

**1. Personal Information and Diagnosis**

**Date and Time of Admission:**.....

**Time of questioning:**.....

**Method of data collection:** retrospective / prospective

**Location of questioning:** emergency outpatient / inpatient / subintensive care unit / ICU / other:.....

**Patient arrived from:** home / other institution's emergency room / other institution (PCR result within 24 hours) / other:....

**Way of data collection:** retrospective / prospective

**Insurance number:** .....

**Name:** .....

**Date of birth:** .....

**Gender:** male / female / no data

**Race:** White / Black / Indian / Asian / other: .....

**Postal code:** .....

**Telephone number:** .....

**Former test result (SARS-CoV-2) to confirm infection:** yes / no / no data

if yes: **Rapid test:** yes / no / no data  
**date:**....  
**result:** positive/negative/not informative  
**date:**....  
**result:** positive/negative/not informative  
**date:**....  
**result:** positive/negative/not informative

**PCR** yes / no / no data  
**Date of sampling:** .....

**Serology** yes / no / no data  
**Date of sampling:** .....

name) **Test type:** rapid test / ELISA / other test name:....(factory

**Test result:** IgM pos / neg / non-informative  
 IgA pos / neg / non-informative  
 IgG pos / neg / non-informative

**Take test (SARS-CoV-2) to confirm infection**    yes / no / no data

if yes: **Rapid test:**    yes / no / no data  
**date:**....  
**result:** positive/negative/not informative  
**date:**....  
**result:** positive/negative/not informative  
**date:**....  
**result:** positive/negative/not informative

**PCR**    yes / no / no data  
**date of sampling:** .....  
**date of results:** .....  
**result:**    positive / negative / non-informative

**serology**    yes / no / no data  
**date of sampling:** .....  
**date of results:** .....  
**test type:**rapid test / ELISA / other test name:....(factory name)  
**test result:**    IgM pos / neg / non-informative  
                           IgA pos / neg / non-informative  
                           IgG pos / neg / non-informative

**2. Details from medical history**

**2.1 Lifestyle**

**Occupation:** healthcare worker / mental work / manual work / student / retired / unemployed / other:....

**Smoking:** yes / no

if yes: Amount (cigarettes/day):.....  
 For how many years? .....

if not: Did you smoke earlier?    yes / no  
 if yes: Amount (pcs/occasion):.....  
 For how many years?.....  
 How long ago did you stop smoking? .....

**Alcohol consumption:** yes / no

if yes: frequency: occasionally/monthly/weekly/daily  
 amount (g/day):.....

since when? (years):.....  
 Alcohol consumption in the last 2 weeks: .....

if not: Did you drink alcohol earlier? yes / no  
 if yes: frequency: occasionally/monthly/weekly/daily  
 amount (g/occasion):.....  
 For how many years?.....  
 How long ago did you stop drinking alcohol?.....

Guide for estimation of the amount:

- 1 dl beer (4.5 vol. %) = ~3.5 g alcohol
- 1 dl wine (12.5 vol. %) = ~10 g alcohol
- 1 dl hard drink (50 vol. %) = ~40 g alcohol

**Drug abuse:** yes / no      *Prescribed medication should not be included here.*  
 if yes: type of drug:.....  
 Amount:.....  
 for how many years:.....

**Exercise**

Do you exercise regularly for more than half an hour? yes / no / no data  
 if yes: frequency: daily, several times a week, once a week, monthly, less frequently than monthly  
 Outdoor or indoor?  
 type: walking / running / swimming / going to the gym / yoga / cycling / wall climbing / martial arts / dancing / gardening / ball game / other:.....  
 duration of one occasion: ..... minutes

**2.2 Co-morbidities**

**Diabetes mellitus:** yes / no / no data  
 if yes: **Type?** Type I / Type II / Type III. / MODY / no data  
**Date of diagnosis (years)?**.....

