|  |
| --- |
| Mortality status |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Alive |  |  | Dead\* |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*Date of death: |  |  | / |  |  | / |  |  |  |  |
|  | D | D |  | M | M |  | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |  |  |  |
| Cause of death: |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

 |
| SARS-CoV-2 status |
| Was SARS-CoV-2 pathogen confirmed? *Tick ‘No’ if negative test result*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes\* |  |  | No |  |  | Test not done |

\*If yes, date pathogen confirmed:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |
| D | D |  | M | M |  | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |  |  |

 |
| Initial admission (Group 1 participants only) |
| Was patient admitted to hospital during initial ED admission?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  |  | No\* |  |

\*If No, what was the discharge destination?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Normal residence |  | Destination unknown |
|  |  |  |  |
|  | Transferred to another hospital |  | Other: |
|  |  |  |  |
|  |  |  |  |

 |
| Pathogen testing |
| Was the patient tested for any other respiratory infections?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes\* |  |  | No |  |
|  |  |  |  |  |  |

 |
| \*If yes, which pathogens was the patient tested for?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Influenza A |  | Yes |  |  | No |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Influenza B |  | Yes |  |  | No |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| RSV |  | Yes |  |  | No |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Adenovirus |  | Yes |  |  | No |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Bacteria |  | Yes |  |  | No |  |
|  |  |  |  |  |  |  |
| Please specify: |  |

 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Result: |  | Positive |  | Negative |
|  |  |  |
|  |  | Indeterminate |
|  |  |  |
| Result: |  | Positive |  | Negative |
|  |  |  |
|  |  | Indeterminate |
|  |  |  |
| Result: |  | Positive |  | Negative |
|  |  |  |
|  |  | Indeterminate |
|  |  |  |
| Result: |  | Positive |  | Negative |
|  |  |  |
|  |  | Indeterminate |
|  |  |  |
| Result: |  | Positive |  | Negative |
|  |  |  |
|  |  | Indeterminate |

 |

|  |
| --- |
| Admission (*if applicable*) |
|

|  |  |  |
| --- | --- | --- |
|  | Not admitted |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What level of care did the participant receive?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Ward |  | ICU |  | HDU |

Admission dates

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start: |  |  | / |  |  | / |  |  |  |  |  | End: |  |  | / |  |  | / |  |  |  |  |
|  | D | D |  | M | M |  | Y | Y | Y | Y |  |  | D | D |  | M | M |  | Y | Y | Y | Y |
|  |
| OR |  | Still an inpatient at 30 days |

Did the participant receive any of the following during admission:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mechanical ventilation |  |  | days |  | Inotropic/vasopressor drugs |  |  | days |
|  |
|  | Non-invasive ventilation |  |  | days |  | Renal support |  |  | days |
|  |

 |

 |

|  |
| --- |
| Adverse events during initial admission |
|

|  |  |
| --- | --- |
|  | No adverse events |

|  |  |
| --- | --- |
| Event details | Date of occurrence |
|

|  |  |
| --- | --- |
|  | Venous thromboembolism/pulmonary embolism |
|  |  |
|  | Stroke |
|  |  |
|  | Myocardial infarction |
|  |  |
|  | Other: |  |
|  |  |

 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |
| D | D |  | M | M |  | Y | Y | Y | Y |

 |
|

|  |  |
| --- | --- |
|  | Venous thromboembolism/pulmonary embolism |
|  |  |
|  | Stroke |
|  |  |
|  | Myocardial infarction |
|  |  |
|  | Other: |  |
|  |  |

 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |
| D | D |  | M | M |  | Y | Y | Y | Y |

 |
|

|  |  |
| --- | --- |
|  | Venous thromboembolism/pulmonary embolism |
|  |  |
|  | Stroke |
|  |  |
|  | Myocardial infarction |
|  |  |
|  | Other: |  |
|  |  |

 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |
| D | D |  | M | M |  | Y | Y | Y | Y |

 |
|

|  |  |
| --- | --- |
|  | Venous thromboembolism/pulmonary embolism |
|  |  |
|  | Stroke |
|  |  |
|  | Myocardial infarction |
|  |  |
|  | Other: |  |
|  |  |

 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |
| D | D |  | M | M |  | Y | Y | Y | Y |

 |

 |