within 14 days of onset of symptoms, please complete the optional Pregnancy Module CRF.

3. DATE OF ONSET AND ADMISSION VITAL SIGNS

Please provide the date of patient reported onset of the first symptom that you clinically believe was related to this episode of COVID-19 infection. Please provide details of clinical observations made on admission (including if data recording takes place subsequently). For observations not made at admission, please record the first available data (patient reported and/or from medical records) after admission measured within 24 hours of admission.

For patients with a clear alternative diagnosis leading to admission who subsequently developed COVID-19, provide dates as they occurred but complete observations for the 24 hours after onset of symptoms of suspected or confirmed COVID-19 infection.

Please ensure all measurements are provided using the units specified.

4. CO-MORBIDITIES

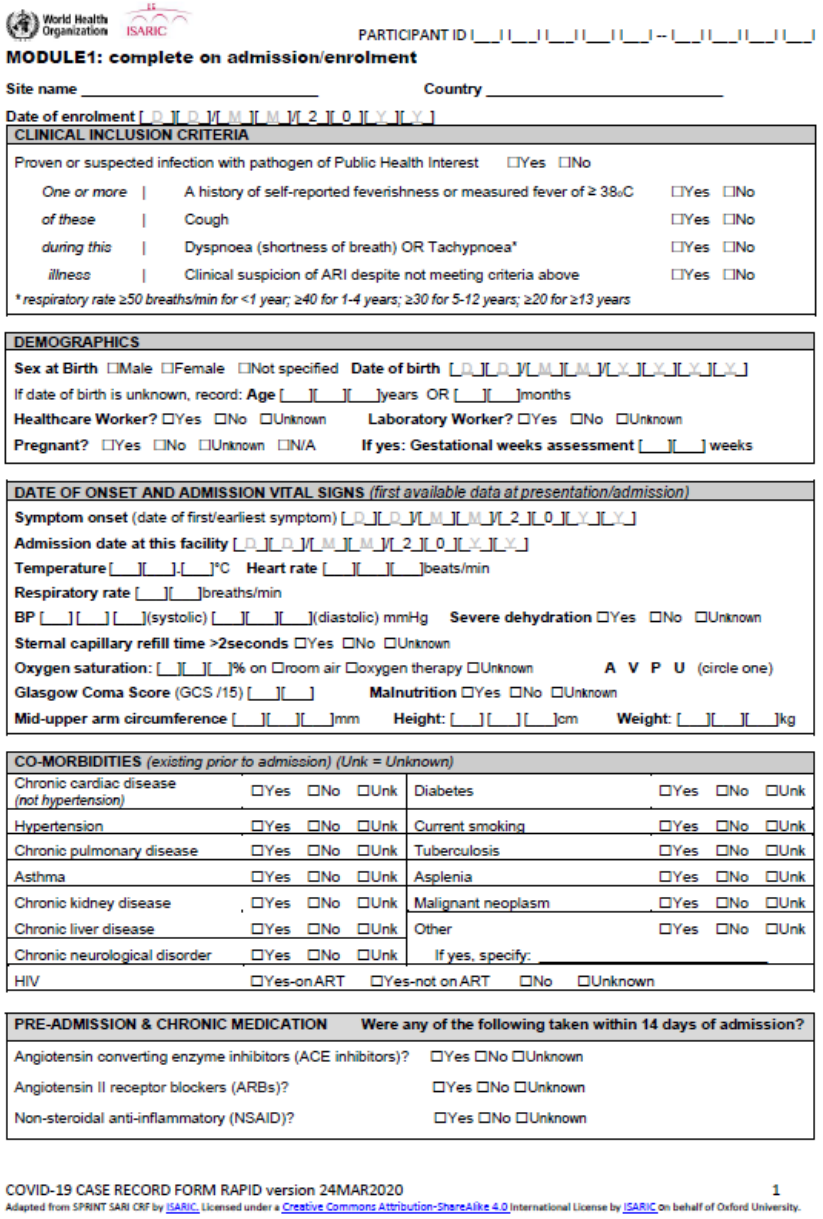
Please record if any of these comorbidities existed prior to admission.

Do not include past comorbidities that are cured. Additional details are given below. Where example conditions are given, these are not intended to be exhaustive. Other significant comorbidities and risk factors not listed should be specified as 'Others'.

Chronic cardiac disease (not hypertension)
Please include any of coronary artery disease, heart failure, congenital heart disease, cardiomyopathy, rheumatic heart disease.

Chronic pulmonary disease
Please include any of chronic obstructive pulmonary disease (chronic bronchitis, emphysema), cystic fibrosis, bronchiectasis, interstitial lung disease, pre-existing requirement for long term oxygen therapy.

Do not include asthma.



World Health Organization ISARIC PARTICIPANT ID [__][__][__][__][__][__]--[__][__][__][__]

MODULE1: complete on admission/enrolment

Site name _____ Country _____

Date of enrolment [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

CLINICAL INCLUSION CRITERIA

Proven or suspected infection with pathogen of Public Health Interest ☐Yes ☐No

One or more	A history of self-reported feverishness or measured fever of ≥ 38ºC	☐Yes	☐No
of these	Cough	☐Yes	☐No
during this	Dyspnoea (shortness of breath) OR Tachypnoea*	☐Yes	☐No
illness	Clinical suspicion of ARI despite not meeting criteria above	☐Yes	☐No

** respiratory rate ≥50 breaths/min for <1 year; ≥40 for 1-4 years; ≥30 for 5-12 years; ≥20 for ≥13 years*

DEMOGRAPHICS

Sex at Birth ☐Male ☐Female ☐Not specified **Date of birth** [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]
If date of birth is unknown, record: **Age** [___][___][___]years OR [___][___]months
Healthcare Worker? ☐Yes ☐No ☐Unknown **Laboratory Worker?** ☐Yes ☐No ☐Unknown
Pregnant? ☐Yes ☐No ☐Unknown ☐N/A **If yes: Gestational weeks assessment** [___][___] weeks

DATE OF ONSET AND ADMISSION VITAL SIGNS *(first available data at presentation/admission)*

Symptom onset (date of first/earliest symptom) [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Admission date at this facility [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Temperature [___][___].[___]°C **Heart rate** [___][___][___]beats/min
Respiratory rate [___][___]breaths/min
BP [___] [___] [___](systolic) [___][___][___](diastolic) mmHg **Severe dehydration** ☐Yes ☐No ☐Unknown
Sternal capillary refill time >2seconds ☐Yes ☐No ☐Unknown
Oxygen saturation: [__][__][__]% on ☐room air ☐oxygen therapy ☐Unknown **A V P U** (circle one)
Glasgow Coma Score (GCS /15) [___][___] **Malnutrition** ☐Yes ☐No ☐Unknown
Mid-upper arm circumference [___][___][___]mm **Height:** [___] [___] [___]cm **Weight:** [___][___][___]kg

CO-MORBIDITIES *(existing prior to admission) (Unk = Unknown)*

Chronic cardiac disease *(not hypertension)*	☐Yes	☐No	☐Unk	Diabetes	☐Yes ☐No ☐Unk
Hypertension	☐Yes	☐No	☐Unk	Current smoking	☐Yes ☐No ☐Unk
Chronic pulmonary disease	☐Yes	☐No	☐Unk	Tuberculosis	☐Yes ☐No ☐Unk
Asthma	☐Yes	☐No	☐Unk	Asplenia	☐Yes ☐No ☐Unk
Chronic kidney disease	☐Yes	☐No	☐Unk	Malignant neoplasm	☐Yes ☐No ☐Unk
Chronic liver disease	☐Yes	☐No	☐Unk	Other	☐Yes ☐No ☐Unk
Chronic neurological disorder	☐Yes	☐No	☐Unk	If yes, specify: _____	
HIV	☐Yes-on ART		☐Yes-not on ART	☐No ☐Unknown	

PRE-ADMISSION & CHRONIC MEDICATION **Were any of the following taken within 14 days of admission?**

Angiotensin converting enzyme inhibitors (ACE inhibitors)? ☐Yes ☐No ☐Unknown
Angiotensin II receptor blockers (ARBs)? ☐Yes ☐No ☐Unknown
Non-steroidal anti-inflammatory (NSAID)? ☐Yes ☐No ☐Unknown

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4. CO-MORBIDITIES (CONTINUED)

Asthma
Clinician-diagnosed asthma.

Chronic kidney disease
Please include any of clinician-diagnosed chronic kidney disease, chronic estimated glomerular filtration rate < 60 mL/min/1.73m^2, history of kidney transplantation

Chronic neurological disorder
Please include any of cerebral palsy, multiple sclerosis, motor neurone disease, muscular dystrophy, myasthenia gravis, Parkinson's disease, stroke, severe learning difficulty

HIV
History of laboratory-confirmed HIV infection. (Note, ART: anti-retroviral therapy).

Diabetes
Type 1 or type 2 diabetes mellitus requiring oral or subcutaneous treatment.

Current smoking
Smoking at least one cigarette, cigar, pipe or equivalent per day before the onset of the current illness. Do not include smoke-free tobacco products such as chewed tobacco or electronic nicotine delivery devices.

Tuberculosis
Patients currently receiving treatment for tuberculosis. Do not include latent tuberculosis.

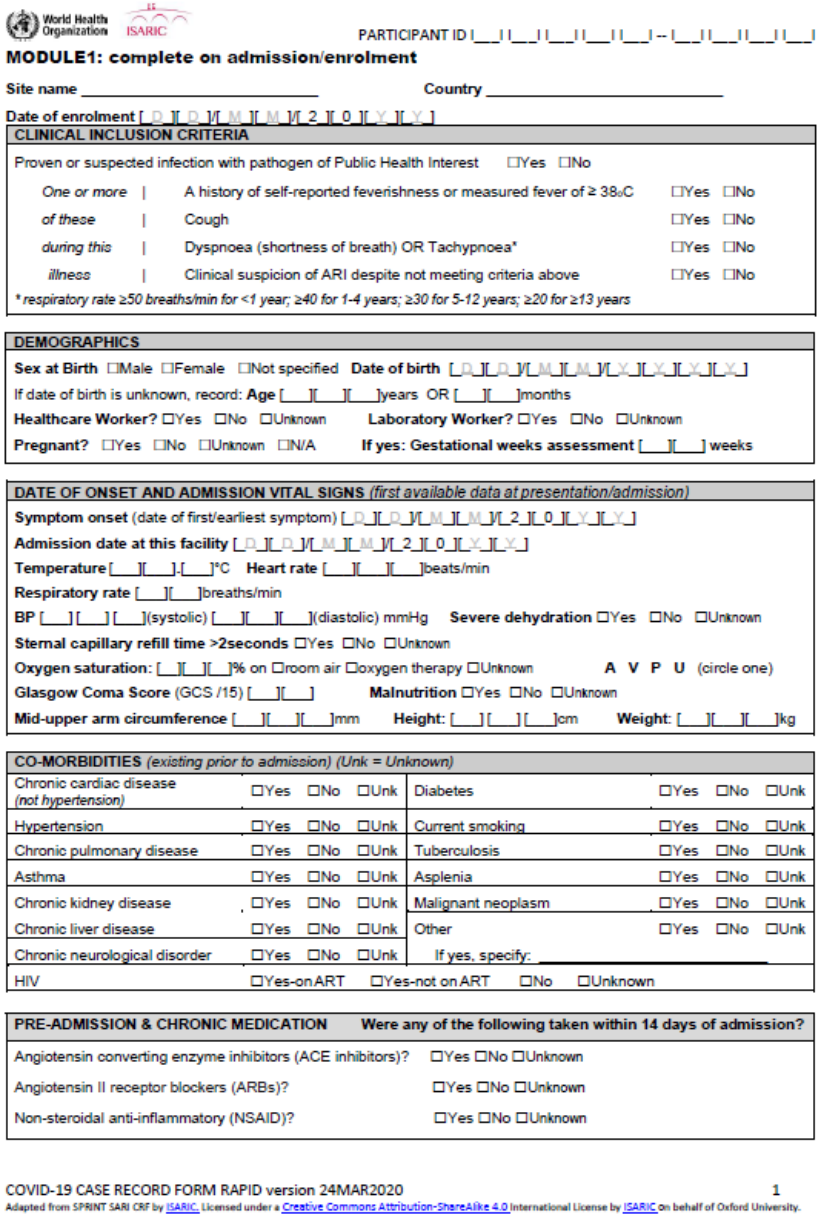
Asplenia
Please include any of splenectomy, non-functional spleen, and congenital asplenia.