**Hypertension:** yes / no / no data  
 if yes: **Date of diagnosis (years)?**.....

**COPD:** yes / no / no data  
 if yes: **Date of diagnosis (years)?** .....

**Asthma:** yes / no / no data  
 if yes: **Date of diagnosis (years)?**.....

**Cystic fibrosis:** yes / no / no data  
 if yes: **Date of diagnosis (years)?**.....

**Other chronic respiratory disease:** yes / no / no data  
 if yes: ..... **Date of diagnosis (years)?**.....

**Autoimmune disease:** yes / no / no data  
 if yes: ..... **Date of diagnosis (years)?**.....

**Known underlying immunosuppression:** yes / no / no data  
 if yes: **type:** HIV-positive / long-term glucocorticoids / cyclosporine / azathioprine /other:  
**Since when (date: year)?** .....

**Cardiovascular diseases:** yes / no / no data  
 if yes: **type:** IHD / STEMI / NSTEMI / infarction/ angina / heart failure /cardiomyopathy / peripheral vascular disease / other: .....  
**Since when (date: year)?** .....  
 if heart failure: **NYHA class:** I / II / III / IV.

**Cancerous disease:** yes / no / no data  
 if yes: **type of tumor:** brain / thyroid / lung / breast / oral cavity / esophagus / stomach / colon / pancreas / liver / prostate / kidney / bladder / ovary / uterus / lymphoma / leukemia / skin.. other.....  
**Date of diagnosis (years)?** .....  
**Type?** benign / malignant  
**Currently treated:** yes / no

**Cirrhosis of the liver:** yes / no / no data  
 if yes: **Date of diagnosis (years)?** .....  
**Child class:** A / B / C

**Other chronic liver disease** :: yes / no / no data  
 if yes, please specify .....  
**Date of diagnosis (years)?** .....

**Dialysis-dependent:** yes / no / no data  
 if yes: **Since when (date: year)?** ... ..

**Other chronic kidney disease:** yes / no / no data  
 if yes, please **specify:**.....  
**Date of diagnosis (years)?** .....

**2.3. Other**

**Do you need oxygen therapy at home?** yes / no / no data

**Received BCG vaccine:** yes / no / no data

**Currently pregnant?** yes / no / no data  
 if yes: week of pregnancy? .....

**Are you breastfeeding?** yes / no / no data

**Have you been hospitalized in the past year?** yes / no / no I remember

if yes: **For what reason?** pregnancy / accident / surgery / treatment of my underlying disease / pneumonia / examination / I don't remember anymore, but I was in the hospital

**How many times? .....**

**2.4 Medications**

**Medications taken regularly:** yes / no

Please specify the name of the active substance (e.g. "acetylsalicylic acid"). Please specify the amount using the International System of Units –SI (e.g. milligram, gram)

if yes:

name of medication:.....

active substance:.....

dose: ..... (number only!)

unit: g / mg / IU / ug / ng

if fluid, concentration (e.g. 10%, 1g/2ml, etc.).....

how many times per day (e.g. 3): .....

method of administration: intravenous / intramuscular / oral / enteral / subcutan /

inhalation/ transdermal / nasal / rectal / other:....

other notes: .....

**3. Risk behavior**

How many people live in your household? .....

How much time passed between the onset of symptoms (if you had any) and your visit to the doctor? .... days / I didn't have symptoms

How many people have you met in the 2 weeks preceding your symptoms/ (incase of no symptoms) diagnosis? .....

Have you been in contact with someone who had characteristic symptoms or later was diagnosed with COVID-19 before the onset of your symptoms/your diagnosis?  
yes/no

With how many people have you been in contact after the onset of your symptoms/ diagnosis? .....

In the last two weeks, how often do you leave your home? .../week

Before the onset of symptoms/ your diagnosis, did you use protective masks or gloves when you went shopping/ to the pharmacy or anywhere frequented? yes/no

Did you use public transport in the last two weeks? no/ (almost) every day/ a few times

**4. Symptoms, complaints:** yes / no / no data

Can the patient be interviewed? yes/no

Symptoms, complaints: yes/no

If yes:

How long have you had symptoms (hours): .....

**Chills:** yes / no / no data

**Subfebrility / fever:** yes / no / no data

if yes: **Since when?** .....

**Body Temperature?**... .. °C (axillary / rectal /

forehead/ intravascular/ other:.....)

**Cough:** yes / no / no data

if yes: **Type?** dry / productive

**Shortness of breath:** yes / no / no data

If yes: at rest / during physical exercise

**Stress induced dyspnoe:** yes / no / no data

Chest pain: yes / no  
if yes: **How long (hours)?**.....  
**Intensity (1-10)?** .....  
**Radiation?**.....

