## Participant Identification Number (PIN):

The patient identification number or PIN is a unique number used to identify the patient's data.
Please record the patient's PIN in the space provided.

## Does the patient have reported/ measured fever (axillary temperature >38.5°C [101.3 °F])?

Refers to a patient reported or a measured fever (axillary temperature >38.5°C [101.3 °F]) in this current illness.
Please indicate 'Yes', if the patient meets this inclusion criterion. If 'No', then the patient does not meet inclusion criteria, please do not continue with this case report form.

## Does the patient have evidence of acute brain pathology (e.g., altered mental status, new onset seizures, or new neurological deficit either diffuse or localized to the brain).

Refers to the presence of acute brain pathology in this current illness. This can include altered mental status, new onset seizures, or new neurological deficit either diffuse or localized to the brain as identified by the treating clinician.
Please indicate 'Yes', if the patient meets this inclusion criterion. If 'No', then the patient does not meet inclusion criteria, please do not continue with this case report form.

## Participant is enrolled in the icddr,b-IEDCR NiV surveillance programme.

This is a requirement for inclusion in this study.
Please indicate 'Yes', if the patient meets this inclusion criterion. If 'No', then the patient does not meet inclusion criteria, please do not continue with this case report form.

## Participant (or their legal representative) has provided consent to participate in this study.

Please indicate 'Yes' if the patient or their legal representative has provided their informed consent for participation in this study.

## Does the patient have a clear alternative non-infectious diagnosis (either clinical or laboratory/imaging confirmed diagnosis) that explains the acute presentation

Indicate 'Yes', if there is a clear non-infectious diagnosis that explains this acute presentation. If 'Yes' then the patient fulfills this exclusion criterion, please do not continue with this case report form.

## Date of enrolment / start of data collection

Enter date of patient study enrolment in the format of day/month/year (DD/MM/YYYY).

## Onset date of first / earliest symptom

Please provide the date of patient reported onset of the first symptom that you clinically believe was related to this episode of illness.
Please provide the date of the first symptom that you clinically believe was related to this episode of illness in day/month/year (DD/MM/YYYY) format.

## First symptom (select multiple if occurred at same time)

This refers to the first symptom, or symptoms (if multiple occurred at the same time), that you clinically believe was related to this episode of illness.
Please select the most appropriate option or options (if multiple occurred at the same time). If 'Other systemic symptoms', please specify in the space below.

## Select First symptom (select multiple if occurred at same time)

This refers to the first symptom, or symptoms (if multiple occurred at the same time), that you clinically believe was related to this episode of illness.
Please select the most appropriate option or options (if multiple occurred at the same time). If 'Other systemic symptoms', please specify in the space below.

## Specify other First symptom (select multiple if occurred at same time)

This refers to the first symptom, or symptoms (if multiple occurred at the same time), that you clinically believe was related to this episode of illness.
Please select the most appropriate option or options (if multiple occurred at the same time). If 'Other systemic symptoms', please specify in the space below.

## Was the patient admitted previously or transferred from any other facility during this illness episode?

Please select the single most appropriate option.

## Date of earliest admission for this infection

This refers to the date of the first admission for this illness. If the patient was first 'admitted to other facility, then transferred to this facility' record the date the patient was admitted to the other facility.
Please write the date in DD/MM/YYYY format.

## Sex at Birth

Please select the sinlge most appropriate option.

## Age

This refers to the age of the patient.
Please enter the numerical value for the patient's age, as a whole number. In the following question, please specify the units (years, months or days). For participants over the age of two years, please report age in years. For children under the age of one year, please report in months. For neonates, below the age of one month please report in days.

## Age units

Please select the single most appropriate option to indicate units for patient's age.

## Height (cm)

Actual or closest estimate to height at time of admission.
Please inidcate the patients height in centimeters (cm). For children under the age of 2, please use length.

## Weight (kg)

Actual or closest estimate to weight at time of admission.
Please inidcate the patients weight in kilograms (kg).

