World Health Organization ISARIC

Global COVID-19 Clinical Platform

NOVEL CORONAVIRUS (COVID-19) - RAPID VERSION

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.

GENERAL GUIDANCE

- The CRF is designed to collect data obtained through examination, interview and review of hospital notes. 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 register 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, you can assign numbers in blocks or incorporate alpha characters. E.g. Ward X will assign numbers from 00001 or A0001 onwards and Ward Y will assign numbers from 50001 or B0001 onwards. Enter the Participant Identification Number at the top of every page.
- Data are entered to 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 and the data can be typed into the electronic database afterwards.
- 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 circular boxes (O) are multiple selection answers (choose all that apply).
- Mark 'Unknown' for any data that are not available or unknown.
- Avoid recording data outside of the dedicated areas.
- If using paper CRFs, we recommend writing clearly in ink, using BLOCK-CAPITAL LETTERS.
- Place an (X) in the boxes to mark the 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 of 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 can 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.

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PARTICIPANT ID I___I I___I I___I I___I I___I -- I___I I___I I___I I___I

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 ≥ 38$_o$C	☐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

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)		☐