



WHO Global Clinical Platform for COVID-19 CORE CASE REPORT FORM (CRF)

INTRODUCTION

In response to the COVID-19 pandemic, the World Health Organization (WHO) has launched a global COVID-19 anonymized clinical data platform (the "COVID-19 Clinical Platform") to enable State Parties to the International Health Regulations (IHR) (2005) to share with WHO anonymized clinical data related to patients with suspected or confirmed infections with SARS-CoV-2 (collectively "anonymized COVID-19 data"). The anonymized COVID-19 data received by WHO will remain the property of the contributing Entity and will be used by WHO for purposes of verification, assessment and assistance pursuant to the IHR (2005), including to inform the public health and clinical operation response in connection with the COVID-19 outbreak. To help achieve these objectives, WHO has established an independent Clinical Advisory Group to advise WHO on global reporting and analysis of the anonymized clinical COVID-19 data. State Parties and other entities are invited to contact WHO to obtain more information about how to contribute anonymized clinical COVID-19 data to the WHO Clinical Platform. To preserve the security and confidentiality of the anonymized COVID-19 data, State Parties and other entities are respectfully requested to take all necessary measures to protect their respective log-in credentials and passwords to the COVID-19 Clinical Platform.

The anonymized COVID-19 data will be stored in the WHO COVID-19 Clinical Platform, which is a secured, access-limited, password protected electronic platform. WHO will (i) protect the confidentiality and prevent the unauthorized disclosure of the anonymized COVID-19 data; (ii) implement and maintain appropriate technical and organizational security measures to protect the security of the anonymized COVID-19 data and the COVID-19 Clinical Platform. In accordance with Article 11(4) of the IHR (2005), WHO will not make the anonymized COVID-19 data generally available to other State Parties or entities until such time as any of the conditions set forth in paragraph 2 of Article 11 are first met, and following consultation with affected countries/entities. Pursuant to that same Article 11, WHO will not make the anonymized COVID-19 data available to the public, unless and until the anonymized COVID-19 data have already been made available to State Parties, and provided that other information about the COVID-19 epidemic has already become publicly available and there is a need for the dissemination of authoritative and independent information.

To contribute data to the WHO COVID-19 Clinical Platform or to receive more information, please contact: covid_clinPlatform@who.int

CASE REPORT FORM (CRF)

The Core CRF is designed to collect data obtained through examination, interview and review of hospital notes. Data may be collected prospectively or retrospectively. The data collection period is defined as the period from hospital admission to discharge, transfer, death, or continued hospitalization without possibility of continued data collection.

This CRF has 4 modules:

Module 1: to be completed on admission to the health centre (within 24 hours of admission).

Module 2: to be completed on ICU admission or ICU transfer (within 24 hours of admission/transfer).

Module 3: to be completed at discharge or death.

Pregnancy Module: to be completed if: currently pregnant or <=21 days from pregnancy outcome

GENERAL GUIDANCE

- Participant identification numbers consist of a site code and a participant number. You can register on the data
 management system by contacting COVID_ClinPlatform@who.int and our data management team will contact
 you with instructions for data entry and will assign you a 5-digit site code at that time.
- Please contact us at COVID ClinPlatform@who.int for any information.



PARTICIPANT ID I	- 11	- 11	11	Π		1 1	l I

MODULE 1. Comple	ete on hospital a	admission (within	24 hrs from hos	pital admission)
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Facility nameCountry
Date of admission [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
1a. INCLUSION CRITERIA
Presence of signs or symptoms suggestive of COVID-19
Laboratory confirmation of COVID-19 (antigen test or molecular test) □Yes □No □Unknown
If positive, date of most recent test <code>[D][D]/[M][M]/[2][0][Y][Y]</code>
// DEMOCRATIVES
1b. DEMOGRAPHICS Sex at birth □Male □Female □Intersex □Unknown Date of birth [□ 1 □ 1
Sex at birth Male Female Intersex Unknown Date of birth D D M M M M M M M M
If child < 5 years, specify age: [][] months
If infant < 12 months of age, were they born preterm (<37 weeks' gestation)? □Yes □No □Unknown
If infant < 12 months of age, were they born low birth weight (<2.5 kg)? □Yes □No □Unknown
If infant with low birth weight, specify weight at birth: [_][_] kg
Race/ethnicity (tick all that apply) □Asian □African/Black □Caucasian/White □Hispanic/Latino □Other □Unknown
Health worker in contact with patients? □Yes □No □Unknown
Currently pregnant? □Yes □No □Unknown; If Yes, also complete Pregnancy Module.
If No, was she pregnant within ≤ 21 days of pregnancy outcome from admission? □Yes □No □Unknown. If Yes, also complete Pregnancy Module.
If No, was she pregnant within 22-42 days from admission? □Yes □No □Unknown
If currently or recently pregnant within≤ 21 days, gestational age: [][] weeks.
1c. VACCINATION STATUS FOR COVID-19
Did the patient receive a COVID-19 vaccine? □Yes □No □Unknown
Source of information □Documented evidence (vaccine card/vaccine passport/facility-based record/other) □Recall If yes, number of doses received □1 □2 □3 □Unknown
Dose 1, specify □Pfizer □Moderna □Janssen □AZ □Sinovac □Sinopharm □Bharat (Covaxin) □Sputnik □Other □Unknown
Date of the 1st dose [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Dose 2, specify □Pfizer □Moderna □Janssen □AZ □Sinovac □Sinopharm □Bharat (Covaxin) □Sputnik □Other □Unknown
Date of the 2 nd dose [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Dose 3, specify □Pfizer □Moderna □Janssen □AZ □Sinovac □Sinopharm □Bharat (Covaxin) □Sputnik □Other □Unknown
Date of the 3 rd dose [_D_](_M_](_M_]/[_2_][_0_][_Y_][_Y_]
1d. DATE OF ONSET AND ADMISSION VITAL SIGNS (first available data at presentation/admission)
Symptom onset (date of first/earliest symptom) [D][D]/[M][M]/[2][0][Y][Y]
Admission date at this facility [D][D]/[M][M]/[2][0][Y][Y]
Was the patient transferred to this facility from another facility during this illness? □Yes □No □Unknown
Temperature [_][].[_]°C Heart rate [_][_][_]beats/min Respiratory rate [_][_]breaths/min Blood pressure [_] [_] [_](systolic) [_][_][_](diastolic)mmHg
Oxygen saturation: [_][_]% on □Room air □Oxygen therapy □Unknown A V P U (circle one)
Mid-upper arm circumference [][][_]mm



1e. CO-MORBIDITIES (existin	1e. CO-MORBIDITIES (existing at admission) (Unk = Unknown)								
Chronic cardiac disease (not hypertension)	□Yes	□No	□Unk	Diabetes mellitus □Yes		□No	□Unk		
Hypertension	□Yes	□No	□Unk	Current smoking	□Yes	□No	□Unk		
Chronic pulmonary disease	□Yes	□No	□Unk	Tuberculosis (active)	□Yes	□No	□Unk		
Asthma	□Yes	□No	□Unk	Tuberculosis (previous)	□Yes	□No	□Unk		
Chronic kidney disease	□Yes	□No	□Unk	Cerebrovascular disease	□Yes	□No	□Unk		
Chronic liver disease	□Yes	□No	□Unk	Malignant neoplasm (active, past 6 months)	□Yes	□No	□Unk		
Autoimmune disease	□Yes	□No	□Unk	Malignant neoplasm (remission, > 6 months) (active, past 6 months)	□Yes □Yes	□No □No	□Unk □Unk		
Chronic neurological disorder	□Yes	□No	□Unk	Mental health disorder	□Yes	□No	□Unk		
Immunodeficiency	□Yes	□No	□Unk	Other	□Yes	□No	□Unk		
Dementia	□Yes	□No	□Unk	If yes, specify:					
HIV □No □Yes (on antiretr	HIV □No □Yes (on antiretroviral therapy/ART) □Yes (not on antiretroviral therapy/ART) □Unknown								

1f. REINFECTION WITH COVID-19
Did the patient have another episode of COVID-19 before? □Yes □No □Unknown
If yes, specify the following: Date of onset of previous episode [D][D]/[M][M]/[2][0][Y][Y]
Was the previous episode of COVID-19 confirmed by a laboratory test? □Yes □No □Unknown
Was the patient admitted to a hospital during the previous episode? □Yes □No □Unknown
If yes, specify date of hospital admission for the previous episode <code>_D_]_D_]/[_M_]_M_]/[_2_]_0_]_Y_]_Y_]</code>