Malignant neoplasm
Current solid organ or haematological malignancy. Please do not include malignancies that have been declared 'cured' ≥5 years ago with no evidence of ongoing disease. Do not include non-melanoma skin cancers. Do not include benign growths or dysplasia.

Other
Please include other comorbidities that the clinical team feels may affect the patient's physiological reserves or response to this disease or treatment. Please specify these other comorbidities.

5. PRE-ADMISSION & CHRONIC MEDICATION

Please state whether any of these medications were taken in the 14 days before admission for any reason.



World Health Organization ISARIC

PARTICIPANT ID [__][__][__][__][__]-[__][__][__][__]

MODULE1: complete on admission/enrolment

Site name _____ **Country** _____

Date of enrolment [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

CLINICAL INCLUSION CRITERIA

Proven or suspected infection with pathogen of Public Health Interest ☐Yes ☐No

One or more	A history of self-reported feverishness or measured fever of ≥ 38ºC	☐Yes	☐No
of these	Cough	☐Yes	☐No
during this	Dyspnoea (shortness of breath) OR Tachypnoea*	☐Yes	☐No
illness	Clinical suspicion of ARI despite not meeting criteria above	☐Yes	☐No

** respiratory rate ≥50 breaths/min for <1 year; ≥40 for 1-4 years; ≥30 for 5-12 years; ≥20 for ≥13 years*

DEMOGRAPHICS

Sex at Birth ☐Male ☐Female ☐Not specified **Date of birth** [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]
If date of birth is unknown, record: **Age** [___][___][___]years OR [___][___]months
Healthcare Worker? ☐Yes ☐No ☐Unknown **Laboratory Worker?** ☐Yes ☐No ☐Unknown
Pregnant? ☐Yes ☐No ☐Unknown ☐N/A **If yes: Gestational weeks assessment** [___][___] weeks

DATE OF ONSET AND ADMISSION VITAL SIGNS *(first available data at presentation/admission)*

Symptom onset (date of first/earliest symptom) [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Admission date at this facility [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Temperature [___][___].[___]°C **Heart rate** [___][___][___]beats/min
Respiratory rate [___][___]breaths/min
BP [___] [___] [___](systolic) [___][___][___](diastolic) mmHg **Severe dehydration** ☐Yes ☐No ☐Unknown
Sternal capillary refill time >2seconds ☐Yes ☐No ☐Unknown
Oxygen saturation: [__][__][__]% on ☐room air ☐oxygen therapy ☐Unknown **A V P U** (circle one)
Glasgow Coma Score (GCS /15) [___][___] **Malnutrition** ☐Yes ☐No ☐Unknown
Mid-upper arm circumference [___][___][___]mm **Height:** [___] [___] [___]cm **Weight:** [___][___][___]kg

CO-MORBIDITIES *(existing prior to admission) (Unk = Unknown)*

Chronic cardiac disease *(not hypertension)*	☐Yes	☐No ☐Unk	Diabetes	☐Yes	☐No ☐Unk
Hypertension	☐Yes	☐No ☐Unk	Current smoking	☐Yes	☐No ☐Unk
Chronic pulmonary disease	☐Yes	☐No ☐Unk	Tuberculosis	☐Yes	☐No ☐Unk
Asthma	☐Yes	☐No ☐Unk	Asplenia	☐Yes	☐No ☐Unk
Chronic kidney disease	☐Yes	☐No ☐Unk	Malignant neoplasm	☐Yes	☐No ☐Unk
Chronic liver disease	☐Yes	☐No ☐Unk	Other	☐Yes	☐No ☐Unk
Chronic neurological disorder	☐Yes	☐No ☐Unk	If yes, specify:		
HIV	☐Yes-on ART	☐Yes-not on ART	☐No ☐Unknown		

PRE-ADMISSION & CHRONIC MEDICATION **Were any of the following taken within 14 days of admission?**

Angiotensin converting enzyme inhibitors (ACE inhibitors)? ☐Yes ☐No ☐Unknown
Angiotensin II receptor blockers (ARBs)? ☐Yes ☐No ☐Unknown
Non-steroidal anti-inflammatory (NSAID)? ☐Yes ☐No ☐Unknown

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6. SIGNS AND SYMPTOMS ON ADMISSION

Please provide details of clinical observations made within 24 hours of admission. For observations not made immediately at admission, please record the first available data (patient reported and/or from medical records) within 24 hours of admission.

For patients with a clear alternative diagnosis leading to admission who subsequently acquired COVID-19, provide dates as they occurred but complete observations for the 24 hours after onset of symptoms of suspected or confirmed COVID-19 infection.

7. MEDICATION ON ADMISSION

Please record if the patient was administered any of these medications at the time of admission or within 24 hours of admission. For patients who were admitted for another reason and subsequently developed COVID-19, provide complete for the 24 hours after COVID-19 was first suspected.

Please specify all agent. When entering data on to the electronic CRF a drop-down list of different agents will be provided.

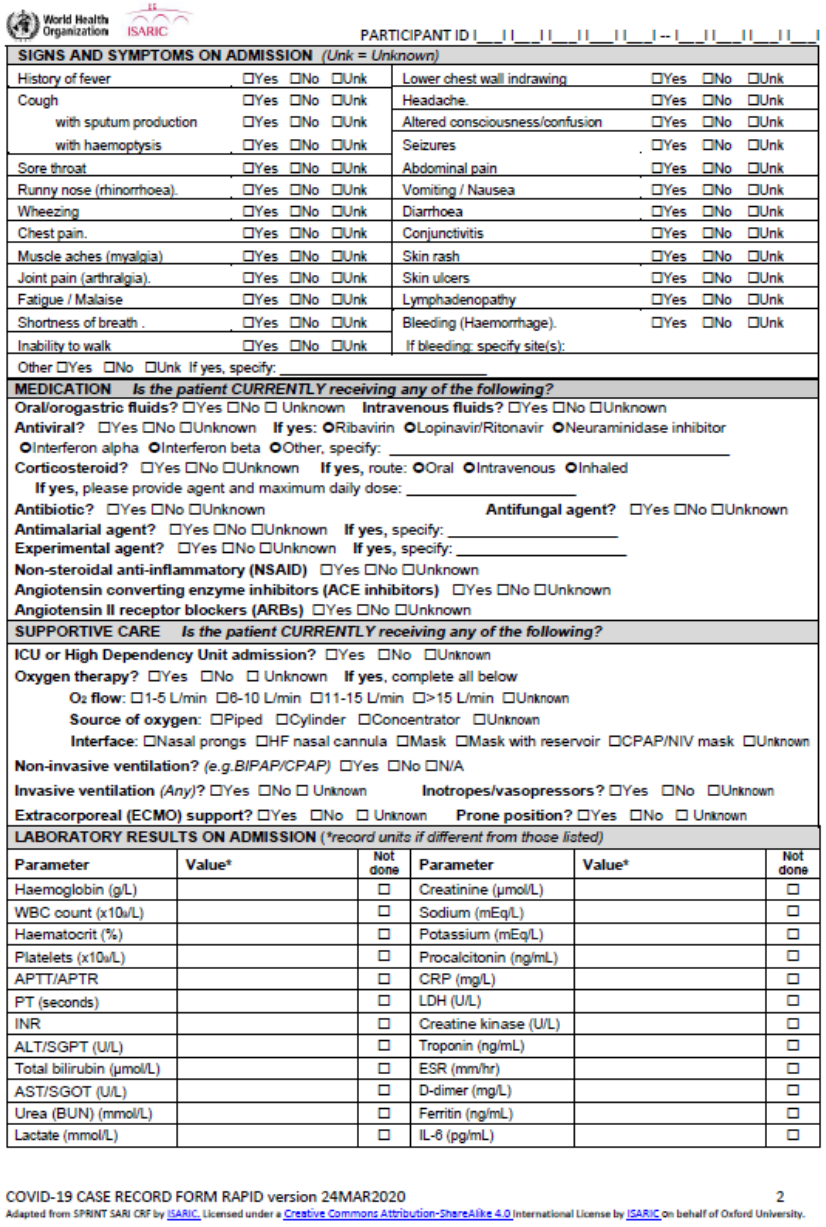
8. SUPPORTIVE CARE ON ADMISSION

Please record all treatments received on the day of or within the first 24 hours of admission.

9. LABORATORY RESULTS ON ADMISSION

Please include results taken on presentation, admission or within the first 24 hours following admission or in existing in-patients on the day or within 24 hours of first symptoms of suspected or confirmed COVID-19 infection.

Please ensure all measurements are provided using the units specified or if other units are used specify the unit used. When transferring data on to the electronic database there will be a drop-down list of different units used globally.