## Employed as a healthcare worker

This refers to a patient that is employed in the healthcare industry. It includes those that deliver care in patient-facing settings (i.e. roles that involve interaction directly with patients) or non-patient facing setttings (e.g. laboratory staff, medical waste handlers).
Please select the single most appropriate option. Select 'No' if the patient is not employed in healthcare. Select 'Unknown', if the patient's status as healthcare employe is not known.

## Primary location of occupation

This refers to the location in which the patient conducts the majority of work related to their current occupation.
Please select the single most appropriate option. Select 'Other' if the primary location is not available, write the location in the space provided below. Select 'Unknown', if the patient's primary location is not known.

## Specify other primary location of occupation

This refers to an other primary location of occupation that was not specified above.
Please write the other primary location of occupation.

## Patient's city of residence

This refers to the patient's city of residence in relation to the location of this health care facility.
Please select the single most appropriate option. If the patient's city of residence is different to the city in which this healthcare facility is located, please specify the patient's region of residence below. If the patient's city of residence is not known, select 'Unknown'.

## Specify region (sub-district) of residence

Please write the patien'ts region or sub-district of residence, if it differs from the location of this health care facility.

## Drinking raw date palm sap (DPS)

Indicate 'Yes' if the patient reports to have consumed raw date palm sap (DPS) in the 14 days prior to first symptom onset. If the patient is unsure, please indicate 'Unknown'.

## Drinking fermented DPS

Indicate 'Yes' if the patient reports to have consumed fermented date palm sap (DPS) in the 14 days prior to first symptom onset. If the patient is unsure, please indicate 'Unknown'.

## Eating bat/bird eaten fruits

Refers to the consumption of food contaminated by fluids from birds or bats.
Indicate 'Yes' if the patient reports to have consumed fruit contaminated by fluids from birds or bats in the 14 days prior to first symptom onset. If the patient is unsure, please indicate 'Unknown'.

## Close contact with patient with similar illness

Close contact refers to a patient who has provided care (including health care worker or family member) or had other similar close physical contact with a person exhibiting similar symptoms. It includes anyone who stayed at the same place (e.g. lived with, visited) as a person exhibiting similar symptoms. This close contact must have occured in the 14 days prior to first symptom onset for the participant.
Indicate 'Yes' if the patient has had close contact with a person exhibiting similar symptoms/illness in the 14 days prior to first symptom onset. If 'Yes' please specify below.

## Contact with bat/s

Refers to a patient who had direct physical contact or having been in close proximity with live/dead bat/s in the 14 days prior to first symptom onset. This can include being bitten by the specified animal; visiting an animal sanctuary or zoo housing the specified animal; and being involved in veterinary care, slaughtering or dissection of the specified animal.
Indicate 'Yes' if the patient has had exposure to bat/s in the 14 days prior to first symptom onset. If 'Yes' please specify below.

## Contact with pig/s

Refers to a patient who had direct physical contact or having been in close proximity with live/dead pig/s in the 14 days prior to first symptom onset. This can include being bitten by the specified animal; visiting an animal sanctuary or zoo housing the specified animal; and being involved in veterinary care, slaughtering or dissection of the specified animal.
Indicate 'Yes' if the patient has had exposure to pig/s in the 14 days prior to first symptom onset. If 'Yes' please specify below.

## Contact with domestic animal/s

Refers to a patient who had direct physical contact or having been in close proximity with a domesticated animal (e.g. cats and dogs) or other animals kept within the home. Contact must have occurred in the 14 days prior to first symptom onset.
Indicate 'Yes' if the patient has had exposure to domestic animals in the 14 days prior to first symptom onset. If 'Yes' please specify below.

## Other type of exposure history

Indicate 'Yes' if there are other important exposures this patient has had in the 14 days prior to first symptom onset. If 'Yes' please specify below.

## Specify other type of exposure.

Please indicate here other types of exposures this patient has had, in the 14 days prior to first symptom onset, you feel is important to record about this acute illness.

## Pregnant

This refers to a women who is currently pregnant, confirmed by a pregnancy test.
Please indicate 'Yes', if the patient is pregnant. If the patient is of fertile age with no negative pregnancy test select 'Unknown'.

