COVID-19 Infections in Children

Thank you for taking the time to enter your patient's information. This survey is designed to capture initial information about ALL pediatric patients with COVID-19 in the United States. Please complete the following survey in as much detail as possible.

Please do not enter any patient identifiers in the survey (e.g., names, initials, dates, etc.).

For questions or comments related to the survey or study, please contact PIDTRANCoordinators@stjude.org.

Study ID _____

Is this patient less than 21 years old with a new diagnosis of COVID-19?

◯ Yes
◯ No

Please select one of the following	◯ General Pediatric Patients (Patients in this group may be otherwise healthy or have underlying co-morbidities such as heart or lung disease. A patient who has not previously received a transplant or cellular therapy and is not otherwise immunocompromised.) ◯ A hematopoietic cell transplant (HCT) or cellular therapy (CT) recipient ◯ A solid organ transplant (SOT) recipient ◯ An immunocompromised patient who has NOT received a HCT, CT or SOT (For patients who received both SOT and HCT/CT, select the most recent transplant.)
If HCT or CT recipient, did the patient also receive a SOT within the past year?	◯ Yes ◯ No ◯ Does not apply

Patient Information

Please complete the following demographic information about your patient as well as the site contact information for the person submitting this survey. We will use this contact information to notify you within 30 days when the COVID-19 case follow-up forms are due.

The unique Subject ID for this patient is

[record-name]

Please record this Subject ID and maintain the link to your patient until notified by the coordinating center that the link can be destroyed. The coordinating center will use the Subject ID to reference your patient since no PHI maybe shared outside of your institution.

Age (in years) at time of COVID-19 diagnosis. For patients less than 1 year of age, divide age in month by 12.	_____ (Date of COVID-19 diagnosis is the date initial specimen positive for COVID-19 was collected from the patient.)
Sex	◯ Male ◯ Female ◯ Unknown ◯ Other
Race (Check all that apply)	☐ Asian ☐ American Indian/ Alaska Native ☐ Black or African American ☐ Native Hawaiian/ Other Pacific Islander ☐ White or Caucasian ☐ Unknown ☐ Other
Other specified race	_____
Ethnicity	◯ Hispanic/Latino ◯ Not specified ◯ Non-Hispanic/Latino
Treating institution/hospital	_____

State of treating institution/hospital

- ◯ US Armed Forces Europe
- ◯ Alaska
- ◯ Alabama
- ◯ US Armed Forces Pacific
- ◯ Arkansas
- ◯ American Samoa
- ◯ Arizona
- ◯ California
- ◯ Colorado
- ◯ Connecticut
- ◯ Washington, D.C.
- ◯ Delaware
- ◯ Florida
- ◯ Federated States of Micronesia
- ◯ Georgia
- ◯ Guam
- ◯ Hawaii
- ◯ Iowa
- ◯ Idaho
- ◯ Illinois
- ◯ Indiana
- ◯ Kansas
- ◯ Kentucky
- ◯ Louisiana
- ◯ Massachusetts
- ◯ Maryland
- ◯ Maine
- ◯ Marshall Islands
- ◯ Michigan
- ◯ Minnesota
- ◯ Missouri
- ◯ Northern Mariana Islands
- ◯ Mississippi
- ◯ Montana
- ◯ North Carolina
- ◯ North Dakota
- ◯ Nebraska
- ◯ New Hampshire
- ◯ New Jersey
- ◯ New Mexico
- ◯ Nevada
- ◯ New York
- ◯ Ohio
- ◯ Oklahoma
- ◯ Oregon
- ◯ Pennsylvania
- ◯ Puerto Rico
- ◯ Palau
- ◯ Rhode Island
- ◯ South Carolina
- ◯ South Dakota
- ◯ Tennessee
- ◯ Texas
- ◯ Utah
- ◯ Virginia
- ◯ Virgin Islands
- ◯ Vermont
- ◯ Washington
- ◯ Wisconsin
- ◯ West Virginia
- ◯ Wyoming
- ◯ NA

City of treating institution/hospital

_____

Contact person for follow-up questions

_____

Contact e-mail

_____

(Follow-up questions and correspondence will be sent to the email provided above.)