1g. SIGNS AND SYMPTOMS ON ADMISSION (Unk = Unknown)								
History of fever	□Yes □No □Unk	Lower chest indrawing	□Yes □No	□Unk				
Cough	□Yes □No □Unk	Headache	□Yes □No	□Unk				
with sputum production	□Yes □No □Unk	Altered consciousness/confusion	□Yes □No	□Unk				
with haemoptysis	□Yes □No □Unk	Seizures	□Yes □No	□Unk				
Sore throat	□Yes □No □Unk	Vomiting/nausea	□Yes □No	□Unk				
Runny nose (rhinorrhea)	□Yes □No □Unk	Diarrhoea	□Yes □No	□Unk				
Wheezing	□Yes □No □Unk	Conjunctivitis	□Yes □No	□Unk				
Chest pain	□Yes □No □Unk	Skin rash	□Yes □No	□Unk				
Muscle aches (myalgia)	□Yes □No □Unk	Intracerebral haemorrhage	□Yes □No	□Unk				
Joint pain (arthralgia)	□Yes □No □Unk	Ischaemic stroke	□Yes □No	□Unk				
Fatigue/malaise	□Yes □No □Unk	Lymphadenopathy	□Yes □No	□Unk				
Loss of taste	□Yes □No □Unk	Inability to walk	□Yes □No	□Unk				
Loss of smell	□Yes □No □Unk	Blurry vision	□Yes □No	□Unk				
Shortness of breath	□Yes □No □Unk	Peeling or swelling of oral mucosa hands/feet	□Yes □No	□Unk				
Other:	□Yes □No □Unk If yes, sp	pecify:						

1h. PRE-ADMISSION AND (h. PRE-ADMISSION AND CHRONIC MEDICATION taken within 14 days of admission								
Oxygen therapy	□Yes □No □Unknown	Antivirals	□Yes □No □Unknown						
Colchicine	□Yes □No □Unknown	If yes, specify the di							
Hydroxychloroquine	□Yes □No □Unknown	□Fluvoxamine □Molnupinavir □Oseltamivir □Other □Unkno							
Ivermectin	□Yes □No □Unknown	Antibiotics	□Yes □No □Unknown						
Systemic corticosteroids Antifungals	□Yes □No □Unknown □Yes □No □Unknown	If yes, specify the drug: □Azithromycin □Ciprofloxacin/Levofloxacin □Amoxicillin/Clavulanic acid □Other □Unknown							



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1i. MEDICATION On the day of	admission, did the patie	nt receive any of the followir	ng:					
Blood-derived products received?	Yes □No □Unknown							
If yes, specify: □IV immune globulin □Convalescent plasma □Other;								
Hydroxychloroquine received? Yes	□No □Unknown Ivermect	i n □Yes □No □Unknown						
Experimental agents received?								
Phytotherapy received?□Yes □No □Ur	nknown							
IL-1 antagonists received?□Yes □No	□Unknown							
If yes, specify: □Anakinra □Canakinum		□Unknown						
IL-6 antagonists received?□Yes □No	□Unknown							
If yes, specify: □Siltuximab □Sarilumab	□Tocilizumab □Other IL-6	antagonist □Unknown						
Janus kinase inhibitors received?								
If yes, specify: □Acalabrutinib □Ibrutini			kinase inhibitors □Unknown					
Neutralizing monoclonal antibodies								
If yes, specify: □Casirivimab and Imde		nivimab and Etesevimab □ Other	□Unknown					
Steroids received? □Yes □No □Unkn								
If yes, specify: □Dexamethasone □Hyo		* *						
Antithrombotic/anticoagulation drug								
If yes, specify: □Unfractionated heparin		oarin □Warfarin □Direct oral antic	coagulant □Other □Unknown					
Antiviral drugs received? Yes No								
If yes, specify: □Remdesivir □Lopinavir/l	•	ıpıravır ⊔Acyclovir/Gancıclovir ⊔Flu	uvoxamine					
If HIV positive, ART received □Yes □								
If yes, specify: □2 NRTI + Dolutegravir □	2 NRTI + NNRTIs □2 NRTI +	Raltegravir □2 NRTI + protease inh	nibitor □ Unknown					
Antibiotic received? □Yes □No □Ur	nknown							
If yes, specify:								
☐ Macrolides (e.g. Azithromycin, Clarit		☐ Amoxicillin-Clavul	anic acid					
☐ Fluoroquinolones (e.g. Ciprofloxacin	,							
☐ 3rd and 4th generation Cephalosport		☐ Colistin						
(e.g. Ceftriaxone, Cefotaxime, Ceftaz		☐ Gentamicin or Am						
☐ 5th generation Cephalosporin (e.g. C	Ceftolozane/Tazobactam)	□ Vancomycin or Te	eicoplanin					
☐ Ceftazidime/Avibactam		□ Daptomycin						
☐ Carbapenems (e.g. Imipenem, Mero	penem)	☐ Linezolid or Tediz	olid					
□ Piperacillin-Tazobactam		□ Other						
Authorization 10	□	☐ Unknown						
Antifungal received?	-	ala DElwaytaaina DOthan Dilbaka						
If yes, specify: ☐Amphotericin	B □Fiuconazoie □itraconaz	ole □Flucytosine □Other □Unkno	own					
1j. SUPPORTIVE CARE On the	day of admission, did th	e patient undergo any of the	following:					
ICU or high dependency unit admiss	ion? □Yes □No □Unknow	1						
Source of oxygen: □Piped □Cylinder	\Box Concentrator \Box Unknown							
Oxygen therapy? □Yes □No □Unkno	own If yes , mark the highest	care received below:						
Interface: □Nasal prongs □HF nasal o	annula □Simple face mask	□Venturi mask □Mask with reser	voir □CPAP/BiPAP					
□Intubated □Unknown								
If using any of the following: nasal p	rongs; or simple face mas	k; or venturi mask; or mask wit	h reservoir: specify:					
max O₂ flow: □1–5 L/min □6–10 L/min			. ,					
If HF nasal cannula, specify: max FiO₂								
If non-invasive ventilation (e.g. BiPAP/CP								
If invasive ventilation, specify: max PEI								
Extracorporeal (ECMO) support?			□Yes □No □Unknown					
Inotropes/vasopressors?	□Yes □No □Unknown	Renal replacement therapy						
Blood transfusion	□Yes □No □Unknown	Plasma exchange therapy	□Yes □No □Unknown					



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1k. LABORATO	RY RESUL	TS ON ADM	IISSION					
Parameter	Value		Units		Parameter	Value*	Un	its
Haemoglobin		□ g/L	□ g/dL		Creatinine		□ mg/dL	□μmol/L
WBC count		□ /mm³	☐ G/L (= x10 ⁹ /L)		Sodium		□ mE	q/L = mmol/L
Haematocrit			□ %		Potassium		□ mE	q/L = mmol/L
Neutrophils		□ /mm³	☐ G/L (= x10 ⁹ /L)		Fibrinogen			□ mg/dL
Platelets		□ /mm³	☐ G/L (= x10 ⁹ /L)		Procalcitonin		□ ng/mL	□ µg/L
APTT/APTR			□ seconds		CRP		□ mg/L	□ mg/dL
PT			□ seconds		LDH			□ IU/L
INR					Creatine kinase		□ IU/L	□UKAT/L
ALT/SGPT			□ IU/L		Troponin		□ ng/mL	□ µg/L
AST/SGOT			□ IU/L		ESR			□ mm/hour
Total bilirubin		□ mg/dL	□ µmol/L		D-dimer		□ ng/mL	□ µg/L
Urea (BUN)		□ mg/dL	□ µmol/L	□ mmol/L	Ferritin		□ ng/mL	□μg/L
Lactate		□ mg/dL	□ mmol/L		IL-6			□ pg/mL



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MODULE 2. ICU admission or ICU transfer (within 24 hours of ICU admission/transfer)

Date of follow up $[\ \ \ \ \ \]$ $[\ \ \ \ \ \ \ \]$ $[\ \ \ \ \ \ \ \ \]$ $[\ \ \ \ \ \ \ \ \]$

Was the patient transferred to the ICU on this day? \Box Yes \Box No \Box Unknown

2a. VITAL SIGNS (record most abnormal value between 00:00 to 24:00)							
Temperature [][].[]°C Heart rate [][_][]beats per min Blood pressure [] [] [](systolic) [][][](diastolic)mmHg Oxygen saturation on □Room air □Oxygen therapy □Unknown	Respiratory rate []breaths/min A V P U (circle one)						

