WHO Global Clinical Platform for COVID-19
Case Report Form (CRF) for COVID-19 sequelae ("Post COVID-19 CRF")

The WHO has established a Global Clinical Platform[1] of COVID-19 and invites all Member States and health facilities to report anonymised patient-level clinical information to the WHO platform using standardized Case Report Forms (CRF):

- *Core CRF* captures clinical information on individuals hospitalized for COVID-19
- *Core-P CRF* has information on pregnant women hospitalized for COVID-19
- *MIS-CRF* has information related to multisystem inflammatory syndrome in children and adolescents temporally related to COVID-19
- *Post COVID-19 CRF*, designed to build upon the Core CRF and assess the medium- and long-term sequelae of COVID-19

The Post COVID-19 CRF includes 3 modules:

Module 1 includes background, demographic and clinical information related to the acute episode of COVID-19.

Module 2 includes questions pertaining to the post-acute illness period to help identify patients who require further clinical evaluation

Module 3 includes medical assessment and results of examinations, tests, or diagnoses made during the follow up visit. Based on results, patients should be referred for clinical care or rehabilitation as per national protocols.

The Post COVID-19 CRF is intended to serve as: (i) A clinical tool that can be used by Member States to document the mid- and long-term sequelae of COVID-19. Uniformity in the follow up of patients will ensure that mid- and long-term clinical and rehabilitation needs are identified, and patients are provided the care they need; **(ii)** WHO is not necessarily recommending the comprehensive testing described in the CRF for all individuals; clinician judgement is required to select the test needed for clinical care. This CRF is a tool for gathering standardized information regarding post COVID-19 sequelae through the WHO Global Clinical Platform. Such data collation and its analysis would improve national and global knowledge of the consequences of COVID-19, inform further public health responses and prepare for large investigational studies.

Criteria for completion of Post COVID-19 CRF: Variables' data dictionary available on the WHO website[1] support data entry. The CRF can be administered either as part of routine follow up or at a specific time point to any patient in the post-acute phase of COVID-19, regardless of hospitalization. While it is suggested to prioritize the completion of the CRF for patients *who were hospitalized for a severe or critical* episode of COVID-19, the CRF should be administered, where possible, also to patients who suffered from COVID-19, including those with mild or moderate illness, and who *received care either at home or in a hospital setting.*

Time-points for administration: The form can be completed any time during follow up after an acute episode of COVID-19. However, to support standardization and data comparability, it should preferably be completed 4 to 8 weeks after hospital discharge from the acute ward or after acute illness, and every 6 months thereafter. However, in case of persistent symptoms/signs at 4-8 weeks after hospital discharge or after acute illness, it is recommended to complete the CRF at 3-month intervals, for as long as needed (see figure below).

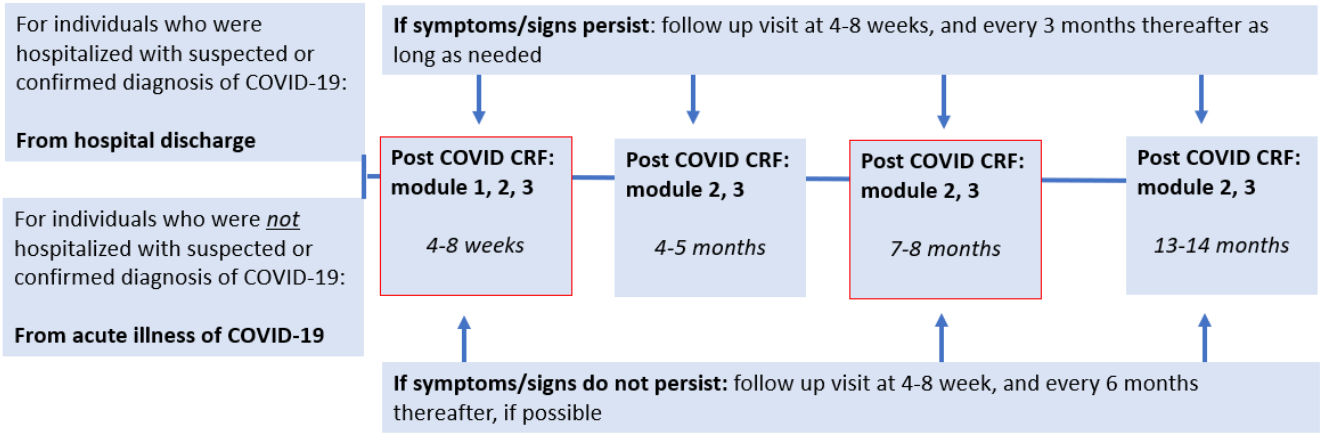
Mode of administration:

Module 1-2: face-to-face administration and completion by a health care worker is preferred. However, when this is not possible, the form can be either self-administered, or completed remotely (online or through telephone) by the caregiver. For children, the form should be completed by the primary caregiver (preferred) or by the legal guardian.

Module 3: face-to-face administration and completion by a health care worker.

Module 1 needs to be completed only once during the first follow up visit, while Modules 2 and 3 should be completed at every follow up visit.

General guidance: Please contact **COVID_ClinPlatform@who.int** if you need assistance with data entry, if you have any query on the CRF, and to let us know that you are using the forms.