Hematopoietic Cell Transplant Patient

Please complete the following information about the patient who received HCT and/or CT.

You can use the [survey-queue-link:survey queue button] at the top right of the screen to navigate back to previous forms if needed.

The unique Subject ID for this patient is

[record-name]

Please record this Subject ID and maintain the link to your patient until notified by the coordinating center that the link can be destroyed. The coordinating center will use the Subject ID to reference your patient since no PHI maybe shared outside of your institution.

Day 0 is defined as the collection date of the initial positive COVID-19 diagnostic test.

Underlying diagnosis at the time of COVID-19 diagnosis	◯ Brain tumor ◯ Solid tumor ◯ Hematologic disorder ◯ Hematologic malignancy ◯ Inherited immunodeficiency ◯ Other underlying diagnosis
	◯ Aplastic anemia ◯ Sickle cell disease ◯ Other
	◯ Acute Lymphocytic Leukemia (ALL) ◯ Myelodysplastic Syndrome (MDS) ◯ Acute Myelogenous Leukemia (AML) ◯ Hodgkin's Lymphoma ◯ Acute Promyelocytic Leukemia (APL) ◯ Non-Hodgkin's Lymphoma ◯ Other Leukemia ◯ Other
	◯ Severe Combined Immunodeficiency (SCID) ◯ Wiskott-Aldrich syndrome ◯ Other
Please specify	_____

Other medical conditions (select all that apply)

- ☐ Cardiac
- ☐ Renal
- ☐ Hepatic/GI
- ☐ Neurological
- ☐ Endocrine
- ☐ Other
- ☐ No other medical conditions

If Cardiac, specify

_____

If Renal, specify

_____

If Hepatic/GI, specify

_____

If Neurologic, specify

_____

If Endocrine, specify

_____

If other medical condition, specify

_____

Patient has chronic lung disease

◯ Yes ◯ No

If chronic lung disease, specify

- ◯ Asthma/active airway disease
- ◯ Pulmonary hypertension
- ◯ Congenital pulmonary anomaly
- ◯ Bronchopulmonadry dysplasia
- ◯ Cystic fibrosis
- ◯ Other

If other, please specify

_____

Is the patient receiving any of the following?
(Check all that apply)

- ☐ ACE Inhibitor
- ☐ ARB
- ☐ NSAID

Most recent treatment for underlying diagnosis prior to COVID-19 diagnosis?	◯ Cellular therapy (e.g., CART) - patients undergoing CT with or without preceding HCT ◯ Hematopoetic Cell Transplant - Patients undergoing HCT or HCT following CT (e.g., CART).
Days since most recent transplant or cellular therapy at Day 0.	◯ 1 to 30 days ◯ 31 to 100 days ◯ 101 days to 180 days ◯ 181 to 365 days ◯ 1 to 2 years ◯ > 2 years ◯ Unknown
Most recent transplant or cellular therapy number.	◯ First ◯ Second ◯ Third ◯ Fourth ◯ Fifth ◯ Unknown

Please answer the following questions about the patients most recent HCT.

Type of transplant	◯ Allogeneic ◯ Autologous ◯ HCT
If Allogeneic, type of source	◯ Matched sibling donor (MSD) ◯ Matched unrelated donor (MUD) ◯ Mismatch unrelated donor ◯ Haploidentical ◯ Other ◯ Unknown
If Other, specify	_____
Source of transplant	◯ Umbilical cord ◯ Bone marrow ◯ Peripheral blood (PBMC) ◯ Unknown
Conditioning regimen	◯ Myeloablative ◯ Non-myeloablative ◯ Reduced intensity conditioning ◯ Unknown
Lymphocyte depletion (Check all that apply)	☐ T-cell depletion ☐ B-cell depletion ☐ None (T cell depletion defined as manipulation of donor cells before infusion by either CD34+ enrichment, CD3+ depletion, TCR□□ depletion or CD45RA depletion)
At the time of COVID-19, did the patient have GvHD?	◯ Yes, Acute GvHD ◯ Yes, Chronic GvHD ◯ No