2b. LABORAT	ORY RESUL	TS ON ADM	ISSION					
Parameter	Value		Units		Parameter	Value*	Units	
Haemoglobin		□ g/L	□ g/dL		Creatinine		□ mg/dL	□µmol/L
WBC count		□ /mm³	☐ G/L (= x10 ⁹ /L)		Sodium		□ mE	q/L = mmol/L
Haematocrit			□ %		Potassium		□ mE	q/L = mmol/L
Neutrophils		□ /mm³	□ G/L (= x10 ⁹ /L)		Fibrinogen			□ mg/dL
Platelets		□ /mm³	☐ G/L (= x10 ⁹ /L)		Procalcitonin		□ ng/mL	□ µg/L
APTT/APTR			□ seconds		CRP		□ mg/L	□ mg/dL
PT			□ seconds		LDH			□ IU/L
INR					Creatine kinase		□ IU/L	□UKAT/L
ALT/SGPT			□ IU/L		Troponin		□ ng/mL	□ µg/L
AST/SGOT			□ IU/L		ESR			□ mm/hour
Total bilirubin		□ mg/dL	□ µmol/L		D-dimer		□ ng/mL	□ µg/L
Urea (BUN)		□ mg/dL	□ µmol/L	□ mmol/L	Ferritin		□ ng/mL	□μg/L
Lactate		□ mg/dL	□ mmol/L		IL-6			□ pg/mL