[1] https://www.who.int/teams/health-care-readiness-clinical-unit/covid-19/data-platform

WHO reference number: WHO/2019-nCoV/Post_COVID-19_CRF/2021.2

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PARTICIPANT ID[2] I__I I__I I__I I__I I__I -- I__I I__I I__I I__I

Module 1: Background demographical and epidemiological information

This module is completed by ☐Patient ☐Caregiver (in case of children) ☐Healthcare Worker
Facility name of follow up visit (if applies) _____ Country_____
Date of module 1 completion: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

1.1 Information on acute episode of COVID-19 (first episode, in case of re-infection)

Does the patient have a WHO Core CRF Participant ID ☐Yes ☐No ☐Unknown
If Yes, report PARTICIPANT ID of CORE CRF I___I I___I I___I I___I I___I -- I___I I___I I___I I___I

1.2 Demographics

Sex at Birth: ☐Male ☐Female ☐Not specified
Age: [ ][ ][ ] years; OR [ ][ ] months [ ][ ] days
Height (Length): [ ][ ][ ] cm
Weight: [ ][ ][ ] kg
Highest level of education completed ☐No schooling or never completed any grade
☐Elementary school ☐Secondary school ☐Vocational school ☐University ☐Unknown
In the last 3 years, has the participant ever stayed overnight in a hospital, rehabilitation facility, or long-term care facility (check any that apply) ☐Yes, a hospital ☐Yes, a rehabilitation facility
☐Yes, a long-term care facility ☐No ☐Unknown
Was the participant a long-term care facility resident prior to initial COVID-19 diagnosis
☐Yes ☐No ☐Unknown
Ethnicity/background: ☐Asian ☐Black ☐White ☐Mixed ☐Arab ☐Latino ☐Other ☐Unknown
Smoking: ☐Current ☐Former ☐Never ☐Unknown
Substance abuse: ☐Yes ☐No ☐Unknown; If yes:☐Alcohol ☐Drug ☐Other ☐Unknown
Was this participant employed as a health care worker or laboratory staff since Jan 1st, 2020 ☐Yes ☐No ☐Unknown

Pregnancy information

Was the participant **pregnant** during the **acute** illness of COVID-19 ☐Yes ☐No ☐Unknown;
If yes, gestational weeks at COVID-19 diagnosis/clinical suspicion: [_][_] weeks ☐Unknown;

If **pregnant** during the **acute** illness, what was the pregnancy outcome
☐Miscarriage ☐Induced abortion ☐Still birth ☐Live birth ☐Still pregnant ☐Unknown;

If **pregnant** during the **acute** illness, and **currently not pregnant**:
gestational age at the time of delivery/abortion [ ][ ] weeks; ☐Unknown;

If delivered, mode of delivery ☐Vaginal ☐Assisted vaginal ☐Caesarean section ☐Unknown;

Is the participant currently pregnant ☐Yes ☐No ☐Unknown; **If yes, gestational weeks** [ ][ ]Weeks ☐Unknown;
If recently pregnant, is the participant currently breastfeeding ☐Yes ☐No ☐ Unknown

1.3 Pre-existing conditions in the year prior to your acute illness of COVID-19:

In the year prior to the acute illness of COVID-19, has the participant been diagnosed with any of the following conditions

Asplenia: ☐Yes ☐No ☐Unknown;
Cancer: ☐Yes ☐No ☐Unknown;
Chronic heart disease (not hypertension): ☐Yes ☐No ☐Unknown;
Chronic kidney disease: ☐Yes ☐No ☐Unknown;
Chronic liver disease: ☐Yes ☐No ☐Unknown;
Chronic lung disease: ☐Yes ☐No ☐Unknown;
Chronic neurological disorder: ☐Yes ☐No ☐Unknown;
If Yes, specify: ☐Dementia ☐Stroke ☐Multiple Sclerosis ☐Parkinson's Disease ☐Other ☐Unknown;
Diabetes: ☐Yes ☐No ☐Unknown;
HIV: ☐Yes ☐No ☐Unknown;
If HIV positive, was on ART ☐Yes ☐No ☐Unknown;
If on ART, what regimen ☐Protease inhibitor-based ART; ☐NNRTI-based ART ☐Integrase inhibitor-based ART ☐Unknown;
Last viral load test: _____copies/ml; Last CD4 cell count: [ ][ ] [ ][ ] cells/mm^3
Hypertension: ☐Yes ☐No ☐ Unknown;
If Yes, did the participant receive medication ☐Yes ☐No ☐Unknown;
Immunodeficiency: ☐Yes ☐No ☐Unknown;
Mental health conditions: ☐Yes ☐No ☐Unknown.
If Yes, specify: ☐Psychoses ☐Depression ☐Anxiety ☐Other ☐Unknown
Obesity (BMI>30): ☐Yes ☐No ☐Unknown;
Tuberculosis: ☐Yes ☐No ☐Unknown; If yes ☐Active ☐Previous;
Any other condition: ☐Yes ☐No ☐Unknown If yes, specify _____

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1.4 Diagnosis of acute illness of COVID-19 (first episode, in case of re-infection)

Date of onset of symptoms of **acute** COVID-19: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_];
Did the participant receive a **diagnosis** of COVID-19 by a health care worker during the **acute illness** ☐Yes ☐No ☐Unknown;
Did the participant have a **diagnostic test** ☐Yes ☐No ☐Unknown;
If yes, complete the 3 questions below:
Did the participant have a **PCR test** during the acute illness
☐Positive result ☐Negative result ☐Not performed/Unknown;
If positive, date of positive PCR test: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]
Did the participant have an **antigen test** (rapid test) during acute illness
☐Positive result ☐Negative result ☐Not performed/Unknown;
If positive, date of positive antigen test: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]
Did the participant have an **antibody test** during/after the acute illness
☐Immune ☐Not immune ☐Not performed/Unknown;
If positive, date of positive antibody test: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]
Was **sequencing of SARS-CoV2 performed** ☐Yes ☐No ☐Unknown;
If Yes, was wild type detected ☐Yes ☐No ☐Unknown; If No, type of variant detected: _____

Please grade the **severity of acute illness** of COVID-19 based on WHO criteria described in the table below.
Please tick the classification that applies: ☐Mild ☐Moderate ☐Severe ☐Critical ☐Unknown