World Health Organization ISARIC

PARTICIPANT ID I___I___I___I___I___I___I--I___I___I___I___I

SIGNS AND SYMPTOMS ON ADMISSION *(Unk = Unknown)*

History of fever	☐Yes ☐No ☐Unk	Lower chest wall indrawing	☐Yes ☐No ☐Unk
Cough	☐Yes ☐No ☐Unk	Headache.	☐Yes ☐No ☐Unk
with sputum production	☐Yes ☐No ☐Unk	Altered consciousness/confusion	☐Yes ☐No ☐Unk
with haemoptysis	☐Yes ☐No ☐Unk	Seizures	☐Yes ☐No ☐Unk
Sore throat	☐Yes ☐No ☐Unk	Abdominal pain	☐Yes ☐No ☐Unk
Runny nose (rhinorrhoea).	☐Yes ☐No ☐Unk	Vomiting / Nausea	☐Yes ☐No ☐Unk
Wheezing	☐Yes ☐No ☐Unk	Diarrhoea	☐Yes ☐No ☐Unk
Chest pain.	☐Yes ☐No ☐Unk	Conjunctivitis	☐Yes ☐No ☐Unk
Muscle aches (myalgia)	☐Yes ☐No ☐Unk	Skin rash	☐Yes ☐No ☐Unk
Joint pain (arthralgia).	☐Yes ☐No ☐Unk	Skin ulcers	☐Yes ☐No ☐Unk
Fatigue / Malaise	☐Yes ☐No ☐Unk	Lymphadenopathy	☐Yes ☐No ☐Unk
Shortness of breath .	☐Yes ☐No ☐Unk	Bleeding (Haemorrhage).	☐Yes ☐No ☐Unk
Inability to walk	☐Yes ☐No ☐Unk	If bleeding: specify site(s):	

Other ☐Yes ☐No ☐Unk If yes, specify: _____

MEDICATION ***Is the patient CURRENTLY receiving any of the following?***

Oral/orogastric fluids? ☐Yes ☐No ☐ Unknown **Intravenous fluids?** ☐Yes ☐No ☐Unknown
Antiviral? ☐Yes ☐No ☐Unknown **If yes:** ❍Ribavirin ❍Lopinavir/Ritonavir ❍Neuraminidase inhibitor
❍Interferon alpha ❍Interferon beta ❍Other, specify: _____
Corticosteroid? ☐Yes ☐No ☐Unknown **If yes,** route: ❍Oral ❍Intravenous ❍Inhaled
If yes, please provide agent and maximum daily dose: _____
Antibiotic? ☐Yes ☐No ☐Unknown **Antifungal agent?** ☐Yes ☐No ☐Unknown
Antimalarial agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____
Experimental agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____
Non-steroidal anti-inflammatory (NSAID) ☐Yes ☐No ☐Unknown
Angiotensin converting enzyme inhibitors (ACE inhibitors) ☐Yes ☐No ☐Unknown
Angiotensin II receptor blockers (ARBs) ☐Yes ☐No ☐Unknown

SUPPORTIVE CARE ***Is the patient CURRENTLY receiving any of the following?***

ICU or High Dependency Unit admission? ☐Yes ☐No ☐Unknown
Oxygen therapy? ☐Yes ☐No ☐ Unknown **If yes,** complete all below
O_2 flow: ☐1-5 L/min ☐6-10 L/min ☐11-15 L/min ☐>15 L/min ☐Unknown
Source of oxygen: ☐Piped ☐Cylinder ☐Concentrator ☐Unknown
Interface: ☐Nasal prongs ☐HF nasal cannula ☐Mask ☐Mask with reservoir ☐CPAP/NIV mask ☐Unknown
Non-invasive ventilation? *(e.g.BIPAP/CPAP)* ☐Yes ☐No ☐N/A
Invasive ventilation *(Any)*? ☐Yes ☐No ☐ Unknown **Inotropes/vasopressors?** ☐Yes ☐No ☐Unknown
Extracorporeal (ECMO) support? ☐Yes ☐No ☐ Unknown **Prone position?** ☐Yes ☐No ☐ Unknown

LABORATORY RESULTS ON ADMISSION (**record units if different from those listed*)

Parameter	Value*	Not done	Parameter	Value*	Not done
Haemoglobin (g/L)		☐	Creatinine (µmol/L)		☐
WBC count (x10⁹/L)		☐	Sodium (mEq/L)		☐
Haematocrit (%)		☐	Potassium (mEq/L)		☐
Platelets (x10⁹/L)		☐	Procalcitonin (ng/mL)		☐
APTT/APTR		☐	CRP (mg/L)		☐
PT (seconds)		☐	LDH (U/L)		☐
INR		☐	Creatine kinase (U/L)		☐
ALT/SGPT (U/L)		☐	Troponin (ng/mL)		☐
Total bilirubin (µmol/L)		☐	ESR (mm/hr)		☐
AST/SGOT (U/L)		☐	D-dimer (mg/L)		☐
Urea (BUN) (mmol/L)		☐	Ferritin (ng/mL)		☐
Lactate (mmol/L)		☐	IL-6 (pg/mL)		☐

Date of follow-up
This module is to be completed on the first day of admission to ICU or high dependency unit (HDU), and also daily for as many days as resources allow. For patients admitted to ICU/HDU or other critical care unit, please also complete the Critical Care Module. Please state the date of follow-up for this form. All data should refer to that calendar date, from midnight to midnight.

10. VITAL SIGNS

Please see General Guidance and Definitions

Severe dehydration
Please record if severe dehydration was present at any point during the follow-up day. Signs of severe dehydration include thirst, dry mucous membranes, low volumes of dark-coloured urine, sunken eyes, reduced skin elasticity.

Glasgow Coma Scale (GCS)
Please state the lowest GCS recorded. For intubated patients and patients with a non-fenestrated tracheostomy, give 1 point for the voice component and calculate the total as usual. Suffixes such a t for tracheostomy cannot be entered on to the database.

Level of consciousness (AVPU)
Alert – responding to voice – responding to pain – unresponsive: please state the least responsive condition of the patient during the calendar day (not counting normal sleep).

11. DAILY CLINICAL FEATURES

Record "yes" for all that were present at any time during the date of follow-up stated on the form.

12. LABORATORY RESULTS

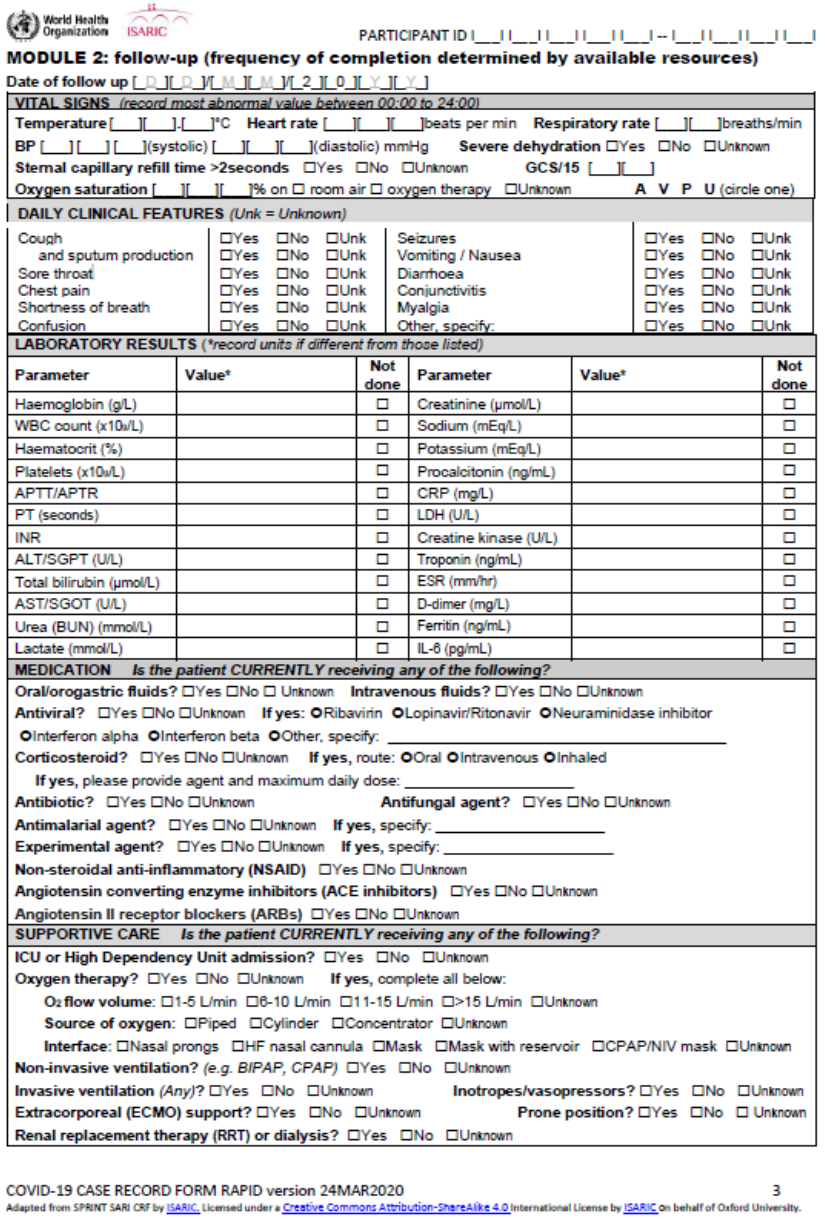
Please state all laboratory results from the day of follow-up. The day of follow-up for this form should correspond to the date of sample collection, not the date when the laboratory reported the result. Please note the units provided for each measure. If your laboratory reports these results with different units, please state the unit used in the Value column. There is a drop-down menu available to record any unit used in the electronic database.

13. MEDICATION

Please record if the patient received any of these medications on the date stated on this follow-up form. Please select as many treatments as are applicable. Please record generic names of agents administered. There is a drop-down menu available to record any unit used in the electronic database.

14. SUPPORTIVE CARE

Please record all treatments received on this day of follow-up (midnight to midnight), no matter how long they were used for.



World Health Organization ISARIC

PARTICIPANT ID |___|___|___|___|___|___|___|___|___|___|___|___|___|___|

MODULE 2: follow-up (frequency of completion determined by available resources)

Date of follow up [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

VITAL SIGNS *(record most abnormal value between 00:00 to 24:00)*

Temperature [___][___].[___]°C **Heart rate** [___][___][___]beats per min **Respiratory rate** [___][___]breaths/min
BP [___][___]/[___][___](systolic) [___][___][___](diastolic) mmHg **Severe dehydration** ☐Yes ☐No ☐Unknown
Sternal capillary refill time >2seconds ☐Yes ☐No ☐Unknown **GCS/15** [___][___]
Oxygen saturation [___][___][___]% on ☐ room air ☐ oxygen therapy ☐Unknown **A V P U** (circle one)

DAILY CLINICAL FEATURES *(Unk = Unknown)*

Cough	☐Yes	☐No	☐Unk	Seizures	☐Yes ☐No ☐Unk
and sputum production	☐Yes	☐No	☐Unk	Vomiting / Nausea	☐Yes ☐No ☐Unk
Sore throat	☐Yes	☐No	☐Unk	Diarrhoea	☐Yes ☐No ☐Unk
Chest pain	☐Yes	☐No	☐Unk	Conjunctivitis	☐Yes ☐No ☐Unk
Shortness of breath	☐Yes	☐No	☐Unk	Myalgia	☐Yes ☐No ☐Unk
Confusion	☐Yes	☐No	☐Unk	Other, specify:	☐Yes ☐No ☐Unk

LABORATORY RESULTS *(*record units if different from those listed)*

Parameter	Value*	Not done	Parameter	Value*	Not done
Haemoglobin (g/L)		☐	Creatinine (µmol/L)		☐
WBC count (x10⁹/L)		☐	Sodium (mEq/L)		☐
Haematocrit (%)		☐	Potassium (mEq/L)		☐
Platelets (x10⁹/L)		☐	Procalcitonin (ng/mL)		☐
APTT/APTR		☐	CRP (mg/L)		☐
PT (seconds)		☐	LDH (U/L)		☐
INR		☐	Creatine kinase (U/L)		☐
ALT/SGPT (U/L)		☐	Troponin (ng/mL)		☐
Total bilirubin (µmol/L)		☐	ESR (mm/hr)		☐
AST/SGOT (U/L)		☐	D-dimer (mg/L)		☐
Urea (BUN) (mmol/L)		☐	Ferritin (ng/mL)		☐
Lactate (mmol/L)		☐	IL-6 (pg/mL)		☐