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Blood-derived products received? Yes \text{No Unknown}	0 145010451011 0 41 1			
If yes, specify: DIV immune globulin Convalescent plasma Other Yes No Unknown Vermectin Yes Yes Yes Yes No Unknown Vermectin Yes Yes Yes Yes Yes Yes Unknown Vermectin Yes		· · · · · · · · · · · · · · · · · · ·	itient receive any of the follow	ving:
Hydroxychloroquine received? Pyes No Unknown Nermectin Pyes No Unknown Nermectin Experimental agents received? Pyes No Unknown U				
Experimental agents received? Phytotherapy received?** No Unknown IL-1 antagonists received?** No Unknown If yes, specify: Anakinra Canakinumab Other IL-1 antagonist Unknown If yes, specify: Siltusinab Sarilumab Tocilizumab Other IL-6 antagonist Unknown If yes, specify: Siltusinab Sarilumab Tocilizumab Other IL-6 antagonist Unknown If yes, specify: Siltusinab Sarilumab Tocilizumab Other IL-6 antagonist Unknown If yes, specify: Calabrutinib Eloruninib Elorunib El				!
Phytotherapy received? Yes No Unknown L-1 antagonists received? Yes No Unknown L-2 antagonists received? Yes No Unknown L-3 antagonists received? Yes No Unknown L-4 antagonists received? Yes No Unknown Yes, specify Silituxinab Sarifumab Oricilizumab Other L-6 antagonist Unknown Yes, specify Calaaburutinib Burutinib Lacauburutinib Barictinib Barictinib Tofactinib Other kinase inhibitors Yes, specify Calaaburutinib Burutinib Lacauburutinib Barictinib Barictinib Tofactinib Other kinase inhibitors Unknown Yes, specify Calaaburutinib Barictinib Barictinib Barictinib Tofactinib Other kinase inhibitors Unknown Yes, specify Calaaburutinib Barictinib Barictinib Barictinib Tofactinib Other kinase inhibitor Unknown Yes, specify Calaaburutinib Barictinib Barictinib Barictinib Duknown Yes, specify Calaaburutinib Calauburutinib		□No □Unknown Ivermect	t in □Yes □No □Unknown	
IL-1 antagonists received? _Yes _No _Unknown				
If yes, specify: Canakinra Canakinumab Other L-1 antagonist Unknown	Phytotherapy received?□Yes □No □Un	known		
It-se antagonists received? Yes No Unknown	IL-1 antagonists received? ☐ Yes ☐ No	□Unknown		
If yes, specify:	If yes, specify: □Anakinra □Canakinum	ab □Other IL-1 antagonist	□Unknown	
Janus kinase inhibitors received? "Yes No Unknown If yes, specify: Acalabrutinib Intuinib Baricitinib Ruxolitinib Tofacitinib Other kinase inhibitors Unknown Neutralizing monoclonal antibodies received? "Yes No Unknown If yes, specify: Casirivimab and Indevimab Storoidira Received? "Yes No Unknown If yes, specify: Dexamethasone Hydrocortisone Prednisone Methylprednisolone Unknown If yes, specify: Dexamethasone Hydrocortisone Prednisone Methylprednisolone Unknown If yes, specify: Unfractionated heparin Low molecular weight heparin Warfarin Direct oral anticoagulant Other Unknown If yes, specify: Unfractionated heparin Low molecular weight heparin Warfarin Direct oral anticoagulant Other Unknown If yes, specify: Unfractionated heparin Low molecular weight heparin Warfarin Direct oral anticoagulant Other Unknown If yes, specify: Unfractival drugs received? Yes No Unknown If yes, specify: Remdesivir Lopinavir/Ritonavir Molnupiravir Favipiravir Acyclovir/Ganciclovir Fluvoxamine Other Unknown If yes, specify: 2 NRTI + Dolutegravir 2 NRTI + NNRTIs 2 NRTI + Rategravir 2 NRTI + protease inhibitor Unknown If yes, specify: 2 NRTI + Dolutegravir 2 NRTI + NNRTIs 2 NRTI + Rategravir 2 NRTI + protease inhibitor Unknown If yes, specify: 2 ARTI + Dolutegravir 2 NRTI + NNRTIs 2 NRTI + Rategravir 2 NRTI + protease inhibitor Unknown If yes, specify: 4 Amoxicillin-Clavulanic acid Cotrimoxazole Cotr	IL-6 antagonists received? ☐ Yes ☐ No	□Unknown		
If yes, specify: Acatabrutinib Brutinib Zanubrutinib Baricitinib Ruxolitinib Tofacitinib Other kinase inhibitors Unknown	If yes, specify: □Siltuximab □Sarilumab	□Tocilizumab □Other IL-6	antagonist □Unknown	
Neutralizing monoclonal antibodies received? Yes No Unknown If yes, specify: Casinivimab and indiverimab Sotrovimab Bamilanivimab and Etesevimab Other Unknown Steroids received? Yes No Unknown If yes, specify: Dexamethasone Hydrocortisone Prednisone Methylprednisolone Unknown If yes, specify: Unfractionated heparin Low molecular weight heparin Warfarin Direct oral anticoagulant Other Unknown If yes, specify: Unfractionated heparin Low molecular weight heparin Warfarin Direct oral anticoagulant Other Unknown If yes, specify: No Unknown If yes, specify: Copinavir/Ritonavir Molnupiravir Favipiravir Acyclovir/Ganciclovir Fluvoxamine Other Unknown If HIV positive, Antiretroviral Therapy received Yes No Unknown If yes, specify: No No No No No No No N	Janus kinase inhibitors received? □\	∕es □No □Unknown		
Kyes, specify: Casirivimab and Imdevimab Sotrovimab Bamlanivimab and Etesevimab Other Unknown Steroids received? Yes No Unknown Green Other Unknown Other	If yes, specify: □Acalabrutinib □Ibrutinib	o □Zanubrutinib □Baricitinib	□Ruxolitinib □Tofacitinib □Other	kinase inhibitors □Unknown
Kyes, specify: Casirivimab and Imdevimab Sotrovimab Bamlanivimab and Etesevimab Other Unknown Steroids received? Yes No Unknown Green Other Unknown Other	Neutralizing monoclonal antibodies r	received? □Yes □No □Unk	known	
Steroids received? Yes No Unknown If yes, specify: Dexamethasone Hydrocortisone Prednisone Methylprednisolone Unknown If yes, specify: Dexamethasone Hydrocortisone Prednisone Methylprednisolone Unknown If yes, specify: Unfractionated heparin Low molecular weight heparin Warfarin Direct oral anticoagulant Other Unknown If yes, specify: Memdesivir Lopinavir/Ritonavir Molnupiravir Favipiravir Acyclovir/Ganciclovir Fluvoxamine Other Unknown If yes, specify: Remdesivir Lopinavir/Ritonavir Molnupiravir Favipiravir Acyclovir/Ganciclovir Fluvoxamine Other Unknown If HIV positive, Antiretroviral Therapy received Yes No Unknown If yes, specify: No Unknown If yes, specify: No Unknown If yes, specify: No Unknown Antibiotic received? Yes No Unknown Amoxicillin-Clavulanic acid Gottavime, Cefpalosporin Gottavime, Cefpalosporin Gottavime, Cefpalosporin Gottavime, Ceftazidime, Cefepime) Gentamicin or Amikacin Cothioxacie, Geftolozane, Tazobactam Daptomycin Gentamicin or Amikacin Daptomycin Gentazidime/Avibactam Daptomycin Intercollid or Tedizolid Gottavime, Ceftazidime, Cefepime) Gentazidime/Avibactam Gentazidime/Avib	•			□Unknown
Antithrombotic/anticoagulatio drugs received? Yes No Unknown If yes, specify: Unfractionated heparin Low molecular weight heparin Warfarin Direct oral anticoagulant Other Unknown Antiviral drugs received? Yes No Unknown If yes, specify: Remdesivir Lopinavir/Ritonavir Molnupiravir Favipiravir Acyclovir/Ganciclovir Fluvoxamine Other Unknown If yes, specify: Remdesivir Lopinavir/Ritonavir Molnupiravir Favipiravir Acyclovir/Ganciclovir Fluvoxamine Other Unknown If yes, specify: 2 NRTI + Dolutegravir 2 NRTI + NNRTIS 2 NRTI + Raltegravir 2 NRTI + protease inhibitor Unknown Antibiotic received? Yes No Unknown If yes, specify: Amoxicilin-Clavulanic acid Amoxicilin-Clavulanic acid Cotrimoxazole Cotrimoxazo				
Antithrombotic/anticoagulatio drugs received? Yes No Unknown If yes, specify: Unfractionated heparin Low molecular weight heparin Warfarin Direct oral anticoagulant Other Unknown Antiviral drugs received? Yes No Unknown If yes, specify: Remdesivir Lopinavir/Ritonavir Molnupiravir Favipiravir Acyclovir/Ganciclovir Fluvoxamine Other Unknown If yes, specify: Remdesivir Lopinavir/Ritonavir Molnupiravir Favipiravir Acyclovir/Ganciclovir Fluvoxamine Other Unknown If yes, specify: 2 NRTI + Dolutegravir 2 NRTI + NNRTIS 2 NRTI + Raltegravir 2 NRTI + protease inhibitor Unknown Antibiotic received? Yes No Unknown If yes, specify: Amoxicilin-Clavulanic acid Amoxicilin-Clavulanic acid Cotrimoxazole Cotrimoxazo			Methylprednisolone □Unknown	
If yes, specify: Unfractionated heparin Low molecular weight heparin Warfarin Direct oral anticoagulant Other Unknown Antiviral drugs received? Yes No Unknown Warfarin Acyclovir/Ganciclovir Fluvoxamine Other Unknown Warfarin Maliciparity Acyclovir/Ganciclovir Fluvoxamine Other Unknown Warfarin Warfarin Acyclovir/Ganciclovir Fluvoxamine Other Unknown Other Warfarin Acyclovir/Ganciclovir Fluvoxamine Other Unknown Other Warfarin Acyclovir/Ganciclovir Pluvoxamine Other Unknown Other Ot			· ·	
Antiviral drugs received? Yes No Unknown If yes, specify: Remdesivir Lopinavir/Ritonavir Molnupiravir Favipiravir Acyclovir/Ganciclovir Fluvoxamine Other Unknown If HIV positive, Antiretroviral Therapy received Yes No Unknown If yes, specify: 2 NRTI + Dolutegravir 2 NRTI + NNRTIs 2 NRTI + Raltegravir 2 NRTI + protease inhibitor Unknown Antibiotic received? Yes No Unknown Amoxicillin-Clavulanic acid Hyes, specify: Amoxicillin-Clavulanic acid Amoxicillin-Clavulanic acid Cotrimoxazole Gentamicin or Amikacin Cotrimoxazole Gentamicin or Amikacin Gentamicin or Amikacin Gentamicin or Amikacin Gentamicin or Amikacin Daptomycin Gentamicin or Amikacin Daptomycin D				oagulant □Other □Unknown
Unknown If HIV positive, Antiretroviral Therapy received Yes No Unknown If HIV positive, Antiretroviral Therapy received Yes No Unknown If yes, specify: 2 NRTI + Dolutegravir 2 NRTI + NNRTIs 2 NRTI + Raltegravir 2 NRTI + protease inhibitor Unknown If yes, specify: Yes No Unknown If yes, specify: Amoxicillin-Clavulanic acid Cotrimoxazole				ougularit
If HIV positive, Antiretroviral Therapy received Yes No Unknown	If yes, specify: □Remdesivir □Lopinavir	/Ritonavir □MoInupiravir □F	Favipiravir □Acyclovir/Ganciclovir [∃Fluvoxamine □Other
If yes, specify: \(\) 2 NRTI + Dolutegravir \(\) 2 NRTI + NNRTIS \(\) 2 NRTI + Raltegravir \(\) 2 NRTI + protease inhibitor \(\) Unknown \(\) If yes, specify: \(\) Macrolides (e.g. Azithromycin, Clarithromycin) \(\) Cottimoxazole \(\) Ceftazidime, Avibactam \(\) Ceftazidime, Avibactam \(\) Daptomycin \(\) Captapenems (e.g. Imipenem, Meropenem) \(\) Daptomycin \(\) Daptomycin \(\) Catapapenems (e.g. Imipenem, Meropenem) \(\) Daptomycin \(\) Daptomycin \(\) Cheracidime, Avibactam \(\) Other \(\) Unknown \(\) If yes, specify: \(\) Amphotericin B \(\) Fluconazole \(\) Itraconazole \(\) Itraconazole \(\) The work of the following: \(\) Cottimoxan \(\) Other \(\) Unknown \(\) Daptomycin \(\) Cottimoxan \(\) Other \(\) Unknown \(\) Daptomycin \(\) Cottimoxan \(\) Other \(\) Unknown \(\) Daptomycin \(\) Cottimoxan \(\) Other \(\) Unknown \(\) Antifungal received? \(\) Amphotericin B \(\) Fluconazole \(\) Itraconazole \(\) Itraconazole \(\) Flucytosine \(\) Other \(\) Unknown \(\) Unknown \(\) Source of oxygen: \(\) Piped \(\) On Unknown \(\) If yes, mark the highest \(\) care received below: \(\) Interface: \(\) Nasal prongs \(\) HF nasal cannula \(\) Simple face mask \(\) Venturi mask \(\) Mask with reservoir \(\) CPAP/BiPAP \(\) Intubated \(\) Unknown \(\) If using any of the following: nasal prongs/simple face mask \(\) Venturi mask/mask with reservoir, max \(\) 2 flow: \(\) 1–5 L/min \(\) G-10 L/min \(\) 1–15 L/min \(\)	□Unknown			