Loss or changed sense of taste: yes / no / no data

Loss or changed sense of smell: yes / no / no data

Muscle pain: yes / no / no data

Joint pain: yes / no / no data

Weakness, fatigue: yes / no / no data

Fainting / loss of consciousness: yes / no / no data

Dizziness: yes / no / no data

Nasal discharge: Yes / No / No data

Nasal congestion: yes / no / no data

Hoarseness: yes / no / no data

Headache: yes / no / no data

Sore throat: yes / no / no data

Nausea: yes / no / no data

Vomiting: yes / no / no data  
if yes: **How many times:** .....

Appetite: good / retained / bad / no data

Abdominal pain: yes / no / no data

Stool: normal / diarrhea / constipation / fatty / putrid / undigested food / bloody / mucus / no data available

**5. Status**

Blood pressure: ..... / ..... Hgmm

Heart rate: ..... / min

Mean Arterial Pressure (MAP):

Weight:..... kg or g

Height: ..... cm

BMI

Respiratory rate: ..... / min

Body temperature: ..... ° C (axillary / rectal / forehead/ intravascular/ other:.....)

Oxygen saturation(SpO2):.....%

Is the patient receiving oxygen therapy or on ventilation? yes/no

Glasgow scale: .....

AVPU scale: alert / responding to verbal stimulus / responding to pain / unresponsive

Acute organ failure: yes / no,  
if yes, organ system: kidney / central nervous system / lungs / circulation / liver

## **6. Examinations**

### **6.1 Laboratory: yes / no**

Date:.....

Blood type: 0 / A / AB / B RH: positive / negative

erythrocyte sedimentation rate (mm/h)

CRP (mg/l)

IL-6 (pg/ml)

PCT (ng/mL)

D-Dimer (mg/L)

Ferritin (µg/l)

Lactate (mmol/L)

**Blood: yes /no**

WBC count (G/l)

RBC count (T/l)

Hemoglobin (g/l)

Hematokrit (%)

MCV



Platelet count (G/l)  
Neutrophil (G/l)  
Lymphocyte (G/l)  
Neutrophil to lymphocyte ratio  
Lymphocyte to CRP ratio

**Ions: yes /no**

Sodium (mmol/l)  
Potassium (mmol/l)  
Calcium (mmol/l)  
Magnesium (mmol/l)  
Phosphate (mmol/l)  
Chloride (mmol/l)  
Iron (umol/l)

**Pancreas: yes /no**

Glucose (mmol/l)  
Amylase (U/l)  
Lipase (U/l)

**Renal functions: yes /no**

Urea (mmol/l)  
Creatinine (umol/l)  
eGFR

**Liver functions: yes /no**

Total bilirubin (umol/l)  
Direct/conjugated bilirubin (umol/l)  
Indirect bilirubin (umol/l)  
ASAT/GOT (U/l)  
ALAT/GPT (U/l)  
Gamma GT (U/l)  
Alkaline phosphatase (U/l)  
Lactate dehydrogenase LDH (U/l)  
Protrombin (%)  
Protrombin INR

**Metabolism: yes /no**

Cholesterol (mmol/l)  
HDL cholesterol (mmol/l)  
LDL cholesterol (mmol/l)  
Triglycerides (mmol/l)  
Uric acid (umol/l)  
TSH (mU/l)  
HgbA1C (%)

**Proteins: yes /no**

Total protein (g/l)  
Albumin (g/l)  
Globulin alfa1 (g/l)

Globulin alfa2 (g/l)  
Globulin beta (g/l)  
Globulin gamma (g/l)  
Fibrinogen (g/l)

**Blood gases: yes /no**

sample: arterial/venous/capillary

pH  
PaCO<sub>2</sub> (Hgmm)  
PaO<sub>2</sub> (Hgmm)  
cHCO<sub>3</sub> (aP) actual bicarbonate (mmol/l)  
cHCO<sub>3</sub> (aP,st) standard bicarbonate (mmol/l)  
Base excess (Be) (mmol/l)  
sO<sub>2</sub> (%)