Was the patient receiving treatment for GvHD?	◯ Yes ◯ No
Was the patient receiving GvHD or rejection prophylaxis (other than steroids)?	◯ Yes ◯ No
Did the patient receive systemic steroids in the 14 days prior to Day 0?	◯ Yes ◯ No (Systemic steroids include Prednisone, prednisolone, methylprednisolone, or dexamethasone.)
Highest systemic steroids daily dose in 2 weeks prior to COVID-19 presentation (As Prednisolone equivalent)	◯ < 1 mg/kg ◯ 1-2 mg/kg ◯ > 2 mg/kg ◯ Dose unknown
Transplant/treatment related outcomes at Day 0? (Select all that apply)	☐ Secondary malignancy ☐ Graft failure ☐ Relapse of primary disease ☐ Other ☐ None of the above
If Other, specify	_____
Is the patient receiving treatment for relapsed malignancy?	◯ Yes ◯ No

Please answer the following questions about the patients most recent Cellular Therapy.

Most recent cellular therapy type	◯ CART ◯ Investigational TCRs ◯ TIL protocol ◯ Other ◯ Unknown
If Other, specify	_____
Most recent cellular therapy target	◯ CD19 ◯ CD20 ◯ BCMA ◯ ROR1 ◯ Other target ◯ Unknown
If Other, specify	_____
Did this patient have HCT prior to the most recent cellular therapy?	◯ Yes ◯ No ◯ Unknown
Number of transplants prior to most recent cellular therapy	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ Unknown

Immunocompromised Patient

Please complete the following questions about the immunocompromised patient.

You can use the [survey-queue-link:survey queue button] at the top right of the screen to navigate back to previous forms if needed.

The unique Subject ID for this patient is

[record-name]

Please record this Subject ID and maintain the link to your patient until notified by the coordinating center that the link can be destroyed. The coordinating center will use the Subject ID to reference your patient since no PHI maybe shared outside of your institution.

Any pre-existing medical conditions or co-morbidities? ◯ Yes ◯ No ◯ Unknown

	Yes	No	Unknown
Pulmonary	◯	◯	◯
Chronic lung disease	◯	◯	◯
Cardiac	◯	◯	◯
Cardiovascular disease	◯	◯	◯
Heart failure	◯	◯	◯
Pulmonary hypertension	◯	◯	◯
Renal	◯	◯	◯
Chronic kidney disease	◯	◯	◯
Renal failure	◯	◯	◯
Gastrointestinal/Hepatology	◯	◯	◯
Liver disease	◯	◯	◯
Liver failure	◯	◯	◯
Endocrine	◯	◯	◯
Neurologic/neurodevelopmental/ intellectual disability	◯	◯	◯
Other diseases	◯	◯	◯