MEDICATION ***Is the patient CURRENTLY receiving any of the following?***

Oral/orogastric fluids? ☐Yes ☐No ☐ Unknown **Intravenous fluids?** ☐Yes ☐No ☐Unknown
Antiviral? ☐Yes ☐No ☐Unknown **If yes:** ❍Ribavirin ❍Lopinavir/Ritonavir ❍Neuraminidase inhibitor
❍Interferon alpha ❍Interferon beta ❍Other, specify: _____
Corticosteroid? ☐Yes ☐No ☐Unknown **If yes,** route: ❍Oral ❍Intravenous ❍Inhaled
If yes, please provide agent and maximum daily dose: _____
Antibiotic? ☐Yes ☐No ☐Unknown **Antifungal agent?** ☐Yes ☐No ☐Unknown
Antimalarial agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____
Experimental agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____
Non-steroidal anti-inflammatory (NSAID) ☐Yes ☐No ☐Unknown
Angiotensin converting enzyme inhibitors (ACE inhibitors) ☐Yes ☐No ☐Unknown
Angiotensin II receptor blockers (ARBs) ☐Yes ☐No ☐Unknown

SUPPORTIVE CARE ***Is the patient CURRENTLY receiving any of the following?***

ICU or High Dependency Unit admission? ☐Yes ☐No ☐Unknown
Oxygen therapy? ☐Yes ☐No ☐Unknown **If yes,** complete all below:
O_2 flow volume: ☐1-5 L/min ☐6-10 L/min ☐11-15 L/min ☐>15 L/min ☐Unknown
Source of oxygen: ☐Piped ☐Cylinder ☐Concentrator ☐Unknown
Interface: ☐Nasal prongs ☐HF nasal cannula ☐Mask ☐Mask with reservoir ☐CPAP/NIV mask ☐Unknown
Non-invasive ventilation? *(e.g. BIPAP, CPAP)* ☐Yes ☐No ☐Unknown
Invasive ventilation *(Any)*? ☐Yes ☐No ☐Unknown **Inotropes/vasopressors?** ☐Yes ☐No ☐Unknown
Extracorporeal (ECMO) support? ☐Yes ☐No ☐Unknown **Prone position?** ☐Yes ☐No ☐ Unknown
Renal replacement therapy (RRT) or dialysis? ☐Yes ☐No ☐Unknown

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This page should be completed once a patient is discharged or has died using all available data throughout their admission and stay in hospital.

15. DIAGNOSTIC / PATHOGEN TESTING

Chest x-ray / CT
Please select 'Yes' if a chest x-ray or thoracic CT was performed at any point during the patient's hospital stay.

Infiltrates present
Please tick that infiltrates are present if they are reported as present by a radiologist. You can also select 'Yes' if you are qualified to assess the images ,or if a senior member of the clinical team looking after the patient has documented that the images showed 'infiltrates', 'consolidation', 'opacities' or 'radiological signs of pneumonia/pneumonitis/ARDS'.

Pathogen testing
For each pathogen, select whether the test was positive (the pathogen was found), negative (the pathogen was not found) or not known if the test was done.

Where a pathogen was identified, please specify the organism identified as precisely as possible.

16. COMPLICATIONS

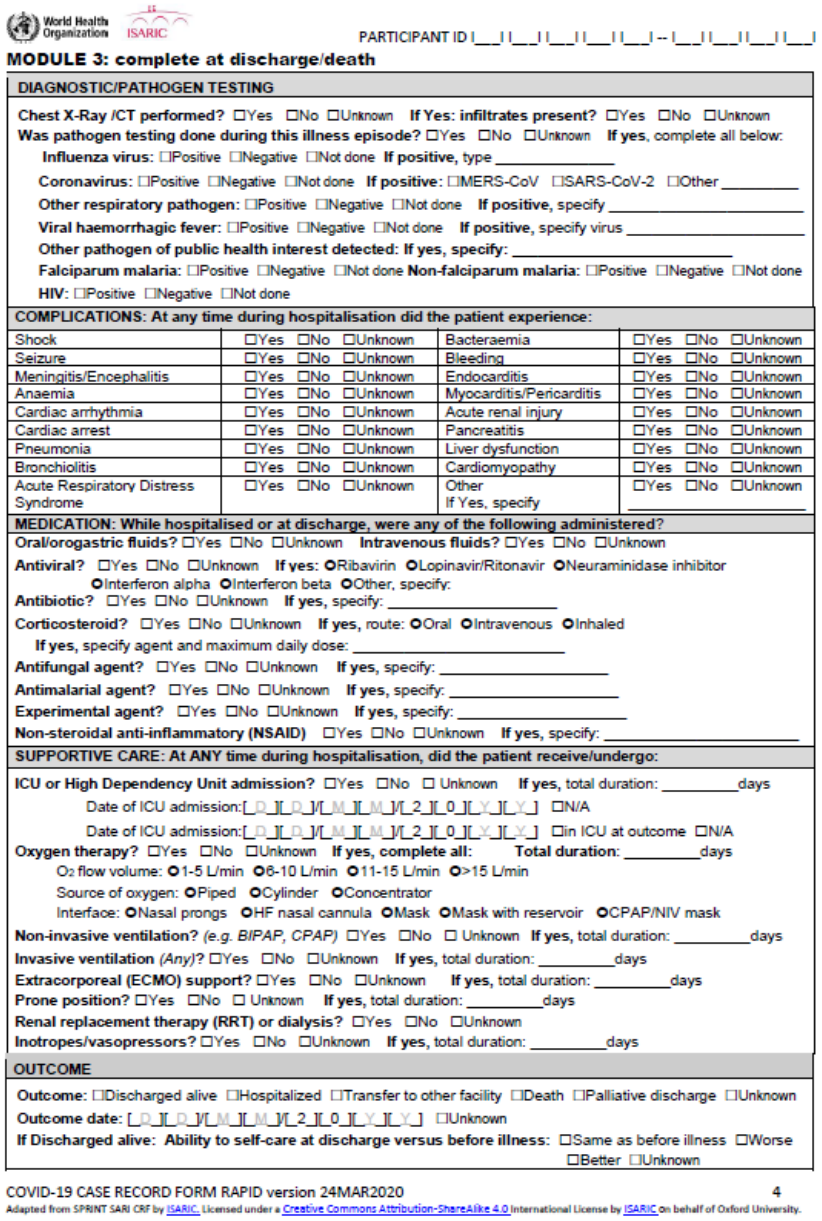
Please select all that were clinically identified at any time during the hospital admission.

Do not include known comorbidities (e.g. previous atrial fibrillation should not be included but new onset during this admission should)

Shock
Hypotension non-responsive to intravenous fluid resuscitation requiring vasoactive drugs to maintain adequate perfusion.

Seizure
A seizure, convulsion or 'fit' is an involuntary rhythmic contraction of muscles. Select 'yes' for any seizure regardless of cause (e.g. febrile or due to epilepsy)

Meningitis / encephalitis
Inflammation of the meninges or the brain parenchyma. Select yes if diagnosed clinically, radiologically or microbiologically.



PARTICIPANT ID |___|___|___|___|___|___|___|___|___|___|___|___|___|___|

MODULE 3: complete at discharge/death

DIAGNOSTIC/PATHOGEN TESTING

Chest X-Ray /CT performed? ☐Yes ☐No ☐Unknown **If Yes: infiltrates present?** ☐Yes ☐No ☐Unknown
Was pathogen testing done during this illness episode? ☐Yes ☐No ☐Unknown **If yes**, complete all below:
Influenza virus: ☐Positive ☐Negative ☐Not done **If positive**, type _____
Coronavirus: ☐Positive ☐Negative ☐Not done **If positive:** ☐MERS-CoV ☐SARS-CoV-2 ☐Other _____
Other respiratory pathogen: ☐Positive ☐Negative ☐Not done **If positive**, specify _____
Viral haemorrhagic fever: ☐Positive ☐Negative ☐Not done **If positive**, specify virus _____
Other pathogen of public health interest detected: If yes, specify: _____
Falciparum malaria: ☐Positive ☐Negative ☐Not done **Non-falciparum malaria:** ☐Positive ☐Negative ☐Not done
HIV: ☐Positive ☐Negative ☐Not done

COMPLICATIONS: At any time during hospitalisation did the patient experience:

Shock	☐Yes ☐No ☐Unknown	Bacteraemia	☐Yes ☐No ☐Unknown
Seizure	☐Yes ☐No ☐Unknown	Bleeding	☐Yes ☐No ☐Unknown
Meningitis/Encephalitis	☐Yes ☐No ☐Unknown	Endocarditis	☐Yes ☐No ☐Unknown
Anaemia	☐Yes ☐No ☐Unknown	Myocarditis/Pericarditis	☐Yes ☐No ☐Unknown
Cardiac arrhythmia	☐Yes ☐No ☐Unknown	Acute renal injury	☐Yes ☐No ☐Unknown
Cardiac arrest	☐Yes ☐No ☐Unknown	Pancreatitis	☐Yes ☐No ☐Unknown
Pneumonia	☐Yes ☐No ☐Unknown	Liver dysfunction	☐Yes ☐No ☐Unknown
Bronchiolitis	☐Yes ☐No ☐Unknown	Cardiomyopathy	☐Yes ☐No ☐Unknown
Acute Respiratory Distress Syndrome	☐Yes ☐No ☐Unknown	Other If Yes, specify	☐Yes ☐No ☐Unknown _____

MEDICATION: While hospitalised or at discharge, were any of the following administered?
Oral/orogastric fluids? ☐Yes ☐No ☐Unknown **Intravenous fluids?** ☐Yes ☐No ☐Unknown
Antiviral? ☐Yes ☐No ☐Unknown **If yes:** ○Ribavirin ○Lopinavir/Ritonavir ○Neuraminidase inhibitor ○Interferon alpha ○Interferon beta ○Other, specify:
Antibiotic? ☐Yes ☐No ☐Unknown **If yes**, specify: _____
Corticosteroid? ☐Yes ☐No ☐Unknown **If yes**, route: ○Oral ○Intravenous ○Inhaled
If yes, specify agent and maximum daily dose: _____
Antifungal agent? ☐Yes ☐No ☐Unknown **If yes**, specify: _____
Antimalarial agent? ☐Yes ☐No ☐Unknown **If yes**, specify: _____
Experimental agent? ☐Yes ☐No ☐Unknown **If yes**, specify: _____
Non-steroidal anti-inflammatory (NSAID) ☐Yes ☐No ☐Unknown **If yes**, specify: _____

SUPPORTIVE CARE: At ANY time during hospitalisation, did the patient receive/undergo:

ICU or High Dependency Unit admission? ☐Yes ☐No ☐ Unknown **If yes**, total duration: _____days
Date of ICU admission:[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐N/A
Date of ICU admission:[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐In ICU at outcome ☐N/A
Oxygen therapy? ☐Yes ☐No ☐Unknown **If yes, complete all:** **Total duration:** _____days
O_2 flow volume: ○1-5 L/min ○6-10 L/min ○11-15 L/min ○>15 L/min
Source of oxygen: ○Piped ○Cylinder ○Concentrator
Interface: ○Nasal prongs ○HF nasal cannula ○Mask ○Mask with reservoir ○CPAP/NIV mask
Non-invasive ventilation? *(e.g. BIPAP, CPAP)* ☐Yes ☐No ☐ Unknown **If yes**, total duration: _____days
Invasive ventilation *(Any)*? ☐Yes ☐No ☐Unknown **If yes**, total duration: _____days
Extracorporeal (ECMO) support? ☐Yes ☐No ☐Unknown **If yes**, total duration: _____days
Prone position? ☐Yes ☐No ☐ Unknown **If yes**, total duration: _____days
Renal replacement therapy (RRT) or dialysis? ☐Yes ☐No ☐Unknown
Inotropes/vasopressors? ☐Yes ☐No ☐Unknown **If yes**, total duration: _____days

OUTCOME

Outcome: ☐Discharged alive ☐Hospitalized ☐Transfer to other facility ☐Death ☐Palliative discharge ☐Unknown
Outcome date: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐Unknown
If Discharged alive: Ability to self-care at discharge versus before illness: ☐Same as before illness ☐Worse ☐Better ☐Unknown

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Anaemia
Select 'yes' if haemoglobin levels were lower than age- and sex-specific thresholds listed below

Age and sex	Haemoglobin threshold g /L	mmol/L
Age 6 months to 5 years	110	6.8
Age 5–12 years	115	7.1
Age 12–15 years	120	7.4
Age > 15 years, non-pregnant women	120	7.4
Pregnant women	110	6.8
Age >15 years, men	130	8.1

Cardiac arrythmia
If a cardiac arrhythmia is identified and there is no previous record of it, select 'yes'.