**Other: yes /no**

**6.2 Imaging: yes / no**

**Chest X-ray: yes / no**

if yes:

date:

negative result

or

Ground-glass opacity: yes / no

Linear opacities: yes / no

Consolidation: yes / no

Interlobular septal thickening: yes / no

Crazy-paving pattern: yes / no

Spider web sign: yes / no

Bronchial wall thickening: yes / no

Subpleural curvilinear line: yes / no

Nodule: yes / no

Reticulation: yes / no

Lymph node enlargement: yes / no

Pleural effusion: yes / no

Pericardial effusion: yes / no

Involvement of

Right upper lobe: yes / no

Right middle lobe: yes / no

Right lower lobe: yes / no

Left upper lobe: yes / no

Left lower lobe: yes / no

Bilateral lung disease: yes / no

Number of lobes involved:.....

**Chest CT:** yes / no

if yes:

date:

negative result

or

Ground-glass opacity: yes / no

Linear opacities: yes / no

Consolidation: yes / no

Interlobular septal thickening: yes / no

Crazy-paving pattern: yes / no

Spider web sign: yes / no

Bronchial wall thickening: yes / no

Subpleural curvilinear line: yes / no

Nodule: yes / no

Reticulation: yes / no

Lymph node enlargement: yes / no

Pleural effusion: yes / no

Pericardial effusion: yes / no

Involvement of

Right upper lobe: yes / no

Right middle lobe: yes / no

Right lower lobe: yes / no

Left upper lobe: yes / no

Left lower lobe: yes / no

Bilateral lung disease: yes / no

Number of lobes involved:.....

**Abdominal CT:** yes / no / no data

if yes: date and copy results

**Abdominal US:** yes / no / no data

if yes: date and copy results

**Skull CT:** yes / no / no data

if yes: date and copy results

**6.3 . Other test:**

Name:

Date:

Findings:

**Respiratory tract infections:** yes/no

**if yes:**

**Pathogen:**

Influenza A

Influenza A H1N1/2009 subtype

Influenza A H1 subtype

Influenza A H3 subtype

Influenza B

Coronavirus 229E

Coronavirus HKU1

Coronavirus NL63

Coronavirus OC43

Parainfluenza virus 1

Parainfluenza virus 2

Parainfluenza virus 3

Parainfluenza virus 4

Respiratory syncytial virus A/B

Human metapneumovirus A/B

Adenovirus

Bocavirus

Rhinovirus/Enterovirus

Mycoplasma pneumoniae

Legionella pneumophila

Bordetella pertussis

## **7. Therapy**

### **7.1.**

all medications administered this day

**Immunoglobulin:** Yes / No / no data available

if yes: 24-hour dose: .....

**Corticosteroids :** Yes / No / no data

if yes:

active substance:.....

dose: .....

active substance:.....

dose: .....  
active substance:.....  
dose: .....

**Tocilizumab:** Yes / No / no data  
if yes: dose: ....

**Antiviral substance:** Yes / No / no data  
if yes:  
active substance:.....  
dose: .. ...  
active substance:.....  
dose: .....  
active substance:.....  
dose: .....

**Chloroquine:** Yes / No / no data  
if yes: dose: ....

**Azithromycin:** Yes / No / no data  
if yes: dose: ....

**Blood derivative:** yes/no  
if yes: convalescent plasma/rbc concentrate/fresh frozen plasma(FFP)/ platelet  
concentrate/granulocyte concentrate/other:.....

**Blood purification methods:** yes/no  
if yes: CytoSorb / CRRT (continous renal replacement therapy) / HD (hemodialysis) /  
other:.....  
if CytoSorb:  
duration of therapy:.....(hours)  
Adsorbent number:..... (1-15)

**Other medication?**  
yes / no / no data  
If yes: name of medication:.....  
active substance:.....  
dose: ..... (number only!)  
unit: g / mg / IU / ug / ng  
if fluid, concentration (e.g. 10%, 1g/2ml, etc.).....  
how many times per day (e.g. 3): .....

method of administration: intravenous / intramuscular / oral / enteral / subcutan /  
inhalation/ transdermal / nasal / rectal / other:....  
other notes: .....