WHO Clinical Classification	Based on available clinical records	Based on self-report, if clinical records are not available
Mild	No hypoxia or pneumonia	Did not receive oxygen
Moderate	Clinical signs of non-severe pneumonia *AND* SpO2≥90% on room air	
Severe	**Adults/adolescents**: Clinical signs of severe pneumonia *AND* SpO2 <90% on room air; *OR* RR > 30 breaths/min **Children**: Clinical signs of severe pneumonia *AND at least one of the following:* central cyanosis; *OR* SpO2 < 90%; *OR* severe respiratory distress (e.g. fast breathing, grunting, very severe chest indrawing); *OR* general danger sign(s) (inability to breastfeed or drink, lethargy or unconsciousness, convulsions)	Received oxygen (or told you they needed it, but it was not available)
Critical	ARDS; *OR* sepsis/septic shock; *OR* pulmonary embolism, acute coronary syndrome, acute stroke; *OR* Multi-Inflammatory Syndrome in Children and adolescents temporally related to COVID-19	Received invasive ventilation (or max available respiratory support)

1.5 Complications during the acute COVID-19 episode

Shock	☐Yes ☐No ☐Unknown	**Bacteraemia**	☐Yes ☐No ☐Unknown
Seizure	☐Yes ☐No ☐Unknown	**Endocarditis**	☐Yes ☐No ☐Unknown
Meningitis/encephalitis	☐Yes ☐No ☐Unknown	**Myocarditis/pericarditis**	☐Yes ☐No ☐Unknown
Transfusion	☐Yes ☐No ☐Unknown	**Acute renal injury**	☐Yes ☐No ☐Unknown
Cardiac arrhythmia	☐Yes ☐No ☐Unknown	**Pancreatitis**	☐Yes ☐No ☐Unknown
Cardiac arrest	☐Yes ☐No ☐Unknown	**Cardiomyopathy**	☐Yes ☐No ☐Unknown
Acute respiratory distress syndrome (ARDS)	☐Yes ☐No ☐Unknown	**Pulmonary embolism**	☐Yes ☐No ☐Unknown
Stroke: ischaemic stroke	☐Yes ☐No ☐Unknown	**Deep vein thrombosis**	☐Yes ☐No ☐Unknown
Stroke: intracerebral haemorrhage	☐Yes ☐No ☐Unknown	**Steroid induced diabetes**	☐Yes ☐No ☐Unknown
Mental health disorders	☐Yes ☐No ☐Unknown		
Was the patient diagnosed with an infection during acute episode	☐Yes ☐No ☐Unknown	If Yes, indicate if:	
Upper Respiratory Infection	☐Yes ☐No ☐Unknown	**Lower Respiratory Infection**	☐Yes ☐No ☐Unknown
Urinary Tract Infection	☐Yes ☐No ☐Unknown	**Skin and Soft Tissue Infection**	☐Yes ☐No ☐Unknown
Bone and Joint Infections	☐Yes ☐No ☐Unknown	**Cardiovascular Infections**	☐Yes ☐No ☐Unknown
Central nervous system Infections	☐Yes ☐No ☐Unknown	**Bloodstream Infections**	☐Yes ☐No ☐Unknown
Gastrointestinal Infections	☐Yes ☐No ☐Unknown		
Mucormycosis	☐Yes ☐No ☐Unknown	If Yes, please check site(s) involved:	
Rhino-orbital	☐Yes ☐No ☐Unknown	**Cerebral**	☐Yes ☐No ☐Unknown
Cutaneous	☐Yes ☐No ☐Unknown	**Pulmonary**	☐Yes ☐No ☐Unknown
Gastrointestinal	☐Yes ☐No ☐Unknown	**Disseminated**	☐Yes ☐No ☐Unknown
Required surgical intervention?	☐Yes ☐No ☐Unknown		

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1.6 Clinical management while unwell during the acute COVID-19 episode

Highest level of care received during the acute episode □Admitted to the hospital □Self-care/Over-the-counter □Treated at home/Telemedicine □Outpatient □Unknown;
If admitted to the hospital:
Date of hospital admission: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_];
Date of hospital discharge: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_];
Duration of hospital stay (total) during acute episode of COVID-19: I___I I___I I___I days;
Was the participant admitted to Intensive Care Unit or high dependency unit □Yes □No □Unknown;
Did the participant receive oxygen therapy during the acute illness □Yes □No □Unknown
If yes, did the participant receive invasive ventilation (a machine that breaths for you) □Yes □No □Unknown
If yes, did the participant receive non-invasive ventilation (e.g. mask providing pressurized air and oxygen to help you breathing) □Yes □No □Unknown;

Treatment: Did the participant receive **treatment for COVID-19** □Yes □No □Unknown;

If yes, complete section below:

Blood-derived products received □Yes □No □Unknown;
If yes, specify: □IV immune globulin □Convalescent plasma □Unknown;

Chloroquine/hydroxychloroquine received □Yes □No □Unknown;
If Yes, purpose: □malaria prophylaxis □COVID-19 prophylaxis □COVID-19 treatment □Unknown

Experimental agents: (check all that apply below)
Ivermectin received □Yes □No □Unknown
Interferon received □Yes □No □Unknown
Eculizumab received □Yes □No □Unknown
Phytotherapy received □Yes □No □Unknown
IL-1 Antagonists received □Yes □No □Unknown;
If Yes, specify: □Anakinra □Canakinumab; □Other IL-1 antagonist;
IL-6 Antagonists received □Yes □No □Unknown;
If Yes, specify: □Siltuximab □Sarilumab □Tocilizumab □Other IL-6 antagonist;
Kinase Inhibitors received □Yes □No □Unknown;
If Yes, specify: □Acalabrutinib □Ibrutinib □Zanubrutinib □Baricitinib □Ruxolitinib □Tofacitinib □Other Kinase inhibitors;

Neutralizing monoclonal antibodies received □Yes □No □Unknown; If Yes, specify: _____; □Unknown
Other agents: □Yes □No □Unknown; If Yes, specify: _____; □Unknown