If Neurologic/neurodevelopmental/intellectual disability, specify _____

If Other chronic diseases, specify _____

What is the subject's immunocompromising condition	◯ Acquired immunodeficiency / HIV ◯ Bone marrow failure ◯ Cancer - Leukemia or lymphoma ◯ Cancer - Solid tumor (including CNS tumor) ◯ Primary immunodeficiency ◯ Rheumatological/inflammatory condition
Select the subject's specific leukemia or lymphoma condition	◯ Acute lymphoid leukemia (ALL) ◯ Acute myeloid leukemia (AML) ◯ Chronic myeloid leukemia (CML) ◯ Myelodysplastic syndromes (MDS) ◯ Non-Hodgkin lymphoma ◯ Hodgkin's lymphoma ◯ Other leukemia/lymphoma
Specify the leukemia or lymphoma condition not listed above	_____
Select the subject's specific solid tumor	◯ Brain tumor ◯ Bone/soft tissue sarcoma ◯ Hepatoblastoma ◯ Neuroblastoma ◯ Retinoblastoma ◯ Wilm's tumor ◯ Other solid tumor
Specify the solid tumor not listed above	_____
Has the patient recently received (in the past month) or is the child currently receiving chemotherapy or immune therapy for cancer?	◯ Yes ◯ No ◯ Unknown
Select the primary intention of the recent chemotherapy	◯ Immunotherapy ◯ Initial induction treatment for any cancer, consolidation therapy, delayed intensification, or any chemotherapy course that results in prolonged neutropenia ◯ Maintenance chemotherapy
Select the subject's specific primary immunodeficiency	◯ Chronic granulomatous disease ◯ Common variable immune deficiency ◯ Complement deficiency ◯ Severe combined immune deficiency ◯ X-linked agammaglobulinemia ◯ Other primary immunodeficiency
Specify the primary immunodeficiency not listed above	_____
Select the subject's specific bone marrow failure condition	◯ Aplastic anemia ◯ Kostmann Syndrome ◯ Neutropenia syndromes ◯ Other red cell disorders ◯ Thalassemia ◯ Other
Specify the bone marrow failure condition not listed above	_____

Select the subject's specific rheumatological/inflammatory condition	◯ Dermatomyositis ◯ Inflammatory bowel disease ◯ JIA ◯ Lupus ◯ Psoriasis ◯ Other
Specify the subject's rheumatological/inflammatory condition not listed above	_____
Select the subject's specific acquired immunodeficiency	◯ HIV ◯ Other
Specify the subject's acquired immunodeficiency not listed above	_____
Is the patient currently on highly active anti-retroviral therapy?	◯ Yes ◯ No ◯ Unknown
If currently on highly active anti-retroviral therapy, does the therapy include Kaletra?	◯ Yes ◯ No ◯ Unknown
Is the patient currently receiving an ACE inhibitor?	◯ Yes ◯ No (Benazepril, Captopril,Enalapril, Fosinopril, Lisinopril, Moexipril, Quinapril, Ramipril)

During the past 28 days, was the patient on any of the following classes of immunosuppressives?

Steroids	◯ Yes ◯ No
Select the steroid(s) taken during the past 28 days	☐ Dexamethasone ☐ Methylprednisolone ☐ Prednisolone ☐ Prednisone
Anti-cytokine/cytokine receptors	◯ Yes ◯ No

Select the anti-cytokine(s) or cytokine receptor(s) taken during the past 28 days	☐ Adalimumab ☐ Anakinra ☐ Basiliximab ☐ Cankinumab ☐ Certolizumab pegol ☐ Daclizumab ☐ Emapalumab ☐ Etanercept ☐ Golimumab ☐ Infliximab ☐ Ixekizumab ☐ Rilonacept ☐ Secukinumab ☐ Siltuximab ☐ Tadekinig ☐ Tocilizumab ☐ Ustekinumab
Antimetabolites/anti-proliferatives	◯ Yes ◯ No
Select the antimetabolite(s) or anti-proliferative(s) taken during the past 28 days	☐ Azathioprine ☐ Leflunomide ☐ Methotrexate ☐ Mycophenolate mofetil
Calcineurin inhibitors	◯ Yes ◯ No
Select the calcineurin inhibitor(s) taken during the past 28 days	☐ Cyclosporine ☐ Tacrolimus
mTOR inhibitors	◯ Yes ◯ No
Select the mTOR inhibitor(s) taken during the past 28 days	☐ Everolimus ☐ Sirolimus
Other monoclonals/biologics	◯ Yes ◯ No
Select the other monoclonal(s) or biologic(s) taken during the past 28 days	☐ Abatacept ☐ Alemtuzumab ☐ Eculizumab ☐ Ofatumumab ☐ Rituximab
JAK inhibitors	◯ Yes ◯ No
Select the JAK inhibitor(s) taken during the past 28 days	☐ Baricitinib ☐ Ruxolitinib ☐ Tofacitinib
Hydroxychloroquine	◯ Yes ◯ No

Other immunosuppressives	◯ Yes ◯ No
Select the other immunosuppressives taken during the past 28 days	☐ ATG ☐ Bortezomib
Other immunosuppressives not listed on this page	◯ Yes ◯ No
List all other immunosuppressives not listed on this page which were taken in the last 28 days	_____

General Pediatric Patient

Please complete the following health questions about the patient.