Antibiotic received? Yes No Unknown If yes, specify:	If HIV positive, Antiretroviral Therapy	received □Yes □No □Unl	known	
If yes, specify: Macrolides (e.g. Azithromycin, Clarithromycin) Amoxicillin-Clavulanic acid Fluoroquinolones (e.g. Ciprofloxacin, Levofloxacin, Moxifloxacin) Cotirmoxazole Gentamicin or Amikacin Cephalosporin (e.g. Ceftiaxone, Ceftoaxime, Ceftazidime, Cefepime) Gentamicin or Amikacin Sth generation Cephalosporin (e.g. Ceftolozane/Tazobactam) Daptomycin Ceftazidime/Avibactam Daptomycin Carbapenems (e.g. Imipenem, Meropenem) Linezolid or Tedizolid Piperacillin-Tazobactam Other Unknown If yes, specify: Amphotericin B Fluconazole Itraconazole Flucytosine Other Unknown If yes, specify: Amphotericin B Fluconazole Itraconazole Flucytosine Other Unknown If yes, specify: Amphotericin B Fluconazole Itraconazole Flucytosine Other Unknown Itual	If yes, specify: □2 NRTI + Dolutegravir □2	NRTI + NNRTIs □2 NRTI +	Raltegravir 2 NRTI + protease inhil	bitor □Unknown
3rd and 4th generation Cephalosporin (e.g. Ceftazidime, Cefezidime, Cefezidime) Gentamicin or Amikacin Daptomycin Dap	If yes, specify:		□ Amoxicillin-Clavula	anic acid
Gentamicin or Amikacin Gentamicin or Centamicin or Teicoplanin Centamicin Centamicin or Teicoplanin Centamicin Centamicin or Teicoplanion Centamicin or Teicoplanion Centamicin	☐ Fluoroquinolones (e.g. Ciprofloxacin,	Levofloxacin, Moxifloxacin)	□ Cotrimoxazole	
Sth generation Cephalosporin (e.g. Ceftolozane/Tazobactam) Daptomycin or Teicoplanin Daptomycin Ceftazidime/Avibactam Daptomycin Carbapenems (e.g. Imipenem, Meropenem) Linezolid or Tedizolid Daptomycin Cinezolid or Tedizolid Other Unknown Other Other Unknown Other Other Unknown Other Other Unknown Other Other Other Other Other Other O			_	
Ceftazidime/Avibactam Carbapenems (e.g. Imipenem, Meropenem) Cipperacillin-Tazobactam Antifungal received? If yes, specify: Amphotericin B □Fluconazole □Itraconazole □Flucytosine □Other □Unknown 2d. SUPPORTIVE CARE On the day of admission, did the patient receive any of the following: ICU or high dependency unit admission? □Yes □No □Unknown Source of oxygen: □Piped □Cylinder □Concentrator □Unknown Oxygen therapy? □Yes □No □Unknown If yes, mark the highest care received below: Interface: □Nasal prongs □HF nasal cannula □Simple face mask □Venturi mask □Mask with reservoir □CPAP/BiPAP □Intubated □Unknown If using any of the following: nasal prongs/simple face mask/venturi mask/mask with reservoir, max O₂ flow: □1-5 L/min □6-10 L/min □11-15 L/min □> 15 L/min □Unknown If HF nasal cannula, specify: max FiO₂ max C₂ flow rate If non-invasive ventilation (e.g. BiPAP/CPAP), specify: max IPAP max EPAP max FiO₂ Extracorporeal (ECMO) support? □Yes □No □Unknown Inotropes/vasopressors? □Yes □No □Unknown Renal replacement therapy □Yes □No □Unknown				
Carbapenems (e.g. Imipenem, Meropenem)		eftolozane/ l azobactam)		icoplanin
Piperacillin-Tazobactam		onom)		did
Antifungal received? Yes No Unknown If yes, specify: Amphotericin B Fluconazole Itraconazole Flucytosine Other Unknown 2d. SUPPORTIVE CARE On the day of admission, did the patient receive any of the following: ICU or high dependency unit admission? Yes No Unknown Source of oxygen: Piped Cylinder Concentrator Unknown Oxygen therapy? Yes No Unknown If yes, mark the highest care received below: Interface: Nasal prongs HF nasal cannula Simple face mask Venturi mask Mask with reservoir CPAP/BiPAP Intubated Unknown If using any of the following: nasal prongs/simple face mask/venturi mask/mask with reservoir, max O₂ flow: 1–5 L/min 6–10 L/min 11–15 L/min > 15 L/min Unknown If HF nasal cannula, specify: max FiO₂ max O₂ flow rate If non-invasive ventilation (e.g. BiPAP/CPAP), specify: max IPAP max EPAP max FiO₂ If invasive ventilation, specify: max PEEP max FiO₂ Extracorporeal (ECMO) support? Yes No Unknown Inotropes/vasopressors? Yes No Unknown Inotropes/vasopressors Yes No Unknown Inotropes/vasopressors Yes No Unknown Inotropes/vasopressors Yes No Unknown Inotropes/vasopressors Yes No Unknown		enem)		ліц
Antifungal received?	- i iperaciliiii-razobactam		_	
CU or high dependency unit admission? Yes No Unknown	Antifungal received?	Unknown		
2d. SUPPORTIVE CARE On the day of admission, did the patient receive any of the following: ICU or high dependency unit admission? □Yes □No □Unknown Source of oxygen: □Piped □Cylinder □Concentrator □Unknown Oxygen therapy? □Yes □No □Unknown If yes, mark the highest care received below: Interface: □Nasal prongs □HF nasal cannula □Simple face mask □Venturi mask □Mask with reservoir □CPAP/BiPAP □Intubated □Unknown If using any of the following: nasal prongs/simple face mask/venturi mask/mask with reservoir, max O₂ flow: □1-5 L/min □6-10 L/min □11-15 L/min □> 15 L/min □Unknown If HF nasal cannula, specify: max FiO₂	_		nazole □Flucytosine □Other □Unk	known
ICU or high dependency unit admission?	in you, opening.	SIT B ET IGGOTIGEOTO ETTIGOOT	mazolo el ladytedino eletilor eletilor	anown
Source of oxygen: Piped Cylinder Concentrator Unknown Oxygen therapy? Yes No Unknown If yes, mark the highest care received below: Interface: Nasal prongs HF nasal cannula Simple face mask Venturi mask Mask with reservoir CPAP/BiPAP Intubated Unknown If using any of the following: nasal prongs/simple face mask/venturi mask/mask with reservoir, max O₂ flow: 1–5 L/min G-10 L/min 11–15 L/min > 15 L/min Unknown If HF nasal cannula, specify: max FiO₂ If non-invasive ventilation (e.g. BiPAP/CPAP), specify: max IPAP If invasive ventilation, specify: max PEEP Extracorporeal (ECMO) support? Yes No Unknown Inotropes/vasopressors? Yes No Unknown Renal replacement therapy Yes No Unknown	2d. SUPPORTIVE CARE On the	e day of admission, did	the patient receive any of the	e following:
Oxygen therapy? □Yes □No □Unknown If yes, mark the highest care received below: Interface: □Nasal prongs □HF nasal cannula □Simple face mask □Venturi mask □Mask with reservoir □CPAP/BiPAP □Intubated □Unknown If using any of the following: nasal prongs/simple face mask/venturi mask/mask with reservoir, max O₂ flow: □1–5 L/min □6–10 L/min □11–15 L/min □> 15 L/min □Unknown If HF nasal cannula, specify: max FiO₂ max O₂ flow rate If non-invasive ventilation (e.g. BiPAP/CPAP), specify: max IPAP max EPAP max FiO₂ Extracorporeal (ECMO) support? □Yes □No □Unknown Inotropes/vasopressors? □Yes □No □Unknown Renal replacement therapy □Yes □No □Unknown	ICU or high dependency unit admiss	i on? □Yes □No □Unknow	n	
Oxygen therapy? □Yes □No □Unknown If yes, mark the highest care received below: Interface: □Nasal prongs □HF nasal cannula □Simple face mask □Venturi mask □Mask with reservoir □CPAP/BiPAP □Intubated □Unknown If using any of the following: nasal prongs/simple face mask/venturi mask/mask with reservoir, max O₂ flow: □1–5 L/min □6–10 L/min □11–15 L/min □> 15 L/min □Unknown If HF nasal cannula, specify: max FiO₂ max O₂ flow rate If non-invasive ventilation (e.g. BiPAP/CPAP), specify: max IPAP max EPAP max FiO₂ Extracorporeal (ECMO) support? □Yes □No □Unknown Inotropes/vasopressors? □Yes □No □Unknown Renal replacement therapy □Yes □No □Unknown	Source of oxygen: □Piped □Cylinder	□Concentrator □Unknown		
Interface: \Basal prongs \Begin{array}{cccccccccccccccccccccccccccccccccccc				
Intubated □Unknown If using any of the following: nasal prongs/simple face mask/venturi mask/mask with reservoir, max O₂ flow: □1–5 L/min □6–10 L/min □11–15 L/min □> 15 L/min □Unknown If HF nasal cannula, specify: max FiO₂ max O₂ flow rate If non-invasive ventilation (e.g. BiPAP/CPAP), specify: max IPAP max EPAP max FiO₂ If invasive ventilation, specify: max PEEP max FiO₂ Extracorporeal (ECMO) support? □Yes □No □Unknown Inotropes/vasopressors? □Yes □No □Unknown Renal replacement therapy □Yes □No □Unknown		-		voir □CPAP/RiPAP
If using any of the following: nasal prongs/simple face mask/venturi mask/mask with reservoir, max O ₂ flow: □1–5 L/min □6–10 L/min □11–15 L/min □> 15 L/min □Unknown If HF nasal cannula, specify: max FiO ₂ max O ₂ flow rate max EPAP max FiO ₂ fi non-invasive ventilation (e.g. BiPAP/CPAP), specify: max IPAP max EPAP max FiO ₂ fi invasive ventilation, specify: max PEEP max FiO ₂ fi nor-invasive ventilation, specify: max PEEP max FiO ₂ fi invasive ventilation, specify: max PEEP max FiO ₂ finotropes/vasopressors? □Yes □No □Unknown Renal replacement therapy □Yes □No □Unknown	• • •		L Ventur mask Liwask with reser	VOII LOI AI /BII AI
□6–10 L/min □11–15 L/min □> 15 L/min □Unknown If HF nasal cannula, specify: max FiO₂ max O₂ flow rate If non-invasive ventilation (e.g. BiPAP/CPAP), specify: max IPAP max EPAP max FiO₂ If invasive ventilation, specify: max PEEP max FiO₂ Extracorporeal (ECMO) support? □Yes □No □Unknown Prone position? □Yes □No □Unknown Inotropes/vasopressors? □Yes □No □Unknown Renal replacement therapy □Yes □No □Unknown				6 6 7 7 7 1 1 1 1 1 1
If HF nasal cannula, specify: max FiO_2 max O_2 flow rate If non-invasive ventilation (e.g. BiPAP/CPAP), specify: max IPAP max EPAP max FiO_2 If invasive ventilation, specify: max PEEP max FiO_2		- ·	enturi mask/mask with reservoii	', max O_2 flow: $\Box 1-5$ L/min
If non-invasive ventilation (e.g. BiPAP/CPAP), specify: max IPAP max EPAP max FiO2 lf invasive ventilation, specify: max PEEP max FiO2	□6–10 L/min □11–15 L/min □> 15 L/m	in □Unknown		
If invasive ventilation, specify: max PEEP max FiO₂ Extracorporeal (ECMO) support? □Yes □No □Unknown Prone position? □Yes □No □Unknown Inotropes/vasopressors? □Yes □No □Unknown Renal replacement therapy □Yes □No □Unknown				
If invasive ventilation, specify: max PEEP max FiO₂ Extracorporeal (ECMO) support? □Yes □No □Unknown Prone position? □Yes □No □Unknown Inotropes/vasopressors? □Yes □No □Unknown Renal replacement therapy □Yes □No □Unknown	If non-invasive ventilation (e.g. BiPAP/CP	AP), specify: max IPAP	max EPAP	max FiO ₂
Inotropes/vasopressors? □Yes □No □Unknown Renal replacement therapy □Yes □No □Unknown				
Inotropes/vasopressors? □Yes □No □Unknown Renal replacement therapy □Yes □No □Unknown	Extracorporeal (ECMO) support?	□Yes □No □Unknown	Prone position?	□Yes □No □Unknown
· · · · · · · · · · · · · · · · · · ·			•	□Yes □No □Unknown
		□Yes □No □Unknown	Plasma exchange therapy	