Steroids received □Yes □No □Unknown;
If yes specify: Dexamethasone □Yes □No □Unknown; Hydrocortisone □Yes □No □Unknown; Prednisone □Yes □No □Unknown; Methylprednisolone □Yes □No □Unknown; Other, specify_____; □Unknown;

Duration of steroid therapy (days): [__][__] Route: ☐Oral ☐Intravenous ☐Inhaled □Unknown

Antibiotic received □Yes □No □Unknown; If yes, specify**:**
Macrolides (e.g. Azithromycin, clarithromycin)□Yes □No □Unknown
3rd and 4rd generation Cephalosporin (e.g. Ceftriaxone, Cefotaxime) □Yes □No □Unknown
5th gen Cephalosporin □Yes □No □Unknown
Ceftazidime/avibactam □Yes □No □Unknown
Fluoroquinolones (e.g. Ciprofloxacin, Levofloxacin) □Yes □No □Unknown
Carbapenems (e.g imipenem, meropenem) □Yes □No □Unknown
Piperacillin + Tazobactam □Yes □No □Unknown
Amoxicillin-clavulanate □Yes □No □Unknown
Cotrimoxazole □Yes □No □Unknown
Colistin □Yes □No □Unknown
Gentamicin or Amikacin □Yes □No □Unknown
Vancomycin or Teicoplanin □Yes □No □Unknown
Daptomycin □Yes □No □Unknown
Linezolid or Tedizolid □Yes □No □Unknown
Other antibiotics □Yes □No □Unknown; If Yes, specify _____;
Duration of antibiotics therapy (days): [__][__] □Unknown

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1.6 Clinical management while unwell during the acute COVID-19 episode *continuation*			
Antifungal agents	☐Yes ☐No ☐Unknown	If yes, Amphotericin B	☐Yes ☐No ☐Unknown
Fluconazole	☐Yes ☐No ☐Unknown	**Voriconazole**	☐Yes ☐No ☐Unknown
Itraconazole	☐Yes ☐No ☐Unknown	**Posaconazole**	☐Yes ☐No ☐Unknown
Flucytosine	☐Yes ☐No ☐Unknown		
Antithrombotic/anticoagulation drugs received	☐Yes ☐No ☐Unknown		
Unfractionated heparin	☐Yes ☐No ☐Unknown	**Low molecular weight heparin**	☐Yes ☐No ☐Unknown
Warfarin	☐Yes ☐No ☐Unknown	**Direct oral anticoagulant**	☐Yes ☐No ☐Unknown
Antiviral drugs received	☐Yes ☐No ☐Unknown		
Lopinavir/Ritonavir	☐Yes ☐No ☐Unknown	**Darunavir +/- cobicistat**	☐Yes ☐No ☐Unknown
Remdesivir	☐Yes ☐No ☐Unknown	**Favipiravir**	☐Yes ☐No ☐Unknown
Acyclovir/Ganciclovir	☐Yes ☐No ☐Unknown	**Oseltamivir**	☐Yes ☐No ☐Unknown

1.7 Diagnostic/Pathogen testing during acute illness		
Chest X-ray/CT performed	☐Yes ☐No ☐Unknown	If yes, infiltrates present ☐Yes ☐No ☐Unknown
Bacteria detected	☐Yes ☐No ☐Unknown	If yes, specify _____;
Fungus detected	☐Yes ☐No ☐Unknown	If yes, specify _____;
Virus detected (other than SARS-CoV-2)	☐Yes ☐No ☐Unknown	If yes, specify _____;
Influenza test done	☐Yes ☐No ☐Unknown	If yes, specify results: ☐Positive ☐Negative☐ Not performed/Unknown

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PARTICIPANT ID[2] I_ _I I_ _I I_ _I I___I I_ _I – I___I I_ _I I_ _I I___I

Module 2. Follow up interview

This module is completed by ☐Patient ☐Caregiver (in case of children) ☐Healthcare Worker

Date of follow up interview: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

Country _____ City: _____ Facility name (if applies) _____

2.1 Hospital admission after the acute illness of COVID-19

Was the participant **admitted to the hospital** for a possible **complication** of COVID-19 **after the acute illness** ☐Yes ☐No ☐Unknown; If yes, date of (re)admission [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_] and please specify type of complication in section 3.5

2.2 Reinfection

Did the participant experience a second episode/reinfection with SARS-CoV-2 ☐Yes ☐No ☐Unknown

If yes, date of **second positive PCR:** [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

What is the highest level of care received during the second episode ☐Admitted to the hospital ☐Self-care/Over-the-counter ☐Outpatient/Telemedicine ☐Community facility ☐Unknown

2.3 Vaccination status for Covid-19

Did the patient receive a COVID-19 vaccine ☐Yes ☐No ☐Unknown

If yes, number of doses received: ☐1 ☐2 ☐Unknown

Product name of COVID-19 vaccine dose 1:

☐Moderna ☐Pfizer-BioNTech ☐AstraZeneca ☐Johnson & Johnson ☐Novavax ☐Sinopharm-BBIBP ☐ Sinovac ☐Other ☐Unknown; Specify other _____

Date of vaccine dose 1: [D][D]/[M][M]/[Y][Y][Y][Y]

Product name of COVID-19 vaccine dose 2:

☐Moderna ☐Pfizer-BioNTech ☐AstraZeneca ☐Johnson & Johnson ☐Novavax ☐Sinopharm-BBIBP ☐ Sinovac ☐Other ☐Unknown; Specify other _____

Date of vaccine dose 2: [D][D]/[M][M]/[Y][Y][Y][Y]

Source of information: ☐Documented Evidence (Vaccine card/Vaccine Passport/Facility based record/other) ☐Recall

2.4 Occupational status

Is there a change in the duration (hours) of working or schooling as compared to before acute illness of COVID-19 ☐Yes ☐No ☐Unknown;

If yes, specify: ☐Working/schooling time increased ☐Working/schooling time decreased ☐Stopped working or school since COVID-19 ☐Unknown;

