Patient ID:		**Bold Question = Required**

DEMOGRAPHICS — *Demographics Tab*

Sex (sex)	○ Male (1) ○ Female (2) ○ Unknown (3)		
Date of Birth (dob)	_____/_____/_____	**Age** (age)	_____
Zip Code (zip)	_____ - _____	Homeless (homeless)	☐
Payment Source (psource)	☐ Medicare Title 18 (1) ☐ Medicaid – Private/ HMO/ PPO/ Other (6) ☐ Self Pay/ No Insurance (4)	☐ Medicaid Title 19 (2) ☐ Private/ HMO/ PPO/ Other (3) ☐ Other/ Not Documented/ UTD (9)	☐ Medicare – Private/ HMO/ PPO/ Other (5) ☐ VA/ CHAMPVA/ Tricare (7)

RACE AND ETHNICITY

Race (Select all that apply) (race)

- ☐ American Indian/Alaska Native (1)
- ☐ Black or African American (2)
- ☐ White (3)
- ☐ Asian (4)
  - [if Asian selected]
  - ☐ Asian Indian [1]
  - ☐ Chinese [2]
  - ☐ Filipino [3]
  - ☐ Japanese [4]
  - ☐ Korean [5]
  - ☐ Vietnamese [6]
  - ☐ Other Asian [7] (asian)
- ☐ Native Hawaiian or Pacific Islander (5)
  - [if native Hawaiian or pacific islander selected]
  - ☐ Native Hawaiian [1]
  - ☐ Guamanian or Chamorro [2]
  - ☐ Samoan [3]
  - ☐ Other Pacific Islander [4] (hawaiian)
- ☐ UTD (6)

Hispanic Ethnicity (hisethni)	○ Yes (1) ○ No/UTD (2)	
If Yes (ethnicys)	○ Another Hispanic, Latino or Spanish Origin (4) ○ Cuban (3)	○ Mexican, Mexican American, Chicano/a (1) ○ Puerto Rican (2)

ADMIN — *Admin Tab*

Arrival Date/Time (arrdt)	____/____/_____:____ ○ MM/DD/YYYY only ○ Unknown	**Admission Date** (admdt)	_____/_____/_____
Discharge Date/Time (disdate)	____/____/_____:____ ☐ MM/DD/YYYY only		
Was patient declared Do Not Resuscitation (DNR) at any time during this admission? (dnrptndecl)	○ Yes (1) ○ No/ND (2)		
Date/Time of DNR order (dnrordrdt)	____/____/_____:____	○ MM/DD/YYYY only ○ Unknown	

What was the patient's discharge disposition on the day of discharge? (dschstat)

- ☐ 1 – Home (1)
- ☐ 2 – Hospice – Home (2)
- ☐ 3 – Hospice – Health Care Facility (3)
- ☐ 4 – Acute Care Facility (4)
- ☐ 5 – Other Health Care Facility (5)
- ☐ 6 – Expired (6)
- ☐ 7 – Left Against medical Advice / AMA (7)
- ☐ 8 – Not Documented or Unable to Determine (UTD) (8)

If Other Health Care Facility (dschothfac)	○ Inpatient Rehabilitation Facility (IRF) (2) ○ Intermediate Care facility (ICF) (4) ○ Long Term Care Hospital (LTCH) (3)	○ Skilled Nursing Facility (SNF) (1) ○ Other (5)
Was patient placed on Comfort Measures Only at any time during this admission? (cmftmeasnly)	○ Yes (1) ○ No/ND (2)	

Date of comfort measures only (cmftmeasnlydt)	____/_____/_____ ○ Unknown

ARRIVAL AND ADMISSION INFORMATION — *Admission Tab*

Means of Transport to your Facility (meanstrans)	○ Air (1) ○ Ambulance (2) Transfer from another hospital (4) ○ Walk-In (3) ○ ND or Unknown (5)

MEDICAL HISTORY

Past Medical History (medhisto)

☐ No Medical History (17)