MODULE 3. Complete at discharge/death

3a. DIAGNOSTIC/PATHOGEN TESTING during hospitalization
Chest X-ray/CT performed? □Yes □No □Unknown If yes, infiltrates present? □Yes □No □Unknown
Was pathogen testing done during this illness episode? □Yes □No □Unknown If yes, complete all below:
SARS-CoV-2 tests done at any time during hospital stay □Yes □No □Unknown
Was sequencing of SARS-CoV-2 performed? □Yes □No □Unknown
Is the patient infected with a variant of concern (VOC) ? □Yes □No □Unknown If No VOC, indicate variant:
If VOC is identified , indicate the variant: □ Alpha - B.1.1.7, designated Dec 2020; □ Beta - B.1.351, designated Dec 2020; □ Gamma -
P.1, designated Jan 2021; □ Delta - B.1.617.2, designated May 2021; □ Omicron, B.1.1.529, designated Oct 2021; □ Other, specify:
If VOC is identified, select method used: ☐ Sequencing ☐Proxy marker.
If proxy marker is used, select method: □S-gene target failure (SGTF) by PCR □ PCR-based Single-Nucleotide Polymorphism (SNP) assay, □ Other, specify:
Other virus detected? ☐Yes ☐No ☐Unknown If yes, specify: ☐Influenza ☐HIV ☐RSV ☐HBV ☐HCV ☐Other ☐Unknown
If HIV virus detected, specify: Last viral load: Last CD4:
Was a culture to identify bacteria performed? □Yes □No □Unknown
If a culture was performed, specify bacteria below:
Pseudomonas aeruginosa detected? □Yes □No □Unknown
If pseudomonas detected, body site of culture □ Blood □Lungs □Soft tissue □Urinary tract □Other □Unknown
If yes, Pseudomonas Carbapenem resistant (CRPA) □Yes □No □Unknown
If yes, Pseudomonas Colistin resistant? □Yes □No □Unknown
Acinetobacter baumannii detected? □Yes □No □Unknown
If Acinetobacter detected, body site of culture □ Blood □Lungs □Soft tissue □Urinary tract □Other □Unknown
If yes, <i>Acinetobacter baumannii</i> Carbapenem resistant? □Yes □No □Unknown
If yes, <i>Acinetobacter baumannii</i> Colistin resistant? □Yes □No □Unknown
Enterobacteriaceae (e.g. Escherichia coli, Klebsiella, Proteus) detected? □Yes □No □Unknown If yes, body site of culture □ Blood □Lungs □Soft tissue □Urinary tract □Other □Unknown If yes, Enterobacteriaceae resistant to 3rd and 4th generation Cephalosporin (e.g. Ceftriaxone, Cefotaxime, Ceftazidime, Cefepime) □Yes □No □Unknown
If yes, Enterobacteriaceae Carbapenem resistant (CRE)? □Yes □No □Unknown If yes, Enterobacteriaceae Colistin resistant? □Yes □No □Unknown
Staphylococcus aureus detected? □Yes □No □Unknown
If yes, <i>Staphylococcus aureus</i> Methicillin resistant (MRSA)? □Yes □No □Unknown
If yes, <i>Staphylococcus aureus</i> Vancomycin resistant? □Yes □No □Unknown
Enterococcus faecium or E. faecalis detected? □Yes □No □Unknown
If yes, Enterococcus Vancomycin resistant (VRE)? □Yes □No □Unknown
Haemophilus influenzae detected? □Yes □No □Unknown
If yes, <i>Haemophilus influenzae</i> Ampicillin resistant? □Yes □No □Unknown
Helicobacter pylori detected? □Yes □No □Unknown
If yes, Helicobacter clarithromycin resistant □Yes □No □Unknown
Streptococcus pneumoniae detected? Yes No Unknown If you Streptococcus popicillis registers Yes No Unknown
If yes, Streptococcus penicillin resistant □Yes □No □Unknown
Total number of body sites where bacteria were cultured during hospital stay (e.g. blood, etc) □1 □2 □3 □4 □>4 □Unknown
Was bacterial colonization (without signs of infection) by multi drug resistant organisms identified during hospital stay? □Yes □No □Unknown
If yes, Pseudomonas Carbapenem resistant? □Yes □No □Unknown
If yes, <i>Acinetobacter baumannii</i> Carbapenem resistant? □Yes □No □Unknown
If yes, Enterobacteriaceae (<i>E. Coli, Klebsiella, Proteus</i>) Carbapenem resistant (CRE)? □Yes □No □Unknown
If yes, <i>Staphylococcus aureus</i> Methicillin resistant (MRSA)? □Yes □No □Unknown If yes, Enterococci Vancomycin resistant (VRE)? □Yes □No □Unknown If yes, Multi-drug Resistant (MDR) Tuberculosis detected? □Yes □No □Unknown
Fungi detected? □Yes □No □Unknown
If yes, site of detection of the fungal pathogen □ Blood □Lungs □Soft tissue □Urinary tract □Other □Unknown
If yes, was Candida resistant to Fluconazole, Amphotericin B or Voriconazole? □Yes □No □Unknown Aspergillus detected? □Yes □No □Unknown Mucorales detected? □Yes □No □Unknown