If working/in school less or not at all, why ☐Poor health ☐New caring responsibility ☐Work or school less or not available due to COVID-19 restrictions ☐Other ☐Prefer not to say ☐Unknown

2.5 Functioning (*do not need to complete this section for children <15yrs*)

Ability to self-care: ☐Same as before COVID-19 ☐Worse ☐Better ☐Unknown

Think back over the past 7 days. How much difficulty has the participant had with the following:	**Score:** **0** No Difficulty **1** Mild Difficulty **2** Moderate Difficulty **3** Severe Difficulty **4** Extreme Difficulty or Cannot do	**Compared to before COVID-19, are you better/worse/same**		
		Better	Worse	Same
Standing for long periods such as 30 minutes				
Taking care of your household responsibilities				
Learning a new task, e.g. learning how to get to a new place				
Joining in community activities (if applicable)				
Being emotionally affected by your health problems				
Concentrating on doing something for ten minutes				
Walking a long distance such as a kilometre (or equivalent)				
Washing your whole body				
Getting dressed				
Dealing with people you do not know				
Maintaining a friendship				
Your day-to-day work/school				
TOTAL score				

If other scales were used: Name of the scale: _____Score_[_ _][_ _]/[_ _][_ _]

[2] **Participant ID**: obtain the 4-digit **site code** by contacting COVID_ClinPlatform@who.int. Enter a 5-digit **patient number** (e.g. 00001, 00002, etc) and record the information in a logbook

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Did the participant experience any of the following symptoms after the acute illness of COVID-19/ since hospital discharge for COVID-19, that were **not experienced** prior to the acute episode of COVID-19 ☐Yes ☐No ☐Unknown;

If yes, please respond to questions below:

Anxiety:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Altered smell:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Altered taste:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Behaviour change:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Can't move and/or feel one side of body or face:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Chest pain:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Constipation:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Depressed mood:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Diarrhoea:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Dysmenorrhea	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Dizziness/light headedness:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Fainting/blackouts:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Fever:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Forgetfulness:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Jerking of limbs:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Joint pain/swelling:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Loss of appetite:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Loss of interest/pleasure:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Lumpy lesions: (purple/pink/bluish) **on toes/COVID toes:**	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Persistent dry cough:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Persistent fatigue:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Problems hearing:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Persistent headache:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Persistent muscle pain:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Post-exertional malaise:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Problems passing urine:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Problems seeing:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Problem swallowing:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Problems with balance:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Problems with communication:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Problems with gait/falls:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Ringing in ears:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Seizures:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Shortness of breath:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
If still present or sometimes:	☐At rest ☐Only with activity ☐Unknown;
Skin rash:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
If still present or sometimes, please tick all areas of the body that apply:	☐Face ☐Trunk (stomach or back) ☐Arms ☐Legs ☐Buttocks ☐Toes ☐Fingers☐Unk;
Slowness of movement:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Sleeping less:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Sleeping more:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Stiffness of muscles:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Stomach pain:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Swollen ankles:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Tremors:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Trouble in concentrating:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Weakness in limbs:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Weight loss:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
The following questions should not be completed for children <15yrs:	
Erectile dysfunction:	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;
Hallucinations (seeing or hearing things others don't see or hear):	☐Yes (had, now resolved) ☐Yes, currently ☐Yes, sometimes ☐No ☐Unknown;

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PARTICIPANT ID[3] I_ _I I_ _I I_ _I I___I I_ _I – I___I I_ _I I_ _I I___I

Module 3: Clinical examinations, laboratory tests and diagnosis during follow up visit

This module should be completed by a health worker to report on examinations/tests undertaken during the current follow up visit. **Date of follow up visit:** [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

Country _____ City: _____ Facility name (if applies) _____

3.1 Neurological examination

Was a neurological examination performed □Yes □No □Unknown;
If yes, findings were: □Normal □Abnormal □Unknown;
If abnormal, select below the abnormalities that apply:
Please only report **on** abnormalities that **have been** absent prior to the acute illness.
Aphasia: □Yes □No □Unknown;
Ataxia: □Yes □No □Unknown;
Confusion, **disorientation or otherwise abnormal mental status**: □Yes □No □Unknown;
Dysarthria: □Yes □No □Unknown;
Dystonia: □Yes □No □Unknown;
Facial weakness: □Yes □No □Unknown;
Hearing loss: □Yes □No □Unknown;
Hemiparesis: □Yes □No □Unknown;
Neuralgia: □Yes □No □Unknown;
Paraparesis: □Yes □No □Unknown;
Sensory Loss: □Yes □No □Unknown;
Tremor or abnormal movements: □Yes □No □Unknown;
Vision loss (including ocular, field cut): □Yes □No □Unknown

3.2 Radiographic examinations

Did the participant perform any radiographic examination □Yes □No □Unknown;
If yes, please specify type of exam and results:

CT Scan Brain: □Done □Not done □Unknown;
If done: □Normal □Abnormal, likely unrelated to COVID-19 □ Abnormal, likely related to COVID-19 □Abnormal, but unknown if related to COVID-19; □Results unknown;

CT Scan Chest: □Done □Not done □Unknown;
If done: □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, but unknown if related to COVID-19; □Results unknown;

Echocardiogram: □Done □Not done □Unknown;
If done: □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, but unknown if related to COVID-19; □Results unknown;

Lung ultrasound: □Done □Not done □Unknown;
If done: □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, but unknown if related to COVID-19; □Results unknown;

MRI Brain: □Done □Not done □Unknown;
If done: □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, but unknown if related to COVID-19; □Results unknown;

MRI Spine: □Done □Not done □Unknown;
If done: □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, but unknown if related to COVID-19; □Results unknown;

X-ray Chest: □Done □Not done □Unknown;
If done: □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, but unknown if related to COVID-19; □Results unknown