☐ Atrial Fibrillation (1)
☐ Atrial Flutter (2)
☐ Cancer (3)
☐ Cerebrovascular Disease (4)
  ☐ Stroke (5)
  ☐ TIA (6)
☐ Chronic Kidney Disease (18)
☐ Congenital Heart Disease (34)
☐ Currently on Dialysis (7)
☐ DVT (19)
☐ Diabetes Mellitus (8)
☐ Dyslipidemia (9)
☐ eCigarette (vaping) (20)
☐ Heart Failure (11)
☐ Hypertension (12)
☐ Immune Disorders (22)
  ☐ HIV (23)
  ☐ Lupus (24)
  ☐ Rheumatoid Arthritis (25)
  ☐ Other (26)
☐ Organ Transplant (33)
☐ Peripheral Artery Disease (13)
☐ Prior CABG (14)
☐ Prior MI (15)
☐ Prior PCI (16)
☐ Pulmonary Embolism (27)
☐ Pulmonary Disease (28)
  ☐ COPD (29)
  ☐ Interstitial Lung Disease (ILD) (30)
  ☐ Asthma (31)
  ☐ Pulmonary Arterial Hypertension (35)
  ☐ Other (32)
☐ Smoking (21)

DIAGNOSIS & EVALUATION

COVID-19 Diagnosis (covdiag)
○ Yes, prior to admission (1) ○ Yes, after discharge (3)
○ Yes, during hospitalization (2) ○ Unknown/ND (4)

Method of diagnosis (methdiag)
○ Clinical diagnosis using hospital specific criteria (2) ○ RT-PCR Test (1) ○ IgM antibody test (3)

Date of dx (diagdt)
_____/_____/_____ ☐ Unknown

Date of COVID-19 symptom onset? (symonstdt)
_____/_____/_____ ☐ Unknown

Documented Symptoms (docusymp)
☐ Confusion or Altered Mental Status (12)
☐ Cough (2)
☐ Fatigue (4)
☐ Fever/ Chills (1)
☐ Headache (5)
☐ Loss of Sense of Smell/ Taste (11)
☐ Myalgia (6)
☐ Nasal Congestion (8)
☐ Nausea, Vomiting, or Diarrhea (9)
☐ Shortness of Breath (3)
☐ Sore Throat (7)
☐ Other: _____ (13) (speothsymp)
☐ Not Documented (14)

Presence of interstitial infiltrates on initial Chest X-ray or CT (interinfil)
○ Yes (1) ○ No (2) ○ ND (3)

During admission, was this patient enrolled in a clinical trial related to COVID-19? (covclintrial)
○ Yes (1) ○ No/ND (2)

MEDICATION PRIOR TO ADMISSION

Medications prescribed or taking at time of admission:

Anti-hypertensive (antihyprtnsv)
○ Yes (1) ○ No/ND (2)

Anti-hypertensive Tx (Select all that apply) (antihyprtnsvtx)
☐ Ace Inhibitors (1)
☐ ARB (2)
☐ ARNI (3)
☐ Beta Blockers (4)
☐ CA++ Channel Blockers (5)
☐ Diuretics (6)
☐ MRA (7)
☐ Other anti-hypertensive med (8)

ACEI administered during hospitalization (aceidurhosp)
○ Yes (1) ○ No (2) ○ ND (3)

ARB administered during hospitalization (arbdurhosp)
○ Yes (1) ○ No (2) ○ ND (3)

ARNI administered during hospitalization
○ Yes (1) ○ No (2) ○ ND (3)

