

Time of questioning:.....

**1. Symptoms, complaints**

Can the patient be interviewed? yes/no

Symptoms, complaints: yes/no

if yes:

**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

**2. Status**

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

**Heart rate:** ..... / min

**Mean Arterial Pressure (MAP):**

**Weight:**..... kg or g

**Respiratory rate:** ..... / min

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

**Oxygen saturation(SpO2):** .....% **Is the patient receiving oxigen therapy or on ventillation?** 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

**3. Examinations**

**3.1 Laboratory:** yes / no

**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)



**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

**3.3 Imaging: yes / no**

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

if yes:

negative results

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:

negative results

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: copy results

**Abdominal US:** yes / no / no data  
if yes: copy results

**Skull CT:** yes / no / no data  
if yes: copy results

**3.4 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

**3.5 Other examination**

**Specify:**

**Results:**

**4. Therapy**

**4.1. Immunomodulation, other medication and therapy: yes / no**

**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:....

**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: .....

**4.2 Fluid therapy: yes / no**

**Intravenous fluid:** yes / no

if yes: type of fluid:.....

amount:.....ml

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

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

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

If yes:

**O2-therapy:** yes / no

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

**FiO2 (highest value):** .....

**4.4 Feeding**

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

**5. 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)

**6. Epicrisis**

**What happened to the patient:** stayed / discharged/ transferred / mortality

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:** .....

**7. Biological samples**

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

**8. File upload and comments**

**File upload**

**Comments:** .....

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