[3] **Participant ID**: obtain the 4-digit **site code** by contacting COVID_ClinPlatform@who.int. Enter a 5-digit **patient number** (e.g. 00001, 00002, etc) and record the information in a logbook

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3.3 Blood tests

Was a blood test done □Yes □No □Unknown;
If yes, specify type of test and results from list below:

Albumin:	□Done □Not done	Value:	□g/L □g/dL
ALT/SGPT:	□Done □Not done	Value:	□IU/L
Antithyroglobulin:	□Done □Not done	Value:	□IU/ml
AST/SGOT:	□Done □Not done	Value:	□IU/L
Creatine Kinase MM:	□Done □Not done	Value:	□IU/L □UKAT/L
Creatinine:	□Done □Not done	Value:	□mg/dL □µmol/L
C-reactive protein (CRP):	□Done □Not done	Value:	□mg/L
D-Dimer:	□Done □Not done	Value:	□ng/mL □µg/L
Fasting Blood Glucose:	□Done □Not done	Value:	□mg/dL
Ferritin:	□Done □Not done	Value:	□ng/mL □µg/L
Fibrinogen:	□Done □Not done	Value:	□g/L □mg/dL
Globular Filtration Rate:	□Done □Not done	Value:	□ml/min
LDH:	□Done □Not done	Value:	□IU/L
Lymphocytes:	□Done □Not done	Value:	□cells/µL □cells/mm^3
Thyroid peroxidase antibodies:	□Done □Not done	Value:	□U/ml
Troponin:	□Done □Not done	Value:	□ng/mL □µg/L
TSH:	□Done □Not done	Value:	□mU/L
Urea (BUN):	□Done □Not done	Value:	□g/L □mg/dL □mmol/L
Coronavirus antibodies IgA:	□Done □Not done	Value:	□Pos □Neg
Coronavirus antibodies IgG:	□Done □Not done	Value:	□Pos □Neg
Coronavirus antibodies IgM:	□Done □Not done	Value:	□Pos □Neg

3.4 Clinical Tests and Scales

Was a neurological test done □Yes □No □Unknown;
If yes, specify type of test and results from list below:

Addenbrooke's Cognitive Examination-III (ACE-III): □Done □Not done □Unknown;
If done, score 0-100 [ ][ ][ ]; □Unknown;

Cerebral Spinal Fluid examination: □Done □Not done □Unknown;
If done: □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, unknown if related to COVID-19 □Unknown;

Electroencephalogram: □Done □Not done □Unknown;
If done: □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, unknown if related to COVID-19 □Unknown;

Electromyogram: □Done □Not done □Unknown;
If done: □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, unknown if related to COVID-19 □Unknown;

Hearing test: □Done □Not done □Unknown;
If done: □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, unknown if related to COVID-19 □Unknown;

Mini-Mental State Examination (MMSE): □Done □Not done □Unknown;
If done: score 0-30 [ ][ ]; □Unknown;

Montreal Cognitive Assessment (MoCA): □Done □Not done □Unknown;
If done: score 0-30 [ ][ ]; □Unknown;

Nerve Conduction Studies: □Done □Not done □Unknown;
If done: □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, unknown if related to COVID-19 □Unknown;

Vision test: □Done □Not done □Unknown;
If done: □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, unknown if related to COVID-19 □Unknown;

Other tests performed: □Done □Not done □Unknown;
If done: Name of the test _____;

Results: □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, unknown if related to COVID-19 □Unknown.

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3.4 Clinical Tests and Scales *continuation*

Was a cardiovascular test done □Yes □No □Unknown;

If yes, specify type of test and results from list below:

Electrocardiogram: □Done □Not done □Unknown;
If done: □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, unknown if related to COVID-19 □Unknown;

6-Minute Walking Distance: □Done □Not done; □Unknown;
If done: [ ][ ][ ] metres; □Unknown;

Pulse rate at rest: [ ][ ][ ] beats/minute □ Unknown;

Other tests performed: □Done □Not done □Unknown;
If done: Name of the test _____; **Results:** □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, unknown if related to COVID-19 □Unknown;

Was a respiratory test done □Yes □No □Unknown;

If yes, specify type of test and results from list below:

Was a pulmonary function test or spirometry done □Yes □No □Unknown;
If done, results: □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, unknown if related to COVID-19 □Unknown;

If abnormal: FVC____ mL OR _____(%), FEV1_____mL OR _____(%) □Unknown;

Respiratory rate at rest: [ ][ ][ ] breaths/minute; **SPO_2**: [ ][ ] % □Unknown;

Diffusing Capacity for Carbon Monoxide (DCLO) test: □Done □Not done; □ Unknown; If done, [ ][ ][ ] %;

Is the patient receiving supplemental oxygen □Yes □No □Unknown;

MRC dyspnoea scale: □Score 1 □Score 2 □Score 3 □Score 4 □Score 5 □Unknown;

Other tests performed: □Done □Not done □Unknown;
If done: Name of the test _____; **Results:** □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, unknown if related to COVID-19 □Unknown;

Was a gastrointestinal test done □Yes □No □Unknown;

If yes, specify type of test and results below:

Dysphagia Severity Scale: □Done □Not done □Unknown;
If done: □Score 1 □Score 2 □Score 3 □Score 4 □Score 5 □Score 6 □Score 7 □Unknown;

Other tests performed: □Done □Not done □Unknown;
If done: Name of the test _____; **Results:** □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, unknown if related to COVID-19 □Unknown;

Was a musculoskeletal test done □Yes □No □Unknown;

If yes, specify type of test and results from list below:

Hand grip strength: □Done □Not done □Unknown;
If done: [ ][ ][ ] Newton OR [ ][ ][ ] /Kg; □Unknown;

MRC Sum Score: □Done □Not done □Unknown;
If done: score between 0-60 [ ][ ]; □Unknown;

Timed up and go: □Done □Not done □Unknown;
If done: time taken [ ][ ] seconds; □Unknown;