(arnidurhosp)	
Lipid Lowering Therapy (liplowthrp)	○ Yes (1) ○ No/ND (2)
Lipid lowering therapy (Select all that apply) (liplowthrptx)	☐ Ezetimibe (1) ☐ Statin (3) ☐ PCSK 9 Inhibitor (2) ☐ Other lipid lowering med (4)
Antiplatelet (antiplt)	○ Yes (1) ○ No/ND (2)
Antiplatelet Tx (Select all that apply) (antiplttx)	☐ Aspirin (1) ☐ P2Y12 Inhibitors (2) ☐ Other Antiplatelet (3)
Anticoagulant (anticoag)	○ Yes (1) ○ No/ND (2)
Anticoagulant Tx (Select all that apply) (anticoagtx)	☐ Direct Thrombin Inhibitor (1) ☐ Factor Xa Inhibitor (2) ☐ Warfarin (3) ☐ Other Anticoagulant (4)
Anti-hyperglycemic (antihyprglym)	○ Yes (1) ○ No/ND (2)
Anti-hyperglycemic Tx (select all that apply) (antihyprglymtx)	☐ DPP-4 Inhibitors (1) ☐ GLP-1 Receptor Agonist (2) ☐ Insulin (3) ☐ Metformin (4) ☐ SGLT2 Inhibitor (5) ☐ Sulfonylurea (6) ☐ Thiazolidinedione (7) ☐ Other Injectable/ Subcutaneous Agent (8) ☐ Other Oral Agents (9)
Corticosteroid (corticosterd)	○ Inhaled (1) ○ Oral (2) ○ None/ND (3)
Immunosuppressive medications (other than steroids) (immusuppmed)	○ Yes (1) ○ No/ND (2)
Chemo or biological treatment for cancer (chembiocncr)	○ Yes (1) ○ No/ND (2)
Hydroxychloroquine (hydchlqun)	○ Yes (1) ○ No/ND (2)

HOSPITALIZATION — *Hospitalization Tab*

During this admission: If multiple events, record Date/Time of first episode.

Documentation of Presenting EKG (prsntekgdoc)	○ Yes (1) ○ No/ND (2)
Rhythm (rhythm)	○ Atrial Fibrillation (1) ○ Atrial Flutter (2) ○ Sinus (3) ○ Other (4)
QTC Value (qtcval)	_____ ms ○ Not Documented (qtvalnd)
EKG abnormalities (ekgabnrml)	☐ None (1) ☐ Left Bundle Branch Block (2) ☐ Right Bundle Branch Block (3) ☐ ST-Segment Depression (4) ☐ ST-Segment Elevation (5) ☐ Not Documented (6)
Sustained ventricular arrhythmias (susvenarr)	○ Yes (1) ○ No/ND (2)
Date/Time of sustained ventricular arrythmia (susvenarrdt)	____/____/_____ _____:____ ○ MM/DD/YYYY only ○ Unknown
Atrial Fibrillation (afibpres)	○ Yes (1) ○ No/ND (2)
Date/Time of A-Fib (afibpresdt)	____/____/_____ _____:____ ○ MM/DD/YYYY only ○ Unknown
Heart block requiring a temporary or permanent pacemaker (tmpperpace)	○ Yes (1) ○ No/ND (2)
Date/Time of HB intervention (tmpperpacedt)	____/____/_____ _____:____ ○ MM/DD/YYYY only ○ Unknown
Acute Myocardial Infarction (AMI) (actmyoinf)	○ STEMI (1) ○ NSTEMI (2) ○ No/ND (3)
STEMI reperfusion (stemirep)	○ Fibrinolytic Therapy (1) ○ Primary PCI (2) ○ No reperfusion therapy (3)
NSTEMI type (nstemityp)	○ Type 1 MI (1) ○ Type 2 (demand-related) MI (2) ○ ND (3)
Date/time of AMI (amidt)	____/____/_____ ___;____ ○ MM/DD/YYYY only ○ Unknown
Percutaneous Coronary Intervention (PCI) (primarypci)	○ Yes (1) ○ No/ND (2)
Date/Time of PCI	____/____/_____ _____:____ ○ MM/DD/YYYY only ○ Unknown