Pneumonia
Select 'yes' if radiologically diagnosed pneumonia or if the patient's discharge diagnosis is recorded as pneumonia.

Bronchiolitits
This is a clinical diagnosis, generally in children <2 years old.

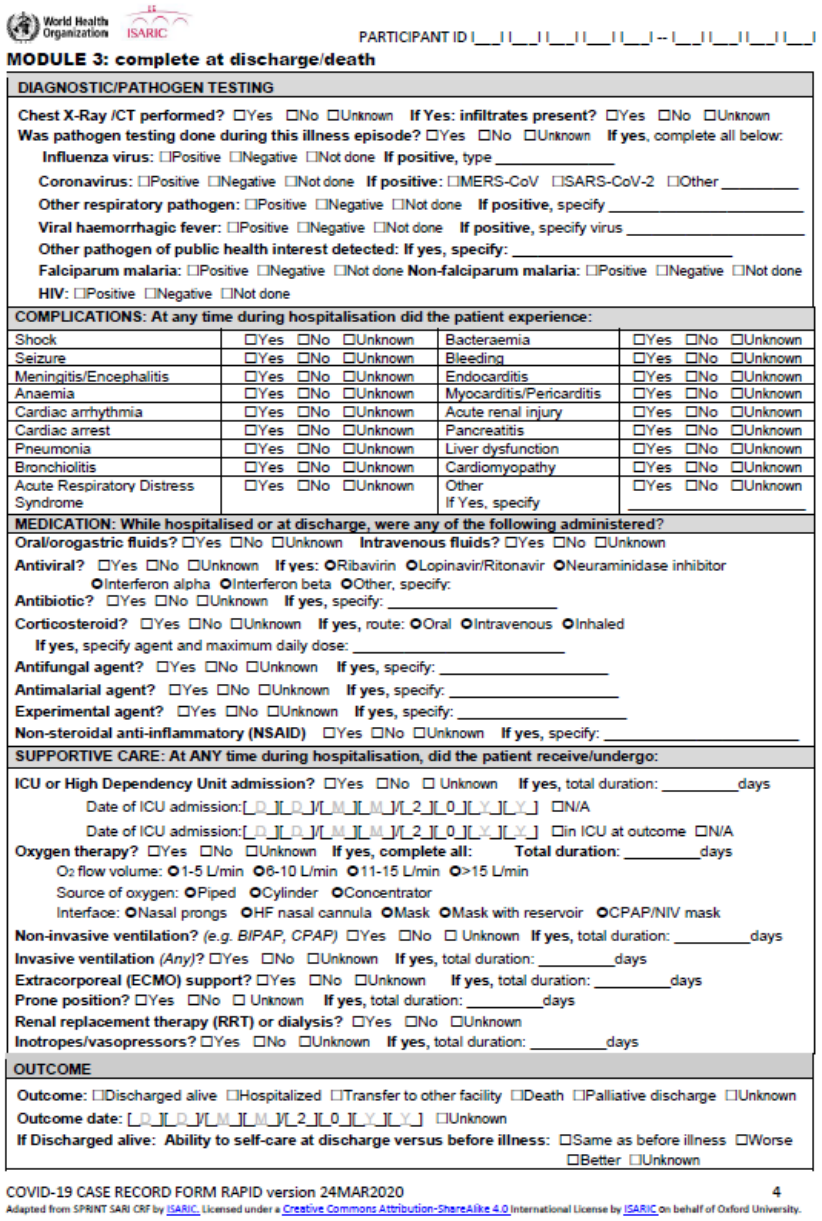
Acute respiratory distress syndrome (ARDS)
Defined according to Berlin criteria as:

- Occurring within 1 week of a known clinical insult or worsening respiratory symptoms
- Bilateral radiological opacities not fully explained by effusions, lobar/lung collapse, or nodules
- Respiratory failure not fully explained by cardiac failure or fluid overload

Bacteraemia
Growth of bacteria on a blood culture. Select 'no' if the only bacteria grown were believed to be skin contaminants (e.g. coagulase negative Staphylococci or diphtheroids).

Bleeding
Please record 'yes' for haemorrhage from any site.

Endocarditis
Bacterial or sterile inflammation and vegetation formation on endocardium, native valves or prosethetic valves.



PARTICIPANT ID |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

MODULE 3: complete at discharge/death

DIAGNOSTIC/PATHOGEN TESTING

Chest X-Ray /CT performed? ☐Yes ☐No ☐Unknown **If Yes: infiltrates present?** ☐Yes ☐No ☐Unknown
Was pathogen testing done during this illness episode? ☐Yes ☐No ☐Unknown **If yes**, complete all below:
Influenza virus: ☐Positive ☐Negative ☐Not done **If positive,** type _____
Coronavirus: ☐Positive ☐Negative ☐Not done **If positive:** ☐MERS-CoV ☐SARS-CoV-2 ☐Other _____
Other respiratory pathogen: ☐Positive ☐Negative ☐Not done **If positive,** specify _____
Viral haemorrhagic fever: ☐Positive ☐Negative ☐Not done **If positive,** specify virus _____
Other pathogen of public health interest detected: If yes, specify: _____
Falciparum malaria: ☐Positive ☐Negative ☐Not done **Non-falciparum malaria:** ☐Positive ☐Negative ☐Not done
HIV: ☐Positive ☐Negative ☐Not done

COMPLICATIONS: At any time during hospitalisation did the patient experience:

Shock	☐Yes ☐No ☐Unknown	Bacteraemia	☐Yes ☐No ☐Unknown
Seizure	☐Yes ☐No ☐Unknown	Bleeding	☐Yes ☐No ☐Unknown
Meningitis/Encephalitis	☐Yes ☐No ☐Unknown	Endocarditis	☐Yes ☐No ☐Unknown
Anaemia	☐Yes ☐No ☐Unknown	Myocarditis/Pericarditis	☐Yes ☐No ☐Unknown
Cardiac arrhythmia	☐Yes ☐No ☐Unknown	Acute renal injury	☐Yes ☐No ☐Unknown
Cardiac arrest	☐Yes ☐No ☐Unknown	Pancreatitis	☐Yes ☐No ☐Unknown
Pneumonia	☐Yes ☐No ☐Unknown	Liver dysfunction	☐Yes ☐No ☐Unknown
Bronchiolitis	☐Yes ☐No ☐Unknown	Cardiomyopathy	☐Yes ☐No ☐Unknown
Acute Respiratory Distress Syndrome	☐Yes ☐No ☐Unknown	Other If Yes, specify	☐Yes ☐No ☐Unknown _____

MEDICATION: While hospitalised or at discharge, were any of the following administered?

Oral/orogastric fluids? ☐Yes ☐No ☐Unknown **Intravenous fluids?** ☐Yes ☐No ☐Unknown
Antiviral? ☐Yes ☐No ☐Unknown **If yes:** ○Ribavirin ○Lopinavir/Ritonavir ○Neuraminidase inhibitor ○Interferon alpha ○Interferon beta ○Other, specify:
Antibiotic? ☐Yes ☐No ☐Unknown **If yes,** specify: _____
Corticosteroid? ☐Yes ☐No ☐Unknown **If yes,** route: ○Oral ○Intravenous ○Inhaled
If yes, specify agent and maximum daily dose: _____
Antifungal agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____
Antimalarial agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____
Experimental agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____
Non-steroidal anti-inflammatory (NSAID) ☐Yes ☐No ☐Unknown **If yes,** specify: _____

SUPPORTIVE CARE: At ANY time during hospitalisation, did the patient receive/undergo:

ICU or High Dependency Unit admission? ☐Yes ☐No ☐ Unknown **If yes,** total duration: _____days
Date of ICU admission:[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐N/A
Date of ICU admission:[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐In ICU at outcome ☐N/A
Oxygen therapy? ☐Yes ☐No ☐Unknown **If yes, complete all:** **Total duration:** _____days
O_2 flow volume: ○1-5 L/min ○6-10 L/min ○11-15 L/min ○>15 L/min
Source of oxygen: ○Piped ○Cylinder ○Concentrator
Interface: ○Nasal prongs ○HF nasal cannula ○Mask ○Mask with reservoir ○CPAP/NIV mask
Non-invasive ventilation? *(e.g. BIPAP, CPAP)* ☐Yes ☐No ☐ Unknown **If yes,** total duration: _____days
Invasive ventilation *(Any)*? ☐Yes ☐No ☐Unknown **If yes,** total duration: _____days
Extracorporeal (ECMO) support? ☐Yes ☐No ☐Unknown **If yes,** total duration: _____days
Prone position? ☐Yes ☐No ☐ Unknown **If yes,** total duration: _____days
Renal replacement therapy (RRT) or dialysis? ☐Yes ☐No ☐Unknown
Inotropes/vasopressors? ☐Yes ☐No ☐Unknown **If yes,** total duration: _____days

OUTCOME

Outcome: ☐Discharged alive ☐Hospitalized ☐Transfer to other facility ☐Death ☐Palliative discharge ☐Unknown
Outcome date: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐Unknown
If Discharged alive: Ability to self-care at discharge versus before illness: ☐Same as before illness ☐Worse ☐Better ☐Unknown

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Myocarditis / pericarditis
Inflammation of the heart or pericardium (outer lining of the heart). Diagnosis can be clinical, biochemical (cardiac enzymes) or radiological.

Acute renal injury
Acute renal injury is defined as any of:

- Increase in serum creatinine by ≥0.3 mg/dL (≥26.5 µmol/L) within 48 hours
- Increase in serum creatinine to ≥1.5 times baseline, which is known or presumed to have occurred within the prior 7 days
- Urine volume <0.5 mL/kg/hour for 6 hours

Pancreatitis
Inflammation of the pancreas, diagnosed from clinical, biochemical, radiological or histological evidence.

Liver dysfunction
Defined by any of:

- Clinical jaundice
- Hyperbilirubinaemia (blood bilirubin level twice the upper limit of the normal range)
- An increase in alanine transaminase or aspartate transaminase that is twice the upper limit of the normal range

Cardiomyopathy
Please record yes if cardiomyopathy diagnosed during this admission.

Other
Please report any other serious complications during this patient's stay in hospital.