Other tests performed: □Done □Not done □Unknown;
If done: Name of the test _____; **Results:** □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, unknown if related to COVID-19 □Unknown;

Was any test done for fatigue/pain/activities of daily living □Yes □No □Unknown;

If yes, specify type of test and results from list below:

Barthel Index Score: □Done □Not done □Unknown;
If done: score between 0-100 [ ][ ][ ]; □Unknown;

EQ5D-5L: □Done □Not done □Unknown;
If done: score between 11111-55555 [ ][ ][ ] [ ][ ]; □Unknown;

Fatigue Numerical Rating Scale: □Done □Not done □Unknown;
If done: score between 0-10 [ ][ ]; □Unknown;

Fatigue Severity Scale: □Done □Not done □Unknown;
If done: score between 1-7 [ ][ ];□Unknown;

Pain Numerical Rating Scale: □Done □Not done □Unknown;
If done: score between 0-10 [ ][ ]; □Unknown;

Other tests performed: □Done □Not done □Unknown;
If done: Name of the test _____; **Results:** □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, unknown if related to COVID-19 □Unknown;

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3.4 Clinical Tests and Scales *continuation*

Was a mental health test done ☐Yes ☐No ☐Unknown;
If yes, specify type of test and results below:

Hospital Anxiety and Depression Scale- A: ☐Done ☐Not done ☐Unknown;
If done: score between 0-21 [ ][ ]; ☐Score unknown

Hospital Anxiety and Depression Scale- D: ☐Done ☐Not done ☐Unknown;
If done: score between 0-21 [ ][ ]; ☐Score unknown

Impact of Event Scale-Revised: ☐Done ☐Not done ☐Unknown;
If done: score between 0-88 [ ][ ]; ☐Score unknown

Patient Health Questionnaire-9 for depression (PHQ-9 for depression): ☐Done ☐Not done ☐Unknown;
If done: score between 0-27 [ ][ ]; ☐Score unknown

PTSD Checklist-5: ☐Done ☐Not done ☐Unknown;
If done: score between 0-80 [ ][ ]; ☐Score unknown

Other tests performed: ☐Done ☐Not done ☐Unknown;
If done: Name of the test _____ **Results:** ☐Normal ☐Abnormal, likely unrelated to COVID-19 ☐Abnormal, likely related to COVID-19 ☐Abnormal, unknown if related to COVID-19 ☐Unknown;

Other test performed: ☐Done ☐Not done ☐Unknown;
If done: Name of the test _____ **Results:** ☐Normal ☐Abnormal, likely unrelated to COVID-19 ☐Abnormal, likely related to COVID-19 ☐Abnormal, unknown if related to COVID-19 ☐Unknown

3.5 New diagnosis of illness or complication related to COVID-19

Was the participant newly diagnosed with any illness or complication related to COVID-19 during this visit

Cardiovascular: ☐Yes ☐No ☐Unknown	**If yes**, please specify diagnosis from the list below:		
Hypertension ☐Yes ☐No ☐Unknown	**Acute heart failure:** Yes ☐No ☐Unknown
Atrial arrhythmia: ☐Yes ☐No ☐Unknown	**Ventricular arrhythmia:** Yes ☐No ☐Unknown
Arterial thrombosis: ☐Yes ☐No ☐Unknown	**Chronic heart failure:** Yes ☐No ☐Unknown
Coronary aneurysms: ☐Yes ☐No ☐Unknown	**Deep vein thrombosis:** Yes ☐No ☐Unknown
Deterioration of prior chronic heart failure: ☐Yes ☐No ☐Unknown	**Ischemic cardiomyopathy:** Yes ☐No ☐Unknown
Left ventricular dysfunction: ☐Yes ☐No ☐Unknown	**Right ventricular dysfunction:** Yes ☐No ☐Unknown
Myocarditis: ☐Yes ☐No ☐Unknown	**Pericarditis:** Yes ☐No ☐Unknown
Other cardiovascular illness: ☐Yes ☐No ☐Unknown Yes, specify_____	
Dermatological: ☐Yes ☐No ☐Unknown	**If yes**, please specify diagnosis from the list below:		
COVID toes (lumpy lesions on toes) ☐Yes ☐No ☐Unknown	**Skin rash:** Yes ☐No ☐Unknown
Other dermatological illness: ☐Yes ☐No ☐Unknown Yes, specify_____	
Endocrine: ☐Yes ☐No ☐Unknown	**If yes**, please specify diagnosis from the list below:		
Hypothyroidism: ☐Yes ☐No ☐Unknown	**Low insulin sensitivity:** Yes ☐No ☐Unknown
Thyroiditis: ☐Yes ☐No ☐Unknown	**Other endocrine disorder:** if Yes, specify_____ Yes ☐No ☐Unknown
Gastro-intestinal*:* ☐Yes ☐No ☐Unknown	**If yes,** please specify diagnosis from the list below:		
Deterioration of prior chronic liver failure: ☐Yes ☐No ☐Unknown	**Dysphagia**: Yes ☐No ☐Unknown
Gastrointestinal haemorrhage: ☐Yes ☐No ☐Unknown	**Post-infectious Irritable Bowel Syndrome**: Yes ☐No ☐Unknown
Other gastrointestinal disorder: ☐Yes ☐No ☐Unknown if Yes, specify_____	