**7.2 Circulatory support therapy: yes / no**

**Noradrenaline:** yes / no

if yes: highest dose:.....µg/kg/min daily dose:.....µg/24h

**2nd vasopressor/vasoactive agent:** yes / no

if yes: vasopressin, dopamine, ephinephrine, dobutamine  
dose:

**Lowest MAP:**..... (mmHg)

**MAP/NA ratio** (automatic)

**S(c)vO<sub>2</sub>** (lowest value):.....%

**7.3 Fluid therapy**

**Intravenous fluid:** yes / no

if yes: type of fluid:.....  
amount:.....ml

**Fluid balance in the last 24 hours:**.....mL

**Cumulative fluid balance:**.....mL

**7.4 Ventilation (Lung function): yes / no**

**O<sub>2</sub>-therapy:** yes / no

if yes: NC (nasal), FM, Venturi mask, NRB mask, HFNC

**NIV:** yes / no

if yes: Nasal, FM, Helmet

**Invasive ventilation:** yes /no

if yes: mode of ventilation: CPAP-PS, SIMV, PCV, BiPAP, ASV, APRV

**Prone:** Yes/No

FiO2 (highest value):.....

PaO2 (highest value):.....mmHg

PaO2/FiO2

Tidal volume (highest value):.....mL

PEEP (highest value):.....cmH2O

Peak P (highest value):.....cmH2O

Driving pressure (dP, cmH2O)\*(Peak P-PEEP)

PaCO2 (highest value):.....mmHg

ECMO: Yes/No

ECCO2R: Yes/No

EVLWi (mL/kg)\*

*\* if PiCCO monitoring is available and considered by the treating physician*

PVPI\*

*\* if PiCCO monitoring is available and considered by the treating physician*

### Feeding

Type of feeding: per os / nasogastric / nasojejunal / parenteral / PEG / other:....

## 8. Scores

**Chronic organ damage or immunosuppression:** no / yes, patient underwent elective surgery / Yes, and patient is not operated or underwent emergency surgery / No data

SOFA\*

SOFA-CVS

SOFA-RESP

SOFA-Coag

SOFA-Liver

SOFA-Renal

SOFA-CNS

MEWS (Modified Early Warning Score)

**9. Epicrisis (outcome of admission)**

**What happened to the patient:** discharged/ transferred / mortality / staying at ward / other:....

if discharged:

**Time of discharge:** when (date / hour: minute): .....

**Is the patient asymptomatic?** yes / no / no data

if transferred:

**To:** inpatient department / sub-intensive care unit / ICU / national center / other:....

**Reason:** clinical symptoms / home quarantine not feasible / other:.....

**Diagnosis:** .....

if mortality :

**Date and time:** .....

**Epicrisis:**.....

**10. Biological samples**

<b>Whole blood:</b>	yes / no	if yes: <b>date of sampling:</b> ..... if no: <b>reason:</b> no need, according to protocol / patient has been transferred or discharged before sampling / human failure
<b>Serum:</b>	yes / no	if yes: <b>date of sampling:</b> ..... if no: <b>reason:</b> no need, according to protocol / patient has been transferred or discharged before sampling / human failure
<b>Plasma:</b>	yes / no	if yes: <b>date of sampling:</b> ..... if no: <b>reason:</b> no need, according to protocol / patient has been transferred or discharged before sampling / human failure
<b>Saliva:</b>	yes / no,	if yes: <b>date of sampling:</b> ..... if no: <b>reason:</b> no need, according to protocol / patient has been transferred or discharged before sampling / human failure

**11. File upload and comments**

**File upload**

**Comments:** .....



Who helped with filling out the forms?: doctor: .. nurse: ..

**12. Case characteristics**

**Severity:** mild / moderate / severe / critical

**Mortality:** yes / no  
if yes: time of death: ..

**Has a release test been performed?** yes / no / no data  
if yes:

**rapid test:** yes/no/no data  
**date**  
**result: positive/negative/non-informative**

**PCR** yes / no / no data  
**date of sampling:** .....  
**date of results:** .....  
**result:** positive / negative / non-informative

**serology** yes / no / no data  
**date of sampling:** .....  
**date of results:** .....  
**test type:** rapid test / ELISA /other test: (factory name)  
**test result:** IgM pos / neg / non-informative  
IgA pos / neg / non-informative  
IgG pos / neg / non-informative

**Closing date:**.....