(primarypcidt)	
LVEF assessment (lvef)	○ Yes (1) ○ No/ND (2)
Date of LVEF assessment (lvefdt)	____/____/____ ○ Unknown
EF – Quantitative (%) (lvfasmt)	_____% ○ Not Documented (lvfasmtnd)
Is there documentation of an LVEF assessment within the last year? (lvefassess)	○ Yes (1) ○ No/ND (2)
Last Known EF (efknown)	_____% ○ Not Documented (efknownnd)
Coronary Angiogram (corangio)	○ Yes (1) ○ No/ND (2)
Angiogram type (corangiotyp)	○ CTA (1) ○ Invasive (cath) (2) ○ ND (3)
Number of vessels with ≥ 50% stenosis (stenvess)	○ 0 (1) ○ 2 (3) ○ Left main CAD (5) ○ 1 (2) ○ ≥ 3 (4) ○ Not Documented (6)
Date/Time of cardiac angiogram (corangiodt)	____/____/____ ____:____ ○ MM/DD/YYYY only ○ Unknown
In-Hospital Shock (inhospshk)	○ Yes (1) ○ No/ND (2)
Shock type (shktyp)	○ Cardiogenic (1) ○ Mixed (3) ○ Distributive (e.g. Sepsis) (2) ○ Other/Unknown (4)
Shock Management (select all that apply) (shkmgmt)	☐ IABP (1) ☐ V-A ECMO (4) ☐ Impella or other PVAD (2) ☐ V-V ECMO (5) ☐ Inotropes/Vasopressors (3)
Date/Time of mechanical circulatory support (mechcirsupdt)	____/____/____ ____:____ ○ MM/DD/YYYY only ○ Unknown
Date of Inotropes/Vasopressors (inotvasopresdt)	____/____/____ ____:____ ○ MM/DD/YYYY only ○ Unknown
New-onset heart failure (hfonset)	○ Yes (1) ○ No/ND (2)
Specify HF (hfspcy)	○ Systolic (HFrEF) (1) ○ Diastolic (HFpEF) (2)
Date of HF (hfdt)	____/____/____ ○ Unknown
Myocarditis (myocar)	○ Yes (1) ○ No/ND (2)
Diagnostic test (diagtst)	☐ Cardiac biopsy (1) ☐ CT (3) ☐ MRI (2) ☐ Clinical diagnosis (4)
Date of Myocarditis (myocardt)	____/____/____ ○ Unknown
Deep Vein Thrombosis (DVT) (dvt)	○ Yes (1) ○ No/ND (2)
Date of DVT diagnosis (dvtdt)	____/____/____ ○ Unknown
Pulmonary Embolus (PE) (pulemb)	○ Yes (1) ○ No/ND (2)
Date of PE diagnosis (pulembdt)	____/____/____ ○ Unknown
Intracardiac Thrombus (intthrom)	○ Yes (1) ○ No/ND (2)
Date of Intracardiac thrombus diagnosis (intthromdt)	____/____/____ ○ Unknown
Acute Limb Ischemia (acutlmbisch)	○ Yes (1) ○ No/ND (2)

Date of Acute Limb Ischemia (acutlmbischdt)	____/____/____ ○ Unknown
Clinical bleeding requiring transfusion (clnbldtrans)	○ Yes (1) ○ No/ND (2)
Date of transfusion (pulhmrrdiagdt)	____/____/____ ○ Unknown
New Hemodialysis or CRRT (hemocrrt)	○ Yes (1) ○ No/ND (2)
Date of New Hemodialysis (hemocrrtdt)	____/____/____ ○ Unknown
Was hemodialysis or CRRT still required at discharge? (hemodsch)	○ Yes (1) ○ No/ND (2)
Ischemic stroke / intracranial hemorrhage (ischstr)	○ Yes (1) ○ No/ND (2)
Initial NIH Stroke Scale (nihstrsle)	_____ ○ Not Documented
Imaging (imag)	○ CT (1) ○ MRI (2) ○ Not Documented (3)
Imaging shows acute stroke (imagactstr)	○ Yes (1) ○ No/ND (2)
Stroke treatment (strtrmnt)	○ Thrombectomy (1) ○ Thrombolysis (2) ○ None/ND (3)
Stroke or intracranial hemorrhage type (strhemtyp)	☐ Cerebral Venous Sinus Thrombosis (2) ☐ Subarachnoid Hemorrhage (6) ☐ Intracerebral Hemorrhage (3) ☐ Subdural/ Epidural Hemorrhage (7) ☐ Ischemic Stroke (4) ☐ Transient Ischemic Attack (TIA) (8) ☐ Stroke Not Otherwise Specified (5) ☐ Not Documented (1)
Date of stroke diagnosis (strdiagdt)	____/____/____ ○ Unknown
Seizure (seiz)	○ Yes (1) ○ No/ND (2)
Date of seizure (seizdt)	____/____/____ ○ Unknown
Cardiac Arrest (Code Blue, CPR) (cardarr)	○ Yes (1) ○ No/ND (2)
First documented pulseless rhythm (pulrhtm)	○ Asystole (1) ○ Pulseless Electrical Activity (PEA) (2) ○ Ventricular Fibrillation (VF) (4) ○ Pulseless Ventricular Tachycardia (VT) (3) ○ Unknown/ND (5)
Date/Time of cardiac arrest (cardarrdt)	____/____/____ ____:____ ○ MM/DD/YYYY only ○ Unknown
Cause of death documented (causdthdoc)	○ Yes (1) ○ No/ND (2)
Cause of death (causdth)	○ AMI (1) ○ Respiratory (4) ○ Arrhythmia (2) ○ Stroke (5) ○ HF (3) ○ Other (6)
Date of death (deathdt)	____/____/____ ○ Unknown

