|  |  |
| --- | --- |
| 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 | | |