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3.5 New diagnosis of illness or complication related to COVID-19 *continuation*			
Infections ☐Yes ☐No ☐Unknown		**If yes**, please specify diagnosis from the list below:	
Upper respiratory infection:	☐Yes ☐No ☐Unknown	**Lower Respiratory Infection:**	☐Yes ☐No ☐Unknown
Urinary Tract Infection:	☐Yes ☐No ☐Unknown	**Skin and Soft Tissue Infection:**	☐Yes ☐No ☐Unknown
Cardiovascular Infections:	☐Yes ☐No ☐Unknown	**Bone and Joint Infections:**	☐Yes ☐No ☐Unknown
Central nervous system Infections:	☐Yes ☐No ☐Unknown	**Bloodstream Infections:**	☐Yes ☐No ☐Unknown
Gastrointestinal Infections:	☐Yes ☐No ☐Unknown		
Generic:	☐Yes ☐No ☐Unknown	**If yes**, please specify diagnosis from the list below:	
Post-exertional malaise:	☐Yes ☐No ☐Unknown	**Post viral fatigue syndrome:**	☐Yes ☐No ☐Unknown
Other generic:	☐Yes ☐No ☐Unknown	if Yes, specify_____	
Musculoskeletal:	☐Yes ☐No ☐Unknown	**If yes**, please specify diagnosis from the list below:	
Arthralgia:	☐Yes ☐No ☐Unknown	**Arthritis:**	☐Yes ☐No ☐Unknown
ICU acquired weakness:	☐Yes ☐No ☐Unknown	**Myalgia:**	☐Yes ☐No ☐Unknown
Myositis:	☐Yes ☐No ☐Unknown	**Muscle atrophy:**	☐Yes ☐No ☐Unknown
Muscle weakness:	☐Yes ☐No ☐Unknown	**Osteopenia:**	☐Yes ☐No ☐Unknown
Osteoporosis:	☐Yes ☐No ☐Unknown	**Secondary sarcopenia:**	☐Yes ☐No ☐Unknown
Other musculoskeletal:	☐Yes ☐No ☐Unknown	if Yes, specify_____	
Mental health abnormality:	☐Yes ☐No ☐Unknown	**If yes**, please specify diagnosis from the list below:	
Anxiety:	☐Yes ☐No ☐Unknown	**Depression:**	☐Yes ☐No ☐Unknown
Post-traumatic Stress Disorder:	☐Yes ☐No ☐Unknown	**Psychosis:**	☐Yes ☐No ☐Unknown
Sleep disorder:	☐Yes ☐No ☐Unknown	**Other mental health abnormality:**	☐Yes ☐No ☐Unknown
		if Yes, specify_____	
Neurological:	☐Yes ☐No ☐Unknown	**If yes**, please specify diagnosis from the list below:	
Demyelinating or other inflammatory white matter brain lesions	☐Yes ☐No ☐Unknown	**Dementia/other neurocognitive disorder:**	☐Yes ☐No ☐Unknown
Dysautonomia:	☐Yes ☐No ☐Unknown	**Encephalitis:**	☐Yes ☐No ☐Unknown
Headache:	☐Yes ☐No ☐Unknown	**Hearing impairment:**	☐Yes ☐No ☐Unknown
Hemorrhagic Stroke:	☐Yes ☐No ☐Unknown	**Hypoxic ischemic brain injury**:	☐Yes ☐No ☐Unknown
Intracerebral haemorrhage:	☐Yes ☐No ☐Unknown	**Intraventricular haemorrhage:**	☐Yes ☐No ☐Unknown
Ischemic Stroke:	☐Yes ☐No ☐Unknown	**Meningitis:**	☐Yes ☐No ☐Unknown
Movement Disorder:	☐Yes ☐No ☐Unknown	**Motor Neuron Disease:**	☐Yes ☐No ☐Unknown
Myelopathy/Spinal Cord Disease:	☐Yes ☐No ☐Unknown	**Myopathy:**	☐Yes ☐No ☐Unknown
Neuromuscular Disorders:	☐Yes ☐No ☐Unknown	**Neuromuscular junction disorder:**	☐Yes ☐No ☐Unknown
Non-traumatic subarachnoid haemorrhage:	☐Yes ☐No ☐Unknown	**Polyneuropathy:**	☐Yes ☐No ☐Unknown
Guillain Barré Syndrome:	☐Yes ☐No ☐Unknown	**Psychiatric disorder:**	☐Yes ☐No ☐Unknown
Plexopathy:	☐Yes ☐No ☐Unknown	**Radiculopathy:**	☐Yes ☐No ☐Unknown
Seizures/Epilepsy:	☐Yes ☐No ☐Unknown	**Toxic/Metabolic Encephalopathy:**	☐Yes ☐No ☐Unknown
Vision impairment:	☐Yes ☐No ☐Unknown	**Other neurological disorder:**	☐Yes ☐No ☐Unknown
		if Yes, specify_____	

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3.5 New diagnosis of illness or complication related to COVID-19 *continuation*			
Pulmonary:	☐Yes ☐No ☐Unknown	**If yes**, please specify diagnosis from the list below:	
Bronchiectasis:	☐Yes ☐No ☐Unknown	**Cystic changes**:	☐Yes ☐No ☐Unknown
Deterioration of prior chronic pulmonary disease:	☐Yes ☐No ☐Unknown	**Lung fibrosis**:	☐Yes ☐No ☐Unknown
Lung hypoperfusion:	☐Yes ☐No ☐Unknown	**Mixed restrictive and obstructive pulmonary disease:**	☐Yes ☐No ☐Unknown
Obstructive pulmonary disease:	☐Yes ☐No ☐Unknown	**Pleural lesions:**	☐Yes ☐No ☐Unknown
Pulmonary arterial hypertension:	☐Yes ☐No ☐Unknown	**Pulmonary embolism**:	☐Yes ☐No ☐Unknown
Restrictive pulmonary disease:	☐Yes ☐No ☐Unknown	**Other pulmonary disease:**	☐Yes ☐No ☐Unknown
		if Yes, specify_____	
Renal:	☐Yes ☐No ☐Unknown	**If yes**, please specify diagnosis from the list below:	
Chronic renal failure:	☐Yes ☐No ☐Unknown	**Deterioration of prior chronic renal failure:**	☐Yes ☐No ☐Unknown
Other renal disease:	☐Yes ☐No ☐Unknown	if Yes, specify_____	

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