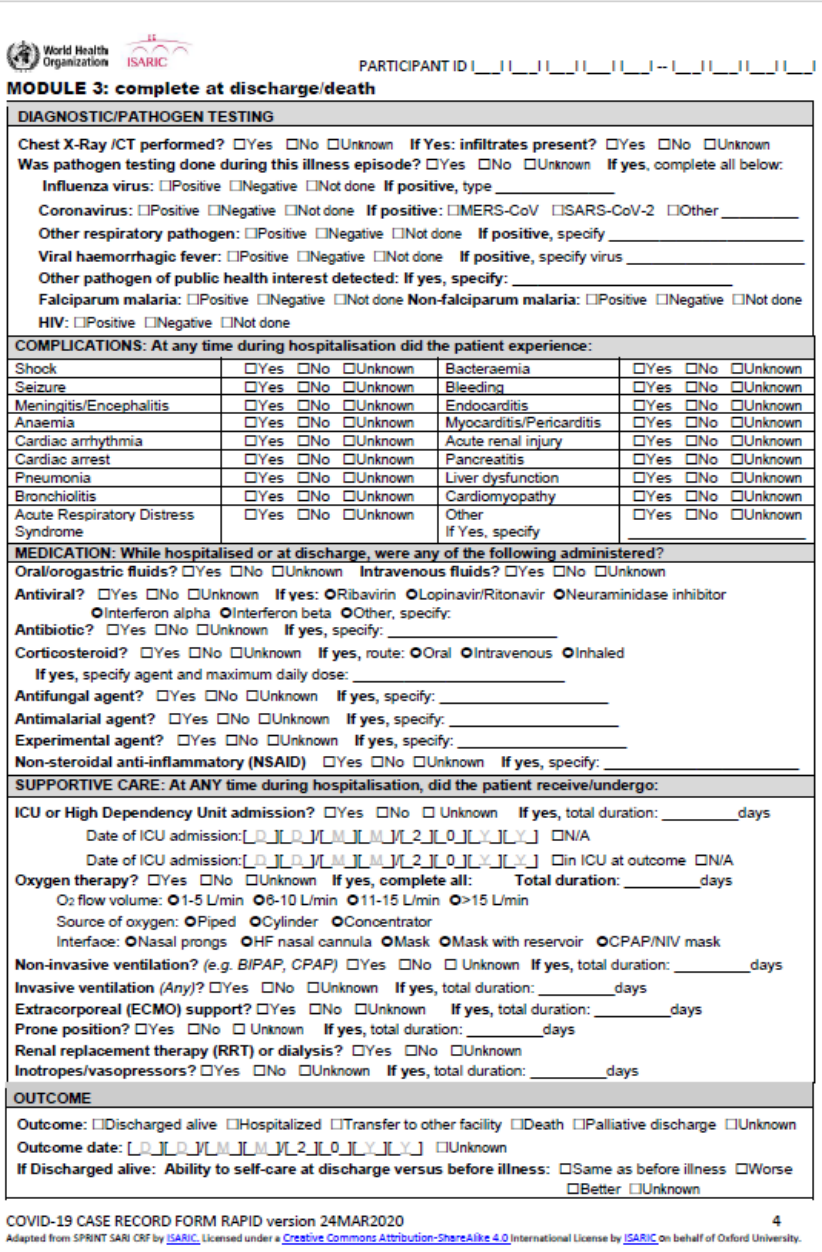
17. MEDICATION

Please record if the patient received any of these medications during their stay in hospital up to and including day of discharge.

18. SUPPORTIVE CARE

For all questions of duration, please count the number of calendar days that the patient received the treatment. For treatments that were stopped and restarted, count those days on which the treatment was given but not any calendar days on which it was not.

ICU or high dependency unit admission
If they died in ICU/HDU or were transferred from your site's ICU/HDU to another hospital's ICU/HDU, please select 'in ICU at outcome', otherwise please record the date they were discharged from ICU/HDU.



World Health Organization ISARIC PARTICIPANT ID |___|___|___|___|___|___|___|___|___|___|

MODULE 3: complete at discharge/death

DIAGNOSTIC/PATHOGEN TESTING

Chest X-Ray /CT performed? ☐Yes ☐No ☐Unknown **If Yes: infiltrates present?** ☐Yes ☐No ☐Unknown
Was pathogen testing done during this illness episode? ☐Yes ☐No ☐Unknown **If yes**, complete all below:
Influenza virus: ☐Positive ☐Negative ☐Not done **If positive**, type _____
Coronavirus: ☐Positive ☐Negative ☐Not done **If positive:** ☐MERS-CoV ☐SARS-CoV-2 ☐Other _____
Other respiratory pathogen: ☐Positive ☐Negative ☐Not done **If positive**, specify _____
Viral haemorrhagic fever: ☐Positive ☐Negative ☐Not done **If positive**, specify virus _____
Other pathogen of public health interest detected: If yes, specify: _____
Falciparum malaria: ☐Positive ☐Negative ☐Not done **Non-falciparum malaria:** ☐Positive ☐Negative ☐Not done
HIV: ☐Positive ☐Negative ☐Not done

COMPLICATIONS: At any time during hospitalisation did the patient experience:

Shock	☐Yes ☐No ☐Unknown	Bacteraemia	☐Yes ☐No ☐Unknown
Seizure	☐Yes ☐No ☐Unknown	Bleeding	☐Yes ☐No ☐Unknown
Meningitis/Encephalitis	☐Yes ☐No ☐Unknown	Endocarditis	☐Yes ☐No ☐Unknown
Anaemia	☐Yes ☐No ☐Unknown	Myocarditis/Pericarditis	☐Yes ☐No ☐Unknown
Cardiac arrhythmia	☐Yes ☐No ☐Unknown	Acute renal injury	☐Yes ☐No ☐Unknown
Cardiac arrest	☐Yes ☐No ☐Unknown	Pancreatitis	☐Yes ☐No ☐Unknown
Pneumonia	☐Yes ☐No ☐Unknown	Liver dysfunction	☐Yes ☐No ☐Unknown
Bronchiolitis	☐Yes ☐No ☐Unknown	Cardiomyopathy	☐Yes ☐No ☐Unknown
Acute Respiratory Distress Syndrome	☐Yes ☐No ☐Unknown	Other If Yes, specify	☐Yes ☐No ☐Unknown _____

MEDICATION: While hospitalised or at discharge, were any of the following administered?

Oral/orogastric fluids? ☐Yes ☐No ☐Unknown **Intravenous fluids?** ☐Yes ☐No ☐Unknown
Antiviral? ☐Yes ☐No ☐Unknown **If yes:** ○Ribavirin ○Lopinavir/Ritonavir ○Neuraminidase inhibitor ○Interferon alpha ○Interferon beta ○Other, specify:
Antibiotic? ☐Yes ☐No ☐Unknown **If yes**, specify: _____
Corticosteroid? ☐Yes ☐No ☐Unknown **If yes**, route: ○Oral ○Intravenous ○Inhaled
If yes, specify agent and maximum daily dose: _____
Antifungal agent? ☐Yes ☐No ☐Unknown **If yes**, specify: _____
Antimalarial agent? ☐Yes ☐No ☐Unknown **If yes**, specify: _____
Experimental agent? ☐Yes ☐No ☐Unknown **If yes**, specify: _____
Non-steroidal anti-inflammatory (NSAID) ☐Yes ☐No ☐Unknown **If yes**, specify: _____

SUPPORTIVE CARE: At ANY time during hospitalisation, did the patient receive/undergo:

ICU or High Dependency Unit admission? ☐Yes ☐No ☐ Unknown **If yes**, total duration: _____days
Date of ICU admission:[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐N/A
Date of ICU admission:[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐in ICU at outcome ☐N/A
Oxygen therapy? ☐Yes ☐No ☐Unknown **If yes, complete all:** **Total duration:** _____days
O_2 flow volume: ○1-5 L/min ○6-10 L/min ○11-15 L/min ○>15 L/min
Source of oxygen: ○Piped ○Cylinder ○Concentrator
Interface: ○Nasal prongs ○HF nasal cannula ○Mask ○Mask with reservoir ○CPAP/NIV mask
Non-invasive ventilation? *(e.g. BIPAP, CPAP)* ☐Yes ☐No ☐ Unknown **If yes**, total duration: _____days
Invasive ventilation *(Any)*? ☐Yes ☐No ☐Unknown **If yes**, total duration: _____days
Extracorporeal (ECMO) support? ☐Yes ☐No ☐Unknown **If yes**, total duration: _____days
Prone position? ☐Yes ☐No ☐ Unknown **If yes**, total duration: _____days
Renal replacement therapy (RRT) or dialysis? ☐Yes ☐No ☐Unknown
Inotropes/vasopressors? ☐Yes ☐No ☐Unknown **If yes**, total duration: _____days

OUTCOME

Outcome: ☐Discharged alive ☐Hospitalized ☐Transfer to other facility ☐Death ☐Palliative discharge ☐Unknown
Outcome date: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐Unknown
If Discharged alive: Ability to self-care at discharge versus before illness: ☐Same as before illness ☐Worse ☐Better ☐Unknown

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19. OUTCOME

Outcome

Please select only one outcome.

Discharged alive can mean discharge to their usual place of residence before their illness, to the home of a relative or friend, or to a social care facility, because their illness is no longer severe enough to warrant treatment in a medical facility.

Hospitalized means they are still in hospital but have recovered from COVID-19 infection and the form has been completed as the patient is in a part of the hospital for care of other conditions and where the form will not be completed at a later date.

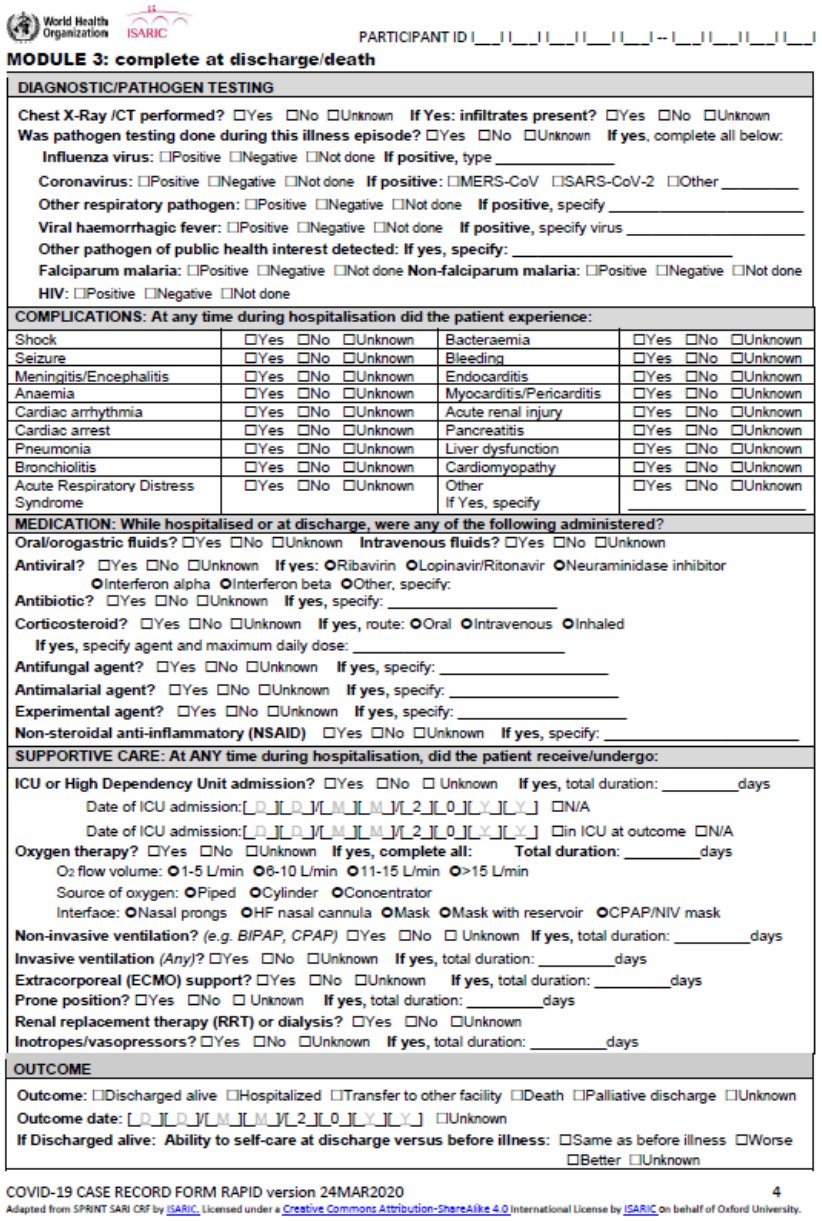
Transfer to other facility means they have been transferred to another facility that provides medical care. This could be a specialist centre for more intensive treatment or a step-down for rehabilitation. It does not include facilities that solely provide social care (these patients should be listed as discharged alive).

