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) | | ☐ |

## 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

## 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<br>If Yes, specify | ☐Yes ☐No ☐Unknown<br>_____ |

### 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 discharge:[_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