## Gestational weeks assessment (weeks)

This refers to the gestational age of the foetus (written in weeks). It can be calculated from the woman's last menstrual period (LMP) or calculated using the best obstetrical estimated due date (EDD) based on the following formula: Gestational Age = (280 - (EDD - Reference Date)). The reference date is the date in which you are trying to determine the gestational age.
Please indicate the gestational age of the foetus with the approximate numder of weeks.

## Post-partum (within 6 weeks of delivery)

Defined as within six weeks of delivery.
Please indicate 'Yes', if the patient is in the post-partum period (within 6 weeks after delivery).

## Delivery date

Please enter the date of delivery in day/month/year format.

## Pregnancy outcome

This refers to the outcome of the aforementioned pregnancy.
Please select the single most appropriate outcome for the aforementioned pregnancy.

## Gestational weeks at pregnancy outcome

Please enter the gestational week of the child at the aforementioned pregnancy outcome.

## Gestational outcome

This refers to the gestational age (GA) of the infant at delivery. Pre-term refers to an infant born before 37 weeks and 0 days gestational age.
Please select the single most appropriate option.

## Vaccinations appropriate for age/country

This refers to the vaccination status according to the age of the infant and country-specific recommendations.
Please indicate 'Yes', if the infant is appropriately vaccinated for age with respect to country-specific recommendations.

## Chronic cardiac disease (not hypertension)

Defined as a disease that progressively causes deterioration of the heart and its functioning. In some cases the direct cause of the disease may not be established. Some causes may include an infection that infiltrates the bloodstream that causes damage to the heart or having a genetic imperfection. These could involve: Congenital Heart Disease (haemodynamically significant) is defined as any structural or functional cardiac disorder that is present from birth which results in (1) need for medication to control congestive heart failure or (2) moderate to severe pulmonary hypertension, or (3) cyanotic heart disease. Excludes asymptomatic ventricular septal defects and patent ductus arteriosus e.g. those where no medication is required. Congestive heart disease is defined as any structural or functional cardiac disorder that impairs the ability of the ventricle to fill with or eject blood. It is characterized by specific symptoms, such as dyspnoea and fatigue, and signs, such as fluid retention. There are many ways to assess cardiac function. However, there is no diagnostic test for heart failure, since it is largely a clinical diagnosis that is based upon a careful history and physical examination.
Please indicate 'Yes', if this is condition existed prior to admission with this current illness and remains an active medical condition. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition or it is not ongoing.

## Hypertension (physician diagnosed)

Defined as elevated arterial blood pressure diagnosed clinically (systolic blood pressure >140mmHg systolic and/or diastolic blood pressure >90mmHg), or for which a patient is prescribed an anti-hypertensive.
Please indicate 'Yes', if this is condition existed prior to admission with this current illness and remains an active medical condition. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition or it is not ongoing.

## Chronic pulmonary disease (not asthma)

Defined as any pulmonary condition other than asthma that is a disease or disorder of slow progression and long duration which causes continuous or episodic peroids of illness and/or incapacity.
Please indicate 'Yes', if this is condition existed prior to admission with this current illness and remains an active medical condition. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition or it is not ongoing.

## Asthma (physician diagnosed)

This is defined as clinician-diagnosed asthma (a common chronic disorder of the airways that is complex and characterized by variable and recurring symptoms, airflow obstruction, bronchial hyper-responsiveness, and underlying inflammation). Current pharmaceutical intervention - for prevention or treatment of symptoms - is not a pre-requisite for the inclusion of this diagnosis.
Please indicate 'Yes', if this is condition existed prior to admission with this current illness and remains an active medical condition. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition or it is not ongoing.

## Chronic kidney disease

This is defined as a clinician-diagnosed chronic kidney disease (CKD, also known as chronic kidney failure). The KDIGO and KDOQI definition of chronic kidney disease is kidney damage for 3 months, as defined by structural or functional abnormalities of the kidney, with or without decreased glomerular filtration rate (GFR), that can lead to decreased GFR, manifest by either: Pathologic abnormalities; or Markers of kidney damage, including abnormalities in the composition of the blood or urine, or abnormalities in imaging tests; or GFR <60 mL/min/1.73 m^2 for 3 months, with or without kidney damage.
Please indicate 'Yes', if this is condition existed prior to admission with this current illness and remains an active medical condition. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition or it is not ongoing.