PARTICIPANT ID I	П	Ш	Ш	П		- 11	11	1

3b. COMPLICATIONS Duri			ent experience:			
Shock	□Yes □No □Unknow	/n	Bacteraemia	□Yes □No □Unknown		
Seizure	□Yes □No □Unknow	/n	Bleeding	□Yes □No □Unknown		
Meningitis/encephalitis	□Yes □No □Unknow	Endocarditis	□Yes □No □Unknown			
Pulmonary embolism □Yes □No □Unknown			Myocarditis/pericarditis	□Yes □No □Unknown		
Cardiac arrhythmia □Yes □No □Unknown			Acute renal injury	□Yes □No □Unknown		
Cardiac arrest				□Yes □No □Unknown		
Deep vein thrombosis				□Yes □No □Unknown		
Bronchiolitis	□Yes □No □Unknow	Cardiomyopathy	□Yes □No □Unknown			
Acute respiratory distress	ite respiratory distress □Ves □No □Llnknown			□Yes □No □Unknown		
syndrome (ARDS) Stroke: ischaemic stroke	□Yes □No □Unknow	/n	Mental health disorder	□Yes □No □Unknown		
Otroke, Isolidelille Stroke		,,,,	Other	□Yes □No □Unknown		
Stroke: intracerebral haemorrhage	e □Yes □No □Unknow	/n	If yes, specify:	E163 ENO EONKIOWII		
Infections						
Was the patient diagnosed with	an infection during hospita	al stay	□Yes □No □Unknown If yes,	indicate if:		
Upper respiratory infection	□Yes □No □Unknown	Blood	stream infections	□Yes □No □Unknown		
Lower respiratory infection	□Yes □No □Unknown	Gastr	ointestinal infections	□Yes □No □Unknown		
Urinary tract infection	□Yes □No □Unknown	_	bdominal infections	□Yes □No □Unknown		
Skin and soft tissue infection	□Yes □No □Unknown		ovascular infections	□Yes □No □Unknown		
Bone and joint infections	□Yes □No □Unknown	_	al nervous system infections	□Yes □No □Unknown		
Co-diagnoses at the time of disc		Ochu	ar nervous system inicotions			
ICD-10 code		ICD-10) code			
ICD-10 code ICD-10 code ICD-10 code ICD-10 code						
ICD-10 code						
3c. MEDICATION During	hospitalization, did the p	atient	receive any of the following	ng:		
Blood-derived products receive			,	<u> </u>		
If yes, specify: □IV immune globu		Other		;		
	-			•		
Hydroxychloroquine received? Yes No Unknown						
Ivermectin □Yes □No □Unknow	n					
Ivermectin Yes No Unknown		s ⊟No∃	∃Unknown			
Experimental agents received?	Phytotherapy received? □Ye	s □No∃	□Unknown			
	Phytotherapy received? □Ye s □No □Unknown					
Experimental agents received? □Ye IL-1 antagonists received? □Ye If yes, specify: □Anakinra □Cana IL-6 antagonists received?□Yes	Phytotherapy received? □Ye s □No □Unknown kinumab □Other IL-1 antagon s □No □Unknown	ist □Ur	ıknown			
Experimental agents received? □Ye IL-1 antagonists received? □Ye If yes, specify: □Anakinra □Canal IL-6 antagonists received?□Yes If yes, specify: □Siltuximab □Sari	Phytotherapy received? □Ye s □No □Unknown kinumab □Other IL-1 antagon s □No □Unknown lumab □Tocilizumab □Other I	ist □Ur IL-6 ant	ıknown agonist □Unknown			
Experimental agents received? □Ye IL-1 antagonists received? □Ye If yes, specify: □Anakinra □Cana IL-6 antagonists received?□Yes	Phytotherapy received? □Ye s □No □Unknown kinumab □Other IL-1 antagon s □No □Unknown lumab □Tocilizumab □Other ld? □Yes □No □Unknown If	ist □Ur IL-6 ant	ıknown agonist □Unknown	b □Zanubrutinib □Baricitinib		
Experimental agents received? IL-1 antagonists received? Ye If yes, specify: Anakinra Canal IL-6 antagonists received? Yes If yes, specify: Siltuximab Sari Janus kinase inhibitors receive Ruxolitinib Tofacitinib Other Neutralizing monoclonal antibo	Phytotherapy received? □Ye s □No □Unknown kinumab □Other IL-1 antagon s □No □Unknown lumab □Tocilizumab □Other ld? □Yes □No □Unknown lf kinase inhibitors □Unknown dies received? □Yes □No □	iist □Ur IL-6 ant yes, sp Unknov	ıknown agonist □Unknown ecify: □Acalabrutinib □Ibrutinil wn			
Experimental agents received? IL-1 antagonists received? Ye If yes, specify: Anakinra Canal IL-6 antagonists received? Yes If yes, specify: Siltuximab Sari Janus kinase inhibitors receive Ruxolitinib Tofacitinib Other Neutralizing monoclonal antibo If yes, specify: Casirivimab and	Phytotherapy received? □Yes □No □Unknown kinumab □Other IL-1 antagons □No □Unknown lumab □Tocilizumab □Other Id? □Yes □No □Unknown lfkinase inhibitors □Unknown dies received? □Yes □No □Imdevimab □Sotrovimab □Ba	iist □Ur IL-6 ant yes, sp Unknov	ıknown agonist □Unknown ecify: □Acalabrutinib □Ibrutinil wn			
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World Health PARTICIPANT ID IIIIIII	
Antibiotics received during hospitalization	
Antibiotic agent known? □Yes □No □Unknown If yes, specify drug:	Ceftazidime/Avibactam? □Yes □No □Unknown If yes, specify type of therapy: □Empiric □Targeted □Unknown
Macrolides (e.g. Azithromycin, Clarithromycin)? □Yes □No □Unknown	Carbapenems (Imipenem/Meropenem)? □Yes □No □Unknown If yes, specify type of therapy □Empiric □Targeted □Unknown
f macrolides administered, specify type of therapy: □Empiric □Targeted □Unknown	Piperacillin-Tazobactam? □Yes □No □Unknown I f yes, specify type of therapy: □Empiric □Targeted □Unknown
Macrolides administered for > 72 hrs? □Yes □No □Unknown	Amoxicillin-Clavulanic acid? □Yes □No □Unknown If yes, specify type of therapy: □Empiric □Targeted □Unknown
Fluoroquinolones (e.g. Ciprofloxacin, Levofloxacin, Moxifloxacin)? □Yes □No □Unknown	Cotrimoxazole? □Yes □No □Unknown If yes, specify type of therapy: □Empiric □Targeted □Unknown
f Floroquinolones administered, specify type of therapy: □Empiric □Targeted □Unknown	Colistin? □Yes □No □Unknown If yes, specify type of therapy: □Empiric □Targeted □Unknown
Floroquinolones administered for > 72 hrs? □Yes □No □Unknown	Gentamicin or Amikacin? □Yes □No □Unknown If yes, specify type of therapy: □Empiric □Targeted □Unknown
3rd and 4th generation Cephalosporin (e.g. Ceftriaxone, Cefotaxime, Ceftazidime, Cefepime)?	Vancomycin or Teicoplanin? □Yes □No □Unknown If yes, specify type of therapy: □Empiric □Targeted □Unknown
□Yes □No □Unknown If yes, specify type of therapy: □Empiric □Targeted □Unknown	Daptomycin? □Yes □No □Unknown If yes, specify type of therapy: □Empiric □Targeted □Unknown
3rd and 4th generation Cephalosporin administered for > 72 hrs? ☐ Yes ☐ No ☐ Unknown Eth generation Conhalosporin (o.g. Coffelerano/Tarabactam)?	Linezolid or Tedizolid? □Yes □No □Unknown If yes, specify type of therapy: □Empiric □Targeted □Unknown

5th generation Cephalosporin (e.g. Ceftolozane/Tazobactam)? □Yes □No □Unknown	Other antibiotics?				
If yes, specify type of therapy: □Empiric □Targeted □Unknown	Other antibiotics: Thes Tho Tolkhowii				
5th generation Cephalosporin administered for > 72 hrs?					
□Yes □No □Unknown					
3d. SUPPORTIVE CARE During hospital stay, did the p	atient undergo:				
ICU or high dependency unit admission? □Yes □No □Unknow	/n				
If yes, total duration:days					
Date of ICU admission [D][D]/[M][M]/[2][0][)	<u> </u>				
Date of ICU discharge [D][D]/[M][M]/[2][0][)	<u> </u>				
Oxygen therapy? Yes No Unknown If yes, complete all: To	tal duration:days				
O₂ flow: □1–5 L/min □6–10 L/min □11–15 L/min □> 15 L/min					
Source of oxygen: □Piped □Cylinder □Concentrator					
Interface: □Nasal prongs □HF nasal cannula □Mask □Mask w	vith reservoir □CPAP/NIV mask				
Non-invasive ventilation? (e.g. BiPAP, CPAP) \(\text{Yes} \) \(\text{No } \) Unknown If yes, total duration: \(
Invasive ventilation (any)? □Yes □No □Unknown	If yes, total duration:_days Extracorporeal				
(ECMO) support? □Yes □No □Unknown	If yes, total duration:_days				
Prone position? □Yes □No □Unknown	If yes, total duration:_days				
Inotropes/vasopressors?					
Renal replacement therapy (RRT) or dialysis? □Yes □No □Unknown					
3e. OUTCOME					
Outcome: Discharged Transferred to other facility of higher le	evel of care ☐Transferred to other facility of lower level of care				
□Palliative discharge □Unknown □In-hospital death □Still hospitali	ized Outcome date: [D][D]/[M][M]/[2][0][Y][Y]				
If discharged, impairment compared with before current illness (tick all that apply):					
□Physical □Cognitive □Mental □Swallowing □None □Unknown					
If discharged, ability to self-care at discharge compared with before illness: □Same as before illness □Worse □Better □Unknown					
If discharged, referred to outpatient rehabilitation: □Yes □No	□Unknown				
Were there any sequelae present at the time of discharge: \Box	Yes □No □Unknown				



PREGNANCY MODULE

To be completed for women who are either currently pregnant, or recently pregnant (within 21 days of pregnancy outcome from admission)