PULMONARY / CRITICAL CARE

Was this patient managed in an ICU (patmanicudt)	○ Yes (1) ○ No/ND (2)
Date Transferred to ICU (patmanicudt)	_____/_____/_____ ○ Unknown
Date Transferred out of ICU (patmanicuoutdt)	_____/_____/_____ ○ Unknown
During this hospitalization was the patient intubated or placed on mechanical ventilation? (hospvent)	○ Yes (1) ○ No/ND (2)
Date mechanical ventilation initiated (hospventstrt)	_____/_____/_____ ○ Unknown
Date mechanical ventilation terminated (hospventstp)	_____/_____/_____ ○ Unknown
Mechanical ventilation continued at discharge (mecventdsch)	☐

Was prone position used during mechanical ventilation? (mecventprnpos)	○ Yes (1) ○ No/ND (2)

First blood gas obtained after intubation:

PH _____ (ph) ☐ PH ND (phnd)	PaCO2 _____ mmHg (paco2) ☐ PaCO2 ND (pacond)	PaO2 _____ mmHg (pao2) ☐ PaO2 ND (paond)
HCO3 _____ mEq/L (hco3) ☐ HCO3 ND (hco3nd)	SpO2 _____ % (spo2pul) ☐ SpO2 ND (spo2ndpul)	FiO2 _____ % (fio2) ☐ FiO2 ND (fio2nd)

Was V-V ECMO performed (vvecmo)	○ Yes (1) ○ No/ND (2)	
Date V-V ECMO initiated (vvecmostrt)	_____/_____/_____	○ Unknown
Date V-V ECMO terminated (vvecmostp)	_____/_____/_____	○ Unknown

VITALS (Admission)

Height (height)	_____	○ in (1) ○ cm (2) (heightu) ☐ ND (heightnd)	**Weight (Admission)** (weightadm)	_____	○ lbs (1) ○ kgs (2) (weightuadm) ☐ ND (weightndadm)

Temperature (temp) _____ ☐ Temp ND (tempnd) ☐ C (1) ☐ F (2) (tempu)	**Heart Rate** (heartrateadm) _____ bpm ☐ HR ND (heartratendadm)	**Blood Pressure** _____/_____ (systolicadm)/(diastolicadm) ☐ BP ND (bpndadm)	**Respiratory Rate** (resprateadm) _____bpm ☐ RR ND (respratendadm)	**SpO2** (spo2) _____ % ☐ SpO2 ND (spo2nd) ○ Room air (1) ○ Supplemental O2 (2) ○ Unknown (3) (spo2typ)

ADMISSION LABS — *Admission Labs Tab*

Labs (Closest to Admission):	**Hemoglobin** (hgbadm)	_____	○ g/dL (1) ○ g/L (2) (hgbuadm)	○ Unavailable (hgbnaadm)
	WBC (wbcadm)	_____	○ K/uL (1) ○ mcL (2) (wbcuadm)	○ Unavailable (wbcnaadm)
	Platelet (platelet)	_____	○ K/uL	○ Unavailable (plateletna)
	Absolute lymphocyte Count (abslympcnt)	_____	○ $X10^9$	○ Unavailable (abslympcntna)
	Serum Creatinine (SCr) (initscr)	_____	○ mg/dL (1) ○ µmol/L (2) (scruadm)	○ Unavailable (scrnaadm)
	AST (ast)	_____	○ u/L	○ Unavailable (astna)
	ALT (alt)	_____	○ u/L	○ Unavailable (altna)
	Total Bilirubin (totbilrbn)	_____	○ mg/dL	○ Unavailable (totbilrbnna)
	Bicarbonate (bicrbnte)	_____	○ mEq/1 (1) ○ mmol/L (2) (bicrbnteu)	○ Unavailable (bicrbntena)
	Troponin (tropadm)	_____	○ ng/mL (1) ○ ug/L (2) ○ ng/L (3) (tropuadm)	○ Unavailable (tropnaadm)
	NT-proBNP (ntprobnpadm)	_____	○ pg/mL (1) ○ ng/L (2) (ntprobnpuadm)	○ Unavailable (ntprobnpnaadm)
	BNP (bnpadm)	_____	○ pg/mL (1) ○ pmol/L (2) ○ ng/L (3) (bnpuadm)	○ Unavailable (bnpnaadm)
	Ferritin (ferritinadm)	_____	○ ng/mL	○ Unavailable (ferritinnaadm)
	CRP (crp)	_____	○ mg/L (1) ○ ng/L (2) ○ mg/dL (3) (crpu)	○ Unavailable (crpna)
	IL6 (il6)	_____	○ pg/mL (1) ○ ng/mL (2) (il6u)	○ Unavailable (il6na)
	D-dimer (ddmer)	_____	○ ng/mL (1) ○ µ/mL (2) ○ ug/mL (3) (ddmeru)	○ Unavailable (ddmerna)
	Procalcitonin (proclctn)	_____	○ µg/L (1) ○ ng/mL (2) (proclctnu)	○ Unavailable (proclctnna)
	Hemoglobin A1C (hba1cadm)	_____	○ %	○ Unavailable (hba1cnaadm)

SERIAL LABS			*Serial Labs Tab*
Enter the date and the first reported lab value for the corresponding labs in the medical record, if available. Click "Add Instance" to enter lab values for subsequent days of the hospitalization. Serial Labs should be collected for each day of hospitalization.			
Select if serial labs were NOT performed on this patient (slnotperfmd)		☐	
Serial Labs (Repeat labs) (seriallabs_rg)	**Date** (seriallabsdt)	_____/_____/_____	
	Troponin (sltropadm)	_____	○ ng/mL (1) ○ ug/L (2) ○ ng/L (3) (sltropuadm)
	NT-proBNP (slntprobnoadm)	_____	○ pg/mL (1) ○ ng/L (2) (slntprobnpuadm)
	BNP (slbnpadm)	_____	○ pg/mL (1) ○ pmol/L (2) ○ ng/L (3) (slbnpuadm)
	Ferritin (slferritinadm)	_____	○ ng/mL
	CRP (slcrp)	_____	○ mg/L (1) ○ ng/L (2) ○ mg/dL (3) (slcrpu)
	Absolute Lymphocyte count (slabslympcnt)	_____	○ $X10^9$
	Procalcitonin (slproclctn)	_____	○ µg/L (1) ○ ng/mL (2) (slproclctnu)
	IL6 (slil6)	_____	○ pg/mL (1) ○ ng/mL (2) (slil6u)
	Serum Creatinine (SCr) (slinitscr)	_____	○ mg/dL (1) ○ µmol/L (2) (slscruadm)
	D-dimer (slddmer)	_____	○ ng/mL (1) ○ µ/mL (2) ○ ug/mL (3) (slddmeru)

MEDICATIONS		*Medications Tab*
During this hospitalization, was the patient treated with any of the following medications? (Enter Date of first administration)		
Corticosteroids during hospitalization (glucocor)		○ Yes (1) ○ No (2) ○ NC (3)
Date: Corticosteroids (glucocordt)	____/____/____	☐ Unknown
Immunoglobulins during hospitalization (immuglo)		○ Yes (1) ○ No (2) ○ NC (3)
Date: Immunoglobulins (immuglodt)	____/____/____	☐ Unknown
Convalescent serum during hospitalization (convlseum)		○ Yes (1) ○ No (2) ○ NC (3)
Date: Convalescent serum (convlseumdt)	____/____/____	☐ Unknown
Ritonavir/lopinavir during hospitalization (ritolopvr)		○ Yes (1) ○ No (2) ○ NC (3)
Date: Ritonavir/lopinavir (ritolopvrdt)	____/____/____	☐ Unknown
Hydroxychloroquine during hospitalization (medshydchlqun)		○ Yes (1) ○ No (2) ○ NC (3)
Date: Hydroxychloroquine (medshydchlqundt)	____/____/____	☐ Unknown
Azithromycin during hospitalization (azthrmcn)		○ Yes (1) ○ No (2) ○ NC (3)
Date: Azithromycin (azthrmcndt)	____/____/____	☐ Unknown
Remdesivir during hospitalization (rmdvr)		○ Yes (1) ○ No (2) ○ NC (3)
Date: Remdesivir (rmdvrdt)	____/____/____	☐ Unknown
Tocilizumab during hospitalization (toczmb)		○ Yes (1) ○ No (2) ○ NC (3)
Date: Tocilizumab (toczmbdt)	____/____/____	☐ Unknown

Other 1 (not listed) (oth1nl) Date: Other 1 (oth1nldt)	_____ ____/_____/_____ ☐ Unknown
Other 2 (not listed) (oth2nl) Date: Other 2 (oth2nldt)	_____ ____/_____/_____ ☐ Unknown
Other 3 (not listed) (oth3nl) Date: Other 3 (oth3nldt)	_____ ____/_____/_____ ☐ Unknown

Anticoagulation

During this hospitalization, was the patient treated with any of the following anticoagulants? (Enter Date of first administration)

Sub-Q Unfractionated Heparin (subqufh) Date: Sub-Q UFH (subqufhdt)	○ Yes (1) ○ No (2) ____/_____/_____	○ NC (3) ☐ Unknown
Parenteral Unfractionated Heparin (parntlufh) Date: Parenteral UFH (parntlufhdt)	○ Yes (1) ○ No (2) ____/_____/_____	○ NC (3) ☐ Unknown
Sub-Q LMWH Low Dose (subqlmwhlwdos) Date: Sub-Q LMWH Low Dose (subqlmwhlwdosdt)	○ Yes (1) ○ No (2) ____/_____/_____	○ NC (3) ☐ Unknown
Sub-Q LMWH Intermediate Dose (subqlmwhintrdos) Date: Sub-Q LMWH Intermediate Dose (subqlmwhintrdosdt)	○ Yes (1) ○ No (2) ____/_____/_____	○ NC (3) ☐ Unknown
Sub-Q LMWH Full Therapeutic Dose (subqlmwhthrpdos) Date: Sub-Q LMWH Full Therapeutic Dose (subqlmwhthrpdosdt)	○ Yes (1) ○ No (2) ____/_____/_____	○ NC (3) ☐ Unknown
Argatroban (argtrban) Date: Argatroban (argtrbandt)	○ Yes (1) ○ No (2) ____/_____/_____	○ NC (3) ☐ Unknown
Bivalirudin (bvalrdin) Date: Bivalirudin (bvalrdindt)	○ Yes (1) ○ No (2) ____/_____/_____	○ NC (3) ☐ Unknown
DOAC (doac) Specify DOAC given (doacspcfy) Date: DOAC (doacdt)	○ Yes (1) ○ No (2) ○ apixaban (Eliquis) (1) ○ dabigatran (Pradaxa) (2) ○ Not Documented (5) ○ edoxaban (Savaysa) (3) ○ rivaroxaban (Xarelto) (4) ____/_____/_____	○ NC (3) ☐ Unknown
Warfarin (warfarin) Date: Warfarin (warfarindt)	○ Yes (1) ○ No (2) ____/_____/_____	○ NC (3) ☐ Unknown

Anticoagulant at Discharge:

Was the patient discharged on an anticoagulant (ptdschantcoag)	○ Yes (1) ○ No (2) ○ NC (3)
If yes, select anticoagulant prescribed (antcoagpres)	○ Direct Thrombin Inhibitor (1) ○ Factor Xa Inhibitor (2) ○ Warfarin (3) ○ Other Anticoagulant _____ (4) (antcoagoth)