Death means the patient died in the hospital.

Palliative discharge means the patient has been discharged with the expectation that they will not recover from this or other co-existing illness. This could be to a specialist hospice facility, or to their usual home address with anticipatory end of life medications.

Outcome date

Please state the date for the outcome listed above.



PARTICIPANT ID |___|___|___|___|___|___|___|___|-|___|___|___|___|

MODULE 3: complete at discharge/death

DIAGNOSTIC/PATHOGEN TESTING

Chest X-Ray /CT performed? ☐Yes ☐No ☐Unknown **If Yes: infiltrates present?** ☐Yes ☐No ☐Unknown
Was pathogen testing done during this illness episode? ☐Yes ☐No ☐Unknown **If yes**, complete all below:
Influenza virus: ☐Positive ☐Negative ☐Not done **If positive,** type _____
Coronavirus: ☐Positive ☐Negative ☐Not done **If positive:** ☐MERS-CoV ☐SARS-CoV-2 ☐Other _____
Other respiratory pathogen: ☐Positive ☐Negative ☐Not done **If positive,** specify _____
Viral haemorrhagic fever: ☐Positive ☐Negative ☐Not done **If positive,** specify virus _____
Other pathogen of public health interest detected: If yes, specify: _____
Falciparum malaria: ☐Positive ☐Negative ☐Not done **Non-falciparum malaria:** ☐Positive ☐Negative ☐Not done
HIV: ☐Positive ☐Negative ☐Not done

COMPLICATIONS: At any time during hospitalisation did the patient experience:

Shock	☐Yes ☐No ☐Unknown	Bacteraemia	☐Yes ☐No ☐Unknown
Seizure	☐Yes ☐No ☐Unknown	Bleeding	☐Yes ☐No ☐Unknown
Meningitis/Encephalitis	☐Yes ☐No ☐Unknown	Endocarditis	☐Yes ☐No ☐Unknown
Anaemia	☐Yes ☐No ☐Unknown	Myocarditis/Pericarditis	☐Yes ☐No ☐Unknown
Cardiac arrhythmia	☐Yes ☐No ☐Unknown	Acute renal injury	☐Yes ☐No ☐Unknown
Cardiac arrest	☐Yes ☐No ☐Unknown	Pancreatitis	☐Yes ☐No ☐Unknown
Pneumonia	☐Yes ☐No ☐Unknown	Liver dysfunction	☐Yes ☐No ☐Unknown
Bronchiolitis	☐Yes ☐No ☐Unknown	Cardiomyopathy	☐Yes ☐No ☐Unknown
Acute Respiratory Distress Syndrome	☐Yes ☐No ☐Unknown	Other If Yes, specify	☐Yes ☐No ☐Unknown _____

MEDICATION: While hospitalised or at discharge, were any of the following administered?

Oral/orogastric fluids? ☐Yes ☐No ☐Unknown **Intravenous fluids?** ☐Yes ☐No ☐Unknown
Antiviral? ☐Yes ☐No ☐Unknown **If yes:** ○Ribavirin ○Lopinavir/Ritonavir ○Neuraminidase inhibitor ○Interferon alpha ○Interferon beta ○Other, specify:
Antibiotic? ☐Yes ☐No ☐Unknown **If yes,** specify: _____
Corticosteroid? ☐Yes ☐No ☐Unknown **If yes,** route: ○Oral ○Intravenous ○Inhaled
If yes, specify agent and maximum daily dose: _____
Antifungal agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____
Antimalarial agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____
Experimental agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____
Non-steroidal anti-inflammatory (NSAID) ☐Yes ☐No ☐Unknown **If yes,** specify: _____

SUPPORTIVE CARE: At ANY time during hospitalisation, did the patient receive/undergo:

ICU or High Dependency Unit admission? ☐Yes ☐No ☐ Unknown **If yes,** total duration: _____days
Date of ICU admission:[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐N/A
Date of ICU admission:[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐In ICU at outcome ☐N/A
Oxygen therapy? ☐Yes ☐No ☐Unknown **If yes, complete all:** **Total duration:** _____days
O_2 flow volume: ○1-5 L/min ○6-10 L/min ○11-15 L/min ○>15 L/min
Source of oxygen: ○Piped ○Cylinder ○Concentrator
Interface: ○Nasal prongs ○HF nasal cannula ○Mask ○Mask with reservoir ○CPAP/NIV mask
Non-invasive ventilation? *(e.g. BIPAP, CPAP)* ☐Yes ☐No ☐ Unknown **If yes,** total duration: _____days
Invasive ventilation *(Any)*? ☐Yes ☐No ☐Unknown **If yes,** total duration: _____days
Extracorporeal (ECMO) support? ☐Yes ☐No ☐Unknown **If yes,** total duration: _____days
Prone position? ☐Yes ☐No ☐ Unknown **If yes,** total duration: _____days
Renal replacement therapy (RRT) or dialysis? ☐Yes ☐No ☐Unknown
Inotropes/vasopressors? ☐Yes ☐No ☐Unknown **If yes,** total duration: _____days

OUTCOME

Outcome: ☐Discharged alive ☐Hospitalized ☐Transfer to other facility ☐Death ☐Palliative discharge ☐Unknown
Outcome date: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐Unknown
If Discharged alive: Ability to self-care at discharge versus before illness: ☐Same as before illness ☐Worse ☐Better ☐Unknown

RAPID CRITICAL CARE MODULE

Complete this form for anyone receiving critical care regardless of type of ward.
Depending on resources complete Part A only or Part A plus Part B.

Date of assessment: date the data collected in this form relates to

Vasopressor/inotropic support:
Record the highest weight-based vasopressor/inotrope dose (µg per kg per minute) administered between 00:00 and 24:00 on date of assessment. These weight-based options are components of the SOFA score.

Please record use of prone positioning, neuromuscular blockade, inhaled nitric oxide and dialysis/haemofiltration no matter how long they were used for.

Other interventions:
Record any other critical care intervention that are not already documented on this form or in the RAPID CRF.

PART A

ADMISSION AND DAILY IN ICU/HDU

DATE OF ASSESSMENT *(DD/MM/YYYY):* [_D_][_D_]/[_M_][_M_]/[__2_][__0_][_Y_][_Y_]

Current admission to ICU or other High Dependency Unit (HDU)? ☐YES – ICU ☐ Yes - HDU ☐NO ☐Unknown

Is the patient currently receiving, or has received (between 00:00 to 24:00 on day of assessment)

Any vasopressor/inotropic support? ☐YES ☐NO ☐Unknown

If YES, what was the highest level of support received on the date of assessment?

☐**Dopamine <5µg/kg/min OR Dobutamine OR milrinone OR levosimendan**

☐**Dopamine 5-15µg/kg/min OR Epinephrine/Norepinephrine < 0.1µg/kg/min OR vasopressin OR phenylephrine**

☐**Dopamine >15µg/k/min OR Epinephrine/Norepinephrine > 0.1µg/kg/min**

☐**Unknown**

Prone positioning? ☐YES ☐NO ☐Unknown

Neuromuscular blocking agents? ☐YES ☐NO ☐Unknown **Inhaled Nitric Oxide?** ☐YES ☐NO ☐Unknown

Tracheostomy inserted? ☐YES ☐NO ☐Unknown **Dialysis/Hemofiltration?** ☐YES ☐NO ☐Unknown

Other intervention or procedure not already recorded in this form or in the RAPID Module 2 form:

☐YES ☐NO ☐Unknown If YES, Specify: _____

Supplemental oxygen:

Record the values associated with the 'worst' blood gas analysis on the day of assessment. 'Worst' is defined as the blood gas with the lowest PaO_2/FiO_2 ratio. Record FiO_2 if known, preferably as a fraction e.g. 0.6. If FiO_2 is not known then record flow rate in litres/minute.

Richmond Agitation-Sedation Scale (RASS)

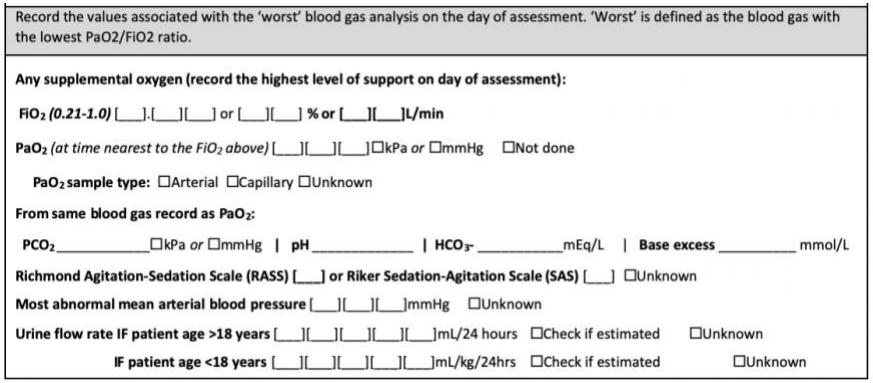
Score	Term	Description
+4	Combative	Overtly combative or violent; immediate danger to staff
+3	Very agitated	Pulls on or removes tube(s) or catheter(s) or has aggressive behaviour toward staff
+2	Agitated	Frequent non-purposeful movement or patient–ventilator dys-synchrony
+1	Restless	Anxious or apprehensive but movements not aggressive or vigorous
0	Alert & calm	
-1	Drowsy	Not fully alert, but has sustained (more than 10 seconds) awakening, with eye contact, to voice
-2	Light sedation	Briefly (less than 10 seconds) awakens with eye contact to voice
-3	Moderate sedation	Any movement (but no eye contact) to voice
-4	Deep sedation	No response to voice, but any movement to physical stimulation
-5	Unrousable	No response to voice or physical stimulation

Riker Sedation-Agitation Scale (SAS)

Score	Term	Description
7	Dangerous agitation	Pulling at ET tube, trying to remove catheters, climbing over bedrail, striking at staff, thrashing side-to-side
6	Very agitated	Requiring restraint and frequent verbal reminding of limits, biting ETT
5	Agitated	Anxious or physically agitated, calms to verbal instructions
4	Calm & co-operative	Calm, easily arousable, follows commands
3	Sedated	Difficult to arouse but awakens to verbal stimuli or gentle shaking, follows simple commands but drifts off again
2	Very sedated	Arouses to physical stimuli but does not communicate or follow commands, may move spontaneously
1	Unrousable	Minimal or no response to noxious stimuli, does not communicate or follow commands

Agitated patients are scored by their most severe degree of agitation.