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Somplete Within 24 in a from hoopital adminosion									
P-1a. PREGNANCY STATUS	UPON ADMISSION								
Pregnant not in labour									
Pregnant in labour									
Postpartum [days]*	□ [days] Breastfeeding? □Yes □No								
Best estimate of gestational									
age in completed weeks:	[][] weeks								
Post-abortion/miscarriage									
Number of foetuses	□Singleton □Twin □Triplet □Other [number] □Unknown								
Was this an IVF pregnancy?	□Yes □No □Unknown								
P-1b. ABORTION OR MISCAF	RRIAGE (prior to admission)								
Date of induced abortion or spor	ntaneous abortion/miscarriage? <code>_D_]_D_]/_M_]_M]/_2_]_0_]_Y_]_Y_]</code>								
Were symptoms of COVID-19 dis	sease present at the time?								
P-1c. OBSTETRIC HISTORY									
	s beyond 22 weeks gestation [number]								
Number of previous vaginal deliveries [number]									
Number of previous cesarean deliveries [number]									
P-1d. Please tick any which apply to previous deliveries:									
-									
Preterm birth (< 37 weeks' gesta	·								
Congenital anomaly Stillborn	□Yes □No □Unknown □Yes □No □Unknown								
Neonatal death (<=7 days)	□Yes [day] □No □Unknown								
Weight < 2500g	□Yes □No □Unknown								
Weight > 4500g	□Yes □No □Unknown								
D.4. ALCOHOL DRUCE DISK FACTORS DURING THIS PRECNAMOV									
P-1e. ALCOHOL, DRUGS – RISK FACTORS DURING THIS PREGNANCY									
Alcohol consumption □Yes □No □Unknown									
Illicit/recreational drug use									
P-1f. MEDICATIONS DURING THIS PREGNANCY (Prior to onset of current illness episode)									
	Acetaminophen/paracetamol □Yes □No □Unknown								
Fever or pain treatment	NSAIDs □Yes □No □Unknown								
	Others (specify):								
Anticonvulsants	□Yes □No □Unknown If yes, specify generic name:								
Anti-nausea	□Yes □No □Unknown If yes, specify generic name:								
Prenatal vitamins and micronutr									
Antivirals	□Yes □No □Unknown If yes, specify generic name:								
Antibiotics	□Yes □No □Unknown If yes, specify generic name:								
	2.00 Distriction in 100, Specify generic figure.								
P-1g. FETAL HEART RATE (f	first available data at presentation/admission)								
Fetal heart rate	(FHR): [][] beats/min								



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Complete at discharge/death

P-3a. DELIVERY, PREGNANCY AND MATERNAL CHARACTERISTICS						
Delivery during admission	□Yes □No					
Delivery date	[D][D]/[M][M]/[2][0)_][_Y_][_Y_				
Mode of delivery	□ Vaginal delivery □ Caesarean section					
	Reason for c-section: □ Prolonged labor □ Abnormal positioning □ Fetal distress □ Birth defects □ Repeat cesarean □ Chronic health condition □ Cord prolapse □ Cephalopelvic disproportion (CPD) □ Unknown					
Onset of labour	☐ Spontaneous ☐ Cesarean section before labour ☐ Induced ☐ Unknown					
Fetal presentation at delivery	☐ Cephalic ☐ Transverse ☐	Breech				
Amniotic fluid at delivery	☐ Clear ☐ Meconium staine	ed 🗆 Unknow	า			
	ME OTHER THAN LIVE BIRTH					
Pregnancy outcome	□Undelivered/intact pregnancy □Induced abortion* □Macerated stillbirth* □Post-abortion/postpartum on ad *Date of Pregnancy outcome: [□	□Missed a □Fresh sti mission*	lbirth*			
Maternal death	*Date of Pregnancy outcome: DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD					
	□ Pregnancy-related infection □ Other obstetric complication not included in above causes □ Unanticipated complications of management (e.g. anaesthesia-related complications) □ Indirect maternal death □ Obstetric death of unspecified cause □ Deaths from a coincidental cause (e.g. motor vehicle accident)					
P-3c. COMPLICATIONS						
Complications during the course of pregnancy	Gestational diabetes	□Yes □No	□Unknown			
	Gestational hypertension	□Yes □No	Unknown			
	Anaemia (Hb < 11 g/dL)	□Yes □No	□Unknown			
	Obstetric infections	□Yes □No	□Unknown □Unknown			
	Intrauterine growth restriction Bleeding	□Yes □No	□Unknown			
Acute or late stage	Placental previa/accreta/percreta	□Yes □No	□Unknown			
pregnancy complications	Pre-eclampsia/eclampsia	□Yes □No	□Unknown			
	Placental abruption	□Yes □No	□Unknown			
	Preterm contractions	□Yes □No	□Unknown			
	Preterm labour	□Yes □No	□Unknown			
	Preterm rupture of membranes	□Yes □No	□Unknown			
	Puerperal septicemia or severe inf	ection □Yes	□No □Unknown			
	Haemorrhage	□Yes	□No □Unknown			
	If haemorrhage, which type: ☐ Antepartum/intrapartum ☐ Pos	stpartum haemo	orrhage □ Abortion-related			
	Embolic disease		□Unknown			
	Anesthetic complication	□Yes □No	□Unknown			

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P-3d. TREATME	ENT DURING HOSPIT	TALIZATION At ANY tim	ne during hospitalization, did	the patient receive/undergo:			
Tocolysis	□Yes □No □						
nduction of labo	our □Yes □No □]Unknown					
	COLLECTION for C		I data of collection 1	I a soult			
Any sampling conducted? f so, please describe the test and the	□Amniotic fluid	_ test description] □ PCR □ Other [specify]	[_date of collection] [_D_][_D_]/[_M_]M _]/[_2_][_0_][_Y_][_Y_]	□ Positive □ Negative □ Undetermined			
results	□Placenta	_ test description] □ PCR □ Other [specify]	[_date of collection] [_D_][_D_]/[_M_]_M _]/[_2_][_0_][_Y][_Y]	[result] □ Positive □ Negative □ Undetermined			
	□Cord blood	[_test description] □ PCR □ Other [specify]	[_date of collection] [_D_][_D_]/[_M_][_M _]/[_2_][_0_][_Y_][_Y]	[result] □ Positive □ Negative □ Undetermined			
	□Vaginal swab	[_test description] □ PCR □ Other [specify]	[_date of collection] [_D_][_D_]/[_M_][_M _]/[_2_][_0_][_Y_][_Y]	[result] □ Positive □ Negative □ Undetermined			
	□Faeces/rectal swab	[_test description] □ PCR □ Other [specify]	[_date of collection] [_D_][_D_]/[_M_][_M _]/[_2_][_0_][_Y_][_Y]	[result] □ Positive □ Negative □ Undetermined			
	☐Pregnancy tissue in the case of fetal demise/ induced abortion	[_test description] □ PCR □ Other [specify]	[_date of collection] [_D_][_D_]/[_M_][_M _]/[_2_][_0_][_Y_][_Y]	[result] □ Positive □ Negative □ Undetermined			
	□Breastmilk	_ test description] □ PCR □ Other [specify]	date of collection]D_]D_]/M_]M]/_2_]0_]Y]Y]	[result] □ Positive □ Negative □ Undetermined			
P-3f. NEONATA	AL OUTCOMES						
		[D][D]/[M][M]/[2][0][Y][Y]					
Participant ID of	rticipant ID of the mother: [Single digit Baby ID_] **Please complete one form per neonate**		neonate**				
COVID-19 lab test of neonate		□Performed □Not performed □Unknown If yes: [_sample collected_] [_test description][_date of collection] [result]					
Gestational age		Weeks: [][] Days: []					
Apgar score at 5 minutes		Score: [][]					
Birth weight		Grams: [_][_][_]					
Respiratory dist	ress syndrome	□Yes □No □Unknown					
Admission to NI	cu	□Yes □No □Unknown					
Neonatal outcome □Discharged healthy □Discharged with complications/sequelae □Details: []				1			

□Clinical referral to specialist ward /other hospital

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□Unknown



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If neonate died, primary cause of death	□Preterm/low birth weight □Congenital/birth defects	□Birth asphyxia □Other	□Infection□Birth trauma □Unknown
Any congenital anomalies	□Neural tube defects □Congenital malformations of ear □Congenital malformations of digestive system □Congenital malformations of genital organs □Chromosomal abnormalities □Reduction defects of upper and lower limbs		□Microcephaly □Congenital heart defects □Orofacial clefts □Abdominal wall defects □Talipes equinovarus/clubfoot