COVID-19 Survey

Unique Case ID |\_|\_|\_|

# Patient Info

1. **Patient Information**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Surname** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender** Male Female Not known

**Date of birth:** Click or tap to enter a date. Unknown

**Phone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_.\_\_\_\_](mailto:______________@________.____)

**Country of residence:** Choose an item.

**Case status:** Suspended Probable Confirmed

**Current Status:**  Dead Alive

# Symptoms

1. **Patient symptoms (from disease onset)**

**Date of first symptom**

Click or tap to enter a date. No symptoms Unknown

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Unknown** |
| **Fever** |  |  |  |
| **Sore throat** |  |  |  |
| **Runny nose** |  |  |  |
| **Cough** |  |  |  |
| **Shortness of Breath** |  |  |  |
| **Vomiting** |  |  |  |
| **Nausea** |  |  |  |
| **Diarrhoea** |  |  |  |

# Initial Sample Collected

1. **Initial Sample Collected**

**What type of respiratory sample was collected?**

Nasal swab  Throat swab

Nasopharyngeal swab Other 🡪 Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Clinical Course: Complications

1. **Clinical Course: Complications**

**Hospitalization required:**

Yes 🡪 Name of the Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No Unknown

**ICU (Intensive Care Unit) admission required?** Yes No Unknown

**Acute Respiratory Distress Syndrome (ARDS)** Yes No Unknown

**Pneumonia by chest X-ray**

Yes 🡪 Date Click or tap to enter a date.

No Not applicable

**Other severe or life-threatening illness suggestive of an infection**

Yes 🡪 Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No Unknown

**Mechanical ventilation required** Yes No Unknown

**Extracorporeal membrane oxygenation (EMO)** Yes No Unknown