Urine flow rate: volume in mL produced over 24 hours during day of assessment or prior to assessment



Record the values associated with the 'worst' blood gas analysis on the day of assessment. 'Worst' is defined as the blood gas with the lowest PaO2/FiO2 ratio.

Any supplemental oxygen (record the highest level of support on day of assessment):

FiO_2 *(0.21-1.0)* [___].[___][___] or [___][___] **% or [___][___]L/min**

PaO_2 *(at time nearest to the FiO_2 above)* [___][___][___]☐kPa *or* ☐mmHg ☐Not done

PaO_2 sample type: ☐Arterial ☐Capillary ☐Unknown

From same blood gas record as PaO_2:

PCO_2 _____☐kPa *or* ☐mmHg | **pH** _____ | **HCO_3^-** _____mEq/L | **Base excess** _____ mmol/L

Richmond Agitation-Sedation Scale (RASS) [___] or Riker Sedation-Agitation Scale (SAS) [___] ☐Unknown

Most abnormal mean arterial blood pressure [___][___][___]mmHg ☐Unknown

Urine flow rate IF patient age >18 years [___][___][___][___][___]mL/24 hours ☐Check if estimated ☐Unknown

IF patient age <18 years [___][___][___][___][___]mL/kg/24hrs ☐Check if estimated ☐Unknown

PART B. CRITICAL CARE MODULE

Admission date: this is the date the patient was admitted to the critical care ward.

Interventional clinical study: this could be a trial of a therapeutic agent (e.g. anti-viral, immunomodulator, convalescent plasma) or supportive intervention (e.g. high flow oxygen).

Reason for admission: these are the diagnoses/complications that required critical care management as assessed by a physician. Select all that apply.

Clinical Frailty Scale: see last page

Severity scores:
Complete if assessed or score recorded in the medical notes.

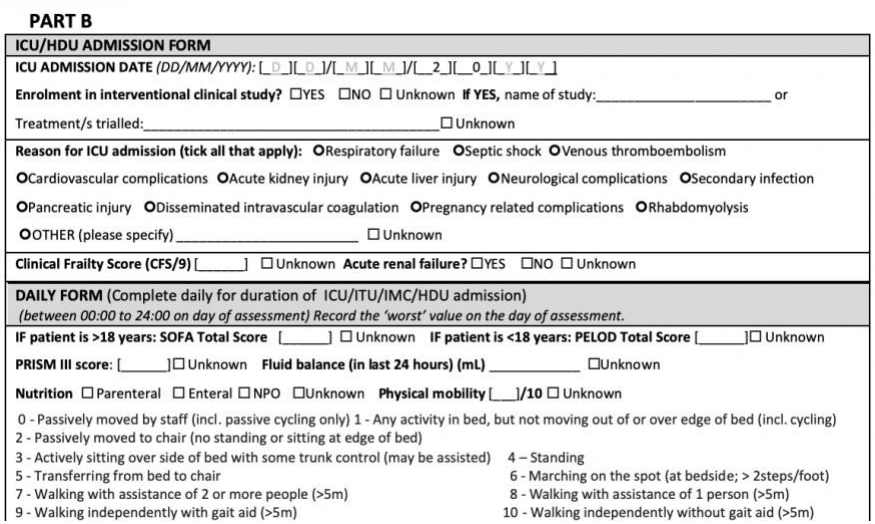
PELOD score: see https://sfar.org/scores2/pelod2.php

PRISM III score: see https://www.cpccrn.org/calculators/prismiicalculator/

Fluid balance: net fluid balance over 24h assessment day or prior to assessment

Nutrition: select route of the main type of nutrition on day of assessment from parenteral, enteral (including nasogastric or gastrostomy/jejunostomy), or NPO (*nil per os* – no oral intake).

Physical mobility: score from options 0 to 10, record **best** score.



PART B

ICU/HDU ADMISSION FORM

ICU ADMISSION DATE *(DD/MM/YYYY):* [_D_][_D_]/[_M_][_M_]/[__2_][__0_][_Y_][_Y_]

Enrolment in interventional clinical study? ☐YES ☐NO ☐ Unknown **If YES,** name of study:_____ or

Treatment/s trialled:_____☐ Unknown

Reason for ICU admission (tick all that apply): ○Respiratory failure ○Septic shock ○Venous thromboembolism ○Cardiovascular complications ○Acute kidney injury ○Acute liver injury ○Neurological complications ○Secondary infection ○Pancreatic injury ○Disseminated intravascular coagulation ○Pregnancy related complications ○Rhabdomyolysis ○OTHER (please specify) _____ ☐ Unknown

Clinical Frailty Score (CFS/9) [_____] ☐Unknown **Acute renal failure?** ☐YES ☐NO ☐ Unknown

DAILY FORM (Complete daily for duration of ICU/ITU/IMC/HDU admission)
(between 00:00 to 24:00 on day of assessment) Record the 'worst' value on the day of assessment.

IF patient is >18 years: SOFA Total Score [_____] ☐ Unknown **IF patient is <18 years: PELOD Total Score** [_____]☐ Unknown

PRISM III score: [_____]☐ Unknown **Fluid balance (in last 24 hours) (mL)** _____ ☐Unknown

Nutrition ☐ Parenteral ☐ Enteral ☐ NPO ☐Unknown **Physical mobility** [___]**/10** ☐ Unknown

0 - Passively moved by staff (incl. passive cycling only) 1 - Any activity in bed, but not moving out of or over edge of bed (incl. cycling)
2 - Passively moved to chair (no standing or sitting at edge of bed)
3 - Actively sitting over side of bed with some trunk control (may be assisted) 4 – Standing
5 - Transferring from bed to chair 6 - Marching on the spot (at bedside; > 2steps/foot)
7 - Walking with assistance of 2 or more people (>5m) 8 - Walking with assistance of 1 person (>5m)
9 - Walking independently with gait aid (>5m) 10 - Walking independently without gait aid (>5m)

Type of ventilation:

Record all types of ventilation received on day of assessment on or after admission to the critical care ward (ICU/HDU.

Abbreviations:

ETT: endotracheal tube

BIPAP: bi-level positive airway pressure

CPAP: continuous positive airway pressure

CRRT: continuous renal replacement therapy

IHD: intermittent haemodialysis

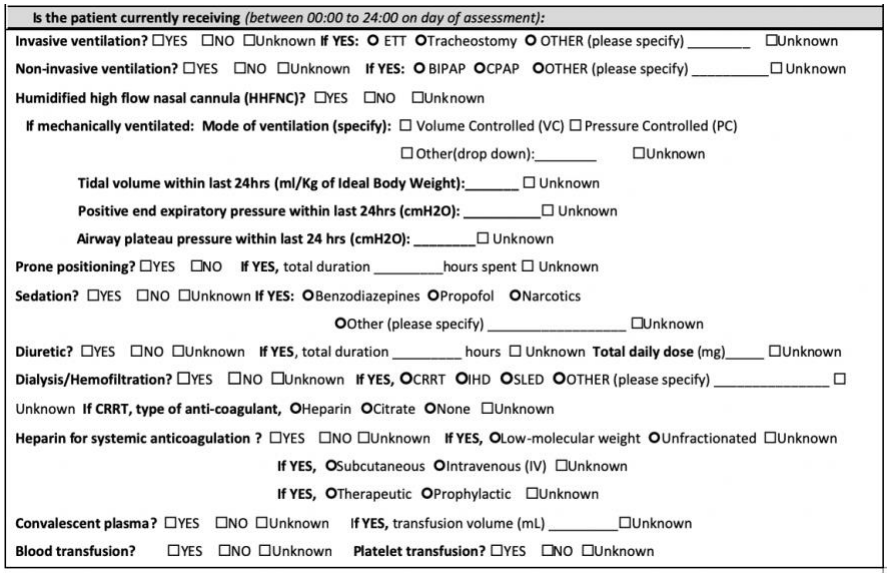
SLED: sustained low efficiency dialysis

For modes of ventilation (invasive, non-invasive, humidified high flow nasal cannula) please select all modes the patient received during the 24 hour assessment day.

Modes of mechanical ventilation:

- Synchronized Intermittent Mandatory Ventilation – Volume-Controlled (SIMV-V)
- Synchronized Intermittent Mandatory Ventilation – Pressure-Controlled (SIMV-P)
- Volume Controlled Ventilation
- Pressure Controlled Ventilation
- Pressure Regulated Volume Control (PRVC)
- Airway Pressure Release Ventilation (APRV)
- Pressure Support Ventilation (PSV)
- Volume Support Ventilation (VSV)
- High Frequency Oscillatory (HFO)
- Bilevel Positive Airway Pressure (BiPAP)
- Continuous Positive Airway Pressure (CPAP)
- Proportional Assist Ventilation (PAV)
- Neurally Adjusted Ventilatory Assist (NAVA)

Record **highest** tidal volume and airway pressures.


Is the patient currently receiving *(between 00:00 to 24:00 on day of assessment):*

Invasive ventilation? ☐YES ☐NO ☐Unknown **If YES:** O ETT OTracheostomy O OTHER (please specify) _____ ☐Unknown

Non-invasive ventilation? ☐YES ☐NO ☐Unknown **If YES:** O BIPAP OCPAP OOTHER (please specify) _____☐ Unknown

Humidified high flow nasal cannula (HHFNC)? ☐YES ☐NO ☐Unknown

If mechanically ventilated: Mode of ventilation (specify): ☐ Volume Controlled (VC) ☐ Pressure Controlled (PC)

☐ Other(drop down):_____ ☐Unknown

Tidal volume within last 24hrs (ml/Kg of Ideal Body Weight):_____ ☐ Unknown

Positive end expiratory pressure within last 24hrs (cmH2O): _____☐ Unknown

Airway plateau pressure within last 24 hrs (cmH2O): _____☐ Unknown

Prone positioning? ☐YES ☐NO **If YES,** total duration _____hours spent ☐ Unknown

Sedation? ☐YES ☐NO ☐Unknown **If YES:** OBenzodiazepines OPropofol ONarcotics

OOther (please specify) _____ ☐Unknown

Diuretic? ☐YES ☐NO ☐Unknown **If YES,** total duration _____ hours ☐ Unknown **Total daily dose** (mg)____ ☐Unknown

Dialysis/Hemofiltration? ☐YES ☐NO ☐Unknown **If YES,** OCRRT OIHD OSLED OOTHER (please specify) _____ ☐ Unknown **If CRRT, type of anti-coagulant,** OHeparin OCitrate ONone ☐Unknown

Heparin for systemic anticoagulation ? ☐YES ☐NO ☐Unknown **If YES,** OLow-molecular weight OUnfractionated ☐Unknown

If YES, OSubcutaneous OIntravenous (IV) ☐Unknown

If YES, OTherapeutic OProphylactic ☐Unknown

Convalescent plasma? ☐YES ☐NO ☐Unknown **If YES,** transfusion volume (mL) _____☐Unknown

Blood transfusion? ☐YES ☐NO ☐Unknown **Platelet transfusion?** ☐YES ☐NO ☐Unknown

Clinical Frailty Scale*

1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 Well – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 Managing Well – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 Mildly Frail – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 Moderately Frail – People need help with **all outside activities** and with **keeping house.** Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 Severely Frail – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. Terminally Ill - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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