You can use the [survey-queue-link:survey queue button] at the top right of the screen to navigate back to previous forms if needed.

The unique Subject ID for this patient is

[record-name]

Please record this Subject ID and maintain the link to your patient until notified by the coordinating center that the link can be destroyed. The coordinating center will use the Subject ID to reference your patient since no PHI maybe shared outside of your institution.

Select underlying diagnosis or co-morbidity
(Check all that apply)

- ☐ Pulmonary
- ☐ Cardiac
- ☐ Neurologic
- ☐ GI/Hepatology
- ☐ Renal
- ☐ Hematologic
- ☐ Endocrine
- ☐ Other

Specify Pulmonary co-morbidity
(Check all that apply)

- ☐ Asthma
- ☐ Pulmonary hypertension
- ☐ Congenital pulmonary anomaly
- ☐ Bronchopulmonary dysplasia
- ☐ Cystic fibrosis
- ☐ Tracheostomy dependence
- ☐ Ventilator dependence
- ☐ Other

If Other, specify

_____

Is this patient on home non-invasive ventilation? ◯ Yes ◯ No

Specify Cardiac co-morbidity
(Check all that apply)

- ☐ Congenital cardiac disease
- ☐ Cardiomyopathy
- ☐ Heart failure
- ☐ Pulmonary hypertension
- ☐ Lymphatic disorder
- ☐ Other

If Other, specify

_____

Specify Neurologic co-morbidity (Check all that apply)	☐ Hypoxic-ischemic encephalopathy ☐ Neurodegenerative disease ☐ Seizure disorder ☐ Other
If Other, specify	_____
Specify Gastrointestinal/Hepatology co-morbidity (Check all that apply)	☐ G-tube/G-J tube dependence ☐ TPN dependence ☐ History of bilary atresia ☐ History of short gut syndrome ☐ Other
If Other, specify	_____
Specify Renal co-morbidity (Check all that apply)	☐ Nephrotic syndrome ☐ Chronic Kidney Disease ☐ Dialysis dependence ☐ Other
If Other, specify	_____
Specify Hematologic co-morbidity (Check all that apply)	☐ Sickle cell disease ☐ Hemophilia ☐ Other
If Other, specify	_____
Specify Endocrine co-morbidity (Check all that apply)	☐ Diabetes mellitus ☐ Adrenal insufficiency ☐ Other
If Other, specify	_____
If other, specify	_____

Is this patient on any of the following medications?

- ☐ Regular inhaled corticosteroids
- ☐ Regular physiologic replacement of steroids
- ☐ Regular systemic steroids (dexamethasone, methylprednisolone, prednisolone, prednisone)
- ☐ mTOR inhibitors (sirolimus, everolimus)
- ☐ Hydroxychloroquine
- ☐ Antimetabolites/anti-proliferatives (azathioprine, leflunomide, methotrexate, mycophenolate mofetil)
- ☐ TNF-a inhibitors (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab)
- ☐ Other monoclonals/biologics (abatacept, alemtuzumab, anti-CD20s, basiliximab, eculizumab, ustekinumab)
- ☐ Calcineurin inhibitors (cyclosporine, tacrolimus)
- ☐ JAK inhibitors (tofacitnib, baracitnib, ruxolitnib)
- ☐ Other
- ☐ No medications being taken

If Other, specify

_____

Additional pertinent medical history

Solid Organ Transplant Patient

The COVID-19 survey for pediatric patients who have received SOT is coordinated by the University of Washington. You will redirected to that survey after clicking submit below.

For questions, please contact Olivia Kates at okates@uw.edu.

COVID-19 Case Information

Please complete the following information about the patient's COVID-19 case.

This asks for information for the first 7 days from date of first positive COVID-19 test, so please finalize only if patient has reached Day 7. If you wish complete this survey at a later time, submit this form and follow the link provided in the email to return to the survey.

You can use the [survey-queue-link:survey queue button] at the top right of the screen to navigate back to previous forms if needed.

The unique Subject ID for this patient is

[record-name]

Please record this Subject ID and maintain the link to your patient until notified by the coordinating center that the link can be destroyed. The coordinating center will use the Subject ID to reference your patient since no PHI maybe shared outside of your institution.

Unless noted in the questions, the following questions apply to
72 hours prior to and 7 days after Day 0.

Day 0 is defined as the collection date of first positive COVID-19 diagnostic test.

Source of positive COVID-19 laboratory testing
(Check all that apply)

- ☐ Nasal
- ☐ Stool
- ☐ BAL
- ☐ Tracheal aspirate
- ☐ Blood
- ☐ Nasopharyngeal
- ☐ Oropharyngeal
- ☐ Expectorated sputum
- ☐ Lung biopsy
- ☐ Other

If Other, please specify

_____

Any of the following exposures or risk for COVID-19? (check all that apply):

- ☐ Healthcare-acquired
- ☐ Community-acquired
- ☐ International travel
- ☐ Domestic travel
- ☐ Contact with another person with lab-confirmed COVID-19
- ☐ Household contact with known infected person
- ☐ Long-term care facility
- ☐ Other
- ☐ Unknown

If other exposure, specify	_____
Did the patient have any symptoms that initiated COVID-19 testing?	◯ Yes ◯ No

Symptoms

Did the patient have any signs or symptoms from - 72 hours to Day 0?	◯ Yes ◯ No (Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)

If Yes, please review the following symptoms and check if were present at any point from -72 hours to Day 0.

(Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)

	Yes	No	Unknown
Fever >100.4F (38C)	◯	◯	◯
Muscle aches (myalgia)	◯	◯	◯
Rash	◯	◯	◯
Headache	◯	◯	◯
Eye redness (conjunctivitis)	◯	◯	◯
Runny nose (rhinorrhea)	◯	◯	◯
Sore throat	◯	◯	◯
Cough (new onset or worsening of chronic cough)	◯	◯	◯
Dry Cough	◯	◯	◯
Productive cough	◯	◯	◯
Bloody sputum (hemoptysis)	◯	◯	◯
Shortness of breath (dyspnea)	◯	◯	◯
Wheezing	◯	◯	◯
Apnea	◯	◯	◯
Chest pain	◯	◯	◯
Abdominal pain	◯	◯	◯
Nausea	◯	◯	◯
Vomiting	◯	◯	◯
Diarrhea (>3 loose/looser than normal stools/24hr period)	◯	◯	◯
Seizures	◯	◯	◯
Loss of taste and/or smell	◯	◯	◯

Did the patient have any signs or symptoms reported between Day 1 and Day 7?

◯ Yes ◯ No
(Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)

If Yes, please select the days each sign or symptom was reported. If it was not reported anytime between Day 1 and Day 7, select Not Reported.

(Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Not Reported
Fever >100.4F (38C)	☐	☐	☐	☐	☐	☐	☐	☐
Muscle aches (myalgia)	☐	☐	☐	☐	☐	☐	☐	☐
Rash	☐	☐	☐	☐	☐	☐	☐	☐
Headache	☐	☐	☐	☐	☐	☐	☐	☐
Eye redness (conjunctivitis)	☐	☐	☐	☐	☐	☐	☐	☐
Runny nose (rhinorrhea)	☐	☐	☐	☐	☐	☐	☐	☐
Sore throat	☐	☐	☐	☐	☐	☐	☐	☐
Cough (new onset or worsening of chronic cough)	☐	☐	☐	☐	☐	☐	☐	☐
Dry Cough	☐	☐	☐	☐	☐	☐	☐	☐
Productive cough	☐	☐	☐	☐	☐	☐	☐	☐
Bloody sputum (hemoptysis)	☐	☐	☐	☐	☐	☐	☐	☐
Shortness of breath (dyspnea)	☐	☐	☐	☐	☐	☐	☐	☐
Wheezing	☐	☐	☐	☐	☐	☐	☐	☐
Apnea	☐	☐	☐	☐	☐	☐	☐	☐
Chest pain	☐	☐	☐	☐	☐	☐	☐	☐
Abdominal pain	☐	☐	☐	☐	☐	☐	☐	☐
Nausea	☐	☐	☐	☐	☐	☐	☐	☐
Vomiting	☐	☐	☐	☐	☐	☐	☐	☐
Diarrhea (>3 loose/looser than normal stools/24hr period)	☐	☐	☐	☐	☐	☐	☐	☐
Seizures	☐	☐	☐	☐	☐	☐	☐	☐

Chest X-ray

Was a chest x-ray performed on Day 0 or in the 72 hours prior to Day 0?

◯ Yes - with Normal findings
◯ Yes - with Abnormal findings
◯ Not performed
◯ Unknown
(Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)

Select which abnormal findings were reported below at any point from -72 hours to Day 0. (Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)

	Yes	No	Unknown
Lobar consolidation	◯	◯	◯
Multifocal or patchy opacity	◯	◯	◯
Interstitial infiltrates	◯	◯	◯
Bronchial or peribronchial thickening/cuffing	◯	◯	◯

Was a chest x-ray performed between Day 1 and Day 7?

◯ Yes - with Normal findings
◯ Yes - with Abnormal findings
◯ Not performed
◯ Unknown
(Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)

Select the day(s) each finding was reported.

(Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Not Reported
Lobar consolidation	☐	☐	☐	☐	☐	☐	☐	☐
Multifocal or patchy opacity	☐	☐	☐	☐	☐	☐	☐	☐
Interstitial infiltrates	☐	☐	☐	☐	☐	☐	☐	☐
Bronchial or peribronchial thickening/cuffing	☐	☐	☐	☐	☐	☐	☐	☐

Chest CT

Was a CT performed on Day 0 or in the 72 hours prior to Day 0?

◯ Yes - with Normal findings
◯ Yes - with Abnormal findings
◯ Not performed
◯ Unknown
(Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)

Select which abnormal findings were reported below at any point from -72 hours to Day 0.

(Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)

	Yes	No	Unknown
Lobar consolidation	◯	◯	◯
Multifocal or patchy opacity or ground glass opacity	◯	◯	◯
Interstitial infiltrates	◯	◯	◯
Nodule(s)	◯	◯	◯
Bronchial or peribronchial thickening/cuffing	◯	◯	◯
Tree-in-bud opacities	◯	◯	◯

Was a CT performed at between Day 1 and Day 7?

◯ Yes - with Normal findings
◯ Yes - with Abnormal findings
◯ Not performed
◯ Unknown
(Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)

Select the day(s) each finding was reported.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Not Reported
Lobar consolidation	☐	☐	☐	☐	☐	☐	☐	☐
Multifocal or patchy opacity or ground glass opacity	☐	☐	☐	☐	☐	☐	☐	☐
Interstitial infiltrates	☐	☐	☐	☐	☐	☐	☐	☐
Nodule(s)	☐	☐	☐	☐	☐	☐	☐	☐
Bronchial or peribronchial thickening/cuffing	☐	☐	☐	☐	☐	☐	☐	☐
Tree-in-bud opacities	☐	☐	☐	☐	☐	☐	☐	☐

Location of respiratory illness at Day 0 per clinician evaluation
(Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)

☐ Upper respiratory tract infection (URTI)
☐ Lower respiratory tract infection(LRTI)

Laboratory findings, Weights, & Measures at the time of onset (nearest to Day 0)

Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.

WBC (x 10^3/mm)	_____
ALC	_____
ANC	_____
Body Mass Index (BMI)	_____ (For children 2 years of age or older.)
Were any co-pathogens detected in blood or respiratory samples within 72 hours prior to and 7 days after positive COVID-19 test?	◯ Yes ◯ No (Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)
If Yes, please list below (separate pathogens with a semicolon)	
COVID-19 related hospitalization within 7 days of Day 0?	◯ Yes ◯ No (Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)
If Yes, what Day after Day 0 was the patient admitted?	_____ (Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)
COVID-19 related ICU admission within 7 days of Day 0?	◯ Yes ◯ No (Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)
If Yes, what Day after Day 0 was the patient admitted to the ICU?	_____ (Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)
Did patient require baseline oxygen prior to onset of COVID-19?	◯ Yes ◯ No
Did they patient have any oxygen requirements up to Day 7. (Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)	◯ Yes ◯ No (Supplemental oxygen use was defined as the delivery of oxygen by any modality, including nasal cannula, mask, noninvasive positive pressure ventilation, or mechanical ventilation, and was recorded if sustained for >4 hours for each day. If patients received oxygen support as baseline given their underlying diseases, only supplemental oxygen use beyond their baseline requirements will be counted.)

Select the day(s) when each oxygen requirement was given. If it intervention was not administered or it is unknown if it was given select "Not Given".

	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Not given
Nasal cannula	☐	☐	☐	☐	☐	☐	☐	☐	☐
High flow	☐	☐	☐	☐	☐	☐	☐	☐	☐
BIPAP/CPAP	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mask	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mechanical Ventilation	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐	☐	☐

If Other, please describe _____

Did the patient receive any COVID-19 directed therapy from Day 0 to Day 7?
(Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)

◯ Yes
◯ No

Please check the therapies that the patient received between Day 0 and Day 7. Select all that apply.

(Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)

☐ LPV/RTV
☐ Hydroxycholorquine
☐ Interferon
☐ Ribavirin
☐ Remdesivir
☐ Azithromycin
☐ Tocilizumab
☐ Darunavir/Cobicistat
☐ Siltuximab
☐ Anakinra
☐ Other

If Other, specify _____

Did the patient receive steroid treatment for COVID-19 between Day 0 and Day 7?

◯ Yes ◯ No
(Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)

If Yes, select which steroids the patient received (Check all that apply)

☐ Hydrocortisone
☐ Dexamethasone
☐ Methylprednisolone
☐ Other

If Other, specify _____

Was IVIG administered within 72 hours before Day 0 to 7 days after Day 0?
(Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)

◯ No
◯ Yes - for treatment of COVID-19
◯ Yes - for supplemental purposes
◯ Yes - administered, but for unclear indication

Did the patient progress to LRTI within 7 days of Day 0?	◯ Yes ◯ No ◯ Unknown (Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)
If Yes, how many days after Day 0 did the patient progress to LRTI?	_____ (Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)
Did the patient have other complications within 7 days of Day 0?	◯ Yes ◯ No (Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)
Specify complications	_____
Maximum Severity of illness from Day 0 to Day 7	◯ Mild (No need for supplementary oxygen) ◯ Moderate (Need for supplementary oxygen) ◯ Severe (Need for mechanical ventilation) (Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)
Did the patient die within 7 days of Day 0?	◯ Yes ◯ No (Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)
If Yes, was death COVID-19 related?	◯ Yes ◯ No ◯ Unclear etiology
If Yes, what was the cause of death?	◯ Respiratory failure ◯ Myocarditis ◯ Other ◯ Unknown
If Other, please specify	_____
How many days after Day 0 did patient die?	_____ (Day 0 is defined as the collection date of first positive Covid-19 diagnostic test.)

COVID-19 Case Follow-Up

The unique Subject ID for this patient is

[record-name]

Please record this Subject ID and maintain the link to your patient until notified by the coordinating center that the link can be destroyed. The coordinating center will use the Subject ID to reference your patient since no PHI maybe shared outside of your institution.

REDCap Follow-up Survey