## Obesity (as defined by clinical staff)

Defined as abnormal or excessive accumulation of fat or adipose tissue. This refers to patients for whom an attending clinician has assessed them to be obese - ideally but not necessarily with an objective measurement of obesity, such as calculation of the body mass index or measurement of abdominal girth. A body mass index (BMI) greater than or equal to 30 (kg/m2 or lbs/inch2) indicates obesity.
Please indicate 'Yes', if this is condition existed prior to admission with this current illness and remains an active medical condition. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition or it is not ongoing.

## Liver disease

Defined as any disorder of the hepatobiliary system. Manifestations may include signs and symptoms of cholestasis, portal hypertension, and/or abnormal liver function tests.
Please indicate 'Yes', if this is condition existed prior to admission and is ongoing. If 'Yes', please proceed with the following questions pertaining to severity of liver disease. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition or it is not ongoing.

## Mild liver disease

Defined as chronic hepatitis or cirrhosis without portal hypertension.
Please indicate 'Yes', if this most accurate describes the severity of liver disease.

## Moderate or severe liver disease

Defined as cirrhosis with portal hypertension, with or without bleeding or a history of variceal bleeding.
Please indicate 'Yes', if this most accurate describes the severity of liver disease.

## Chronic hepatitis B/C infection

Defined as chronic hepatitis due to infection by hepatitis B (HBV) or hepatitis C (HCV) virus. Please do not include those with a documented cure of hepatits C.
Please indicate 'Yes', if this is condition existed prior to admission with this current illness and remains an active medical condition. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition or it is not ongoing.

## Asplenia

Defined as the anatomical absence of the spleen or functional asplenia secondary to a variety of disease states. This can include congintal absence (born without a spleen), or acquired absence for example secondary to surgical removal.
Please indicate 'Yes', if this is condition existed prior to admission with this current illness and remains an active medical condition. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition or it is not ongoing.

## Chronic neurological disorder

Defined as diseases of the central and peripheral nervous system. This includes disorders of the brain, spinal cord, cranial nerves, peripheral nerves, nerve roots, autonomic nervous system, neuromuscular junction, and muscle. This can include any of cerebral palsy, multiple sclerosis, motor neurone disease, muscular dystrophy, myasthenia gravis, Parkinson□s disease, stroke, and severe learning difficulty.
Please indicate 'Yes', if this is condition existed prior to admission with this current illness and remains an active medical condition. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition or it is not ongoing.

## Malignant neoplasm

This refers to any known malignant neoplastic disease, including haematological malignancies, that is considered to be biologically active. A tumor composed of atypical neoplastic, often pleomorphic cells that invade other tissues. Malignant neoplasms often metastasize to distant anatomic sites and may recur after excision. The most common malignant neoplasms are carcinomas (adenocarcinomas or squamous cell carcinomas), Hodgkin and non-Hodgkin lymphomas, leukemias, melanomas, and sarcomas. It specifically does not include malignancies that have been cured or where there is no evidence of on-going disease relating to that malignancy following treatment.
Please indicate 'Yes', if this is condition existed prior to admission with this current illness and remains an active medical condition. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition or it is not ongoing.

## Chronic hematologic disease

Any long-term disorder of the red or white blood cells, platelets or coagulation system requiring regular or intermittent treatment. Do not include leukaemia, lymphoma or myeloma, which should be entered under malignancy. Do not include iron-deficiency anaemia which is explained by diet or chronic blood loss.

Please indicate 'Yes', if this is condition existed prior to admission with this current illness and remains an active medical condition. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition or it is not ongoing.

## Active chickenpox

Defined as active Varicella zoster virus (VZV) infection that is transmitted via respiratory secretions and vesicular skin lesions; clinical manifestations are fever and pruritic, vesicular skin rash occuring ten to twenty-one days after exposure. Do not include those with reactived VZV i.e. Shingles.
Please indicate 'Yes', if this is condition existed prior to admission with this current illness and remains an active medical condition. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition or it is not ongoing.

## Previous Shingles (herpes zoster)

Shingles or herpes zoster refers to the reactivation of the varicella-zoster virus that has remained dormant, after the patient's initial exposure to the virus in the form of varicella (chickenpox). It does not include a history of chickenpox.
Please indicate 'Yes', if the patient has a history of shingles (herpes zoster), a reactivation of varicella-zoster virus. Indicate 'No' if the patient has only had chickenpox in the past. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition.

## AIDS / HIV

Defined as a person living with laboratory-confirmed Human Immunodeficiency Virus (HIV) 1 or 2 infection, or a patient with an Acquired Immunity Deficiency Syndrome (AIDS) defining illness. This is irrespective of the CD4 lymphocyte count/percentage or HIV viral load in blood. ART refers to anti-retroviral therapy and is distinct from PrEP or PEP.
Please indicate the single most appropriate option that reflects the HIV/AIDS status of the patient and whether they are taking anti-retroviral therapy (ART). Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition.

## Diabetes Mellitus

Defined as a metabolic disorder characterized by abnormally high blood sugar levels due to diminished production of insulin or insulin resistance or desensitization. This includes Type 1, Type 2 diabetes mellitus, or Gestational diabetes requiring oral or subcutaneous treatment.
Please indicate 'Yes', if this is condition existed prior to admission with this current illness and remains an active medical condition. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition or it is not ongoing.

## Dementia

Defined as evidence from the history and mental status examination that indicates major impairment in learning and memory as well as at least one of the following: Impairment in handling complex tasks; Impairment in reasoning ability; Impaired spatial ability and orientation; Impaired language. The cognitive symptoms must significantly interfere with the individual's work performance, usual social activities, or relationships with other people. This must represent a significant decline from a previous level of functioning. The disturbances are of insidious onset and are progressive, based on evidence from the history or serial mental-status examinations. The disturbances are not occurring exclusively during the course of delirium. The disturbances are not better accounted for by a major psychiatric diagnosis. The disturbances are not better accounted for by a systemic disease or another brain disease. Chronic cognitive deficit is included.
Please indicate 'Yes', if this is condition existed prior to admission with this current illness and remains an active medical condition. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition or it is not ongoing.

## Tuberculosis

Defined as patients currently receiving treatment for tuberculosis, an infection caused by the bacterium Mycobacteriunm tuberculosis. Latent tuberculosis should not be included here. Patients who have been cured of tuberculosis should not be included here. Those who have chronic pulmonary sequelae following their tuberculosis should be included as chronic pulmonary disease.
Please indicate 'Yes', if this is condition existed prior to admission with this current illness and remains an active medical condition. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition or it is not ongoing.

## Malnutrition

Any clinically identified deficiency in intake, either of total energy or of specific nutrients that led to a dietetic intervention or referral prior to this admission.
Please indicate 'Yes', if this is condition existed prior to admission with this current illness and remains an active medical condition. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is

not known whether the patient has a history of this condition or it is not ongoing.

## Smoking

This refers to smoking cigarettes, cigars, pipes or equivalent. Do not include smoke-free tobacco products such as chewed tobacco or electronic nicotine delivery devices. Current smoker is defined as daily (smoking at least one of the above items per day) and non-daily smokers who has smoked 100 items in their life.Never smoker is defined as a person who has never smoked at the time of the assessment or has smoked less than 100 of the above items in their life. Former smoker is defined as a person who has quit smoking at the time of the assessment but has smoked at least 100 of the above items in their life.
Please indicate 'Yes', if this is condition existed prior to admission with this current illness and remains an active medical condition. Indicate 'No' if the patient does not have a history of this condition. Indicate 'Unknown' if it is not known whether the patient has a history of this condition or it is not ongoing.

## Other relevant comorbidity(s)

List any significant risk factors or comorbidities that you feel are important to include here. They must have existed prior to admission and be ongoing.
Please list other risk factor(s) comorbidities that existed prior to admission and are ongoing that are not already recorded above.

## Select other relevant comorbidity(s)

List any significant risk factors or comorbidities that you feel are important to include here. They must have existed prior to admission and be ongoing.
Please list other risk factor(s) comorbidities that existed prior to admission and are ongoing that are not already recorded above.

## Specify other relevant comorbidity(s)

List any significant risk factors or comorbidities that you feel are important to include here. They must have existed prior to admission and be ongoing.
Please list other risk factor(s) comorbidities that existed prior to admission and are ongoing that are not already recorded above.

## Any additional other relevant comorbidity(s) ?

List any significant risk factors or comorbidities that you feel are important to include here. They must have existed prior to admission and be ongoing.
Please list other risk factor(s) comorbidities that existed prior to admission and are ongoing that are not already recorded above.

## >Select additional other relevant comorbidity(s) 2

List any significant risk factors or comorbidities that you feel are important to include here. They must have existed prior to admission and be ongoing.
Please list other risk factor(s) comorbidities that existed prior to admission and are ongoing that are not already recorded above.

## >Specify other relevant comorbidity(s) 2

List any significant risk factors or comorbidities that you feel are important to include here. They must have existed prior to admission and be ongoing.
Please list other risk factor(s) comorbidities that existed prior to admission and are ongoing that are not already recorded above.

## >Any additional other relevant comorbidity(s) ?

List any significant risk factors or comorbidities that you feel are important to include here. They must have existed prior to admission and be ongoing.
Please list other risk factor(s) comorbidities that existed prior to admission and are ongoing that are not already recorded above.

## ->Select additional other relevant comorbidity(s) 3

List any significant risk factors or comorbidities that you feel are important to include here. They must have existed prior to admission and be ongoing.
Please list other risk factor(s) comorbidities that existed prior to admission and are ongoing that are not already recorded above.

## ->Specify other relevant comorbidity(s) 3

List any significant risk factors or comorbidities that you feel are important to include here. They must have existed prior to admission and be ongoing.

Please list other risk factor(s) comorbidities that existed prior to admission and are ongoing that are not already recorded above.

### ->Any additional other relevant comorbidity(s) ?

List any significant risk factors or comorbidities that you feel are important to include here. They must have existed prior to admission and be ongoing.
Please list other risk factor(s) comorbidities that existed prior to admission and are ongoing that are not already recorded above.

### >->Select additional other relevant comorbidity(s) 4

List any significant risk factors or comorbidities that you feel are important to include here. They must have existed prior to admission and be ongoing.
Please list other risk factor(s) comorbidities that existed prior to admission and are ongoing that are not already recorded above.

### >->Specify other relevant comorbidity(s) 4

List any significant risk factors or comorbidities that you feel are important to include here. They must have existed prior to admission and be ongoing.
Please list other risk factor(s) comorbidities that existed prior to admission and are ongoing that are not already recorded above.

### >->Any additional other relevant comorbidity(s) ?

List any significant risk factors or comorbidities that you feel are important to include here. They must have existed prior to admission and be ongoing.
Please list other risk factor(s) comorbidities that existed prior to admission and are ongoing that are not already recorded above.

### ->->Select additional other relevant comorbidity(s) 5

List any significant risk factors or comorbidities that you feel are important to include here. They must have existed prior to admission and be ongoing.
Please list other risk factor(s) comorbidities that existed prior to admission and are ongoing that are not already recorded above.

### ->->Specify other relevant comorbidity(s) 5

List any significant risk factors or comorbidities that you feel are important to include here. They must have existed prior to admission and be ongoing.
Please list other risk factor(s) comorbidities that existed prior to admission and are ongoing that are not already recorded above.

## Steroid

Corticosteroids (commonly referred to as □steroids□) refers to all types of therapeutic corticosteroid, made in the adrenal cortex (the outer part of the adrenal gland). They are also made in the laboratory. Corticosteroids have many different effects in the body, and are used to treat many different conditions. They may be used as hormone replacement, to suppress the immune system, and to treat some side effects of cancer and its treatment. Corticosteroids are also used to treat certain lymphomas and lymphoid leukaemias. Examples include: prednisolone, prednisone, methyl-prednisolone, dexamethasone, hydrocortisone, fluticasone, betametasone (note that other examples exist). Topical preparations are not included, but inhaled preparations are included.
Please indicate 'Yes', if the patient has taken a 'steroid' in the 14 days prior to this most recent admission / presentation

## Steroid administration route

Please select the route in which the 'steroid' is administered.

## Select steroid

Corticosteroids (commonly referred to as □steroids□) refers to all types of therapeutic corticosteroid, made in the adrenal cortex (the outer part of the adrenal gland). They are also made in the laboratory. Corticosteroids have many different effects in the body, and are used to treat many different conditions. They may be used as hormone replacement, to suppress the immune system, and to treat some side effects of cancer and its treatment. Corticosteroids are also used to treat certain lymphomas and lymphoid leukaemias. Examples include: prednisolone, prednisone, methyl-prednisolone, dexamethasone, hydrocortisone, fluticasone, betametasone (note that other examples exist). Topical preparations are not included, but inhaled preparations are included.
Please indicate 'Yes', if the patient has taken a 'steroid' in the 14 days prior to this most recent admission / presentation

## Specify other steroid

Corticosteroids (commonly referred to as □steroids□) refers to all types of therapeutic corticosteroid, made in the adrenal cortex (the outer part of the adrenal gland). They are also made in the laboratory. Corticosteroids have many different effects in the body, and are used to treat many different conditions. They may be used as hormone replacement, to suppress the immune system, and to treat some side effects of cancer and its treatment. Corticosteroids are also used to treat certain lymphomas and lymphoid leukaemias. Examples include: prednisolone, prednisone, methyl-prednisolone, dexamethasone, hydrocortisone, fluticasone, betametasone (note that other examples exist). Topical preparations are not included, but inhaled preparations are included.
Please indicate 'Yes', if the patient has taken a 'steroid' in the 14 days prior to this most recent admission / presentation

## Steroid administration route

Please select the route in which the 'steroid' is administered.

## Any additional steroid ?

Corticosteroids (commonly referred to as □steroids□) refers to all types of therapeutic corticosteroid, made in the adrenal cortex (the outer part of the adrenal gland). They are also made in the laboratory. Corticosteroids have many different effects in the body, and are used to treat many different conditions. They may be used as hormone replacement, to suppress the immune system, and to treat some side effects of cancer and its treatment. Corticosteroids are also used to treat certain lymphomas and lymphoid leukaemias. Examples include: prednisolone, prednisone, methyl-prednisolone, dexamethasone, hydrocortisone, fluticasone, betametasone (note that other examples exist). Topical preparations are not included, but inhaled preparations are included.
Please indicate 'Yes', if the patient has taken a 'steroid' in the 14 days prior to this most recent admission / presentation

## >Select additional steroid 2

Corticosteroids (commonly referred to as □steroids□) refers to all types of therapeutic corticosteroid, made in the adrenal cortex (the outer part of the adrenal gland). They are also made in the laboratory. Corticosteroids have many different effects in the body, and are used to treat many different conditions. They may be used as hormone replacement, to suppress the immune system, and to treat some side effects of cancer and its treatment. Corticosteroids are also used to treat certain lymphomas and lymphoid leukaemias. Examples include: prednisolone, prednisone, methyl-prednisolone, dexamethasone, hydrocortisone, fluticasone, betametasone (note that other examples exist). Topical preparations are not included, but inhaled preparations are included.
Please indicate 'Yes', if the patient has taken a 'steroid' in the 14 days prior to this most recent admission / presentation

## >Specify other steroid 2

Corticosteroids (commonly referred to as □steroids□) refers to all types of therapeutic corticosteroid, made in the adrenal cortex (the outer part of the adrenal gland). They are also made in the laboratory. Corticosteroids have many different effects in the body, and are used to treat many different conditions. They may be used as hormone replacement, to suppress the immune system, and to treat some side effects of cancer and its treatment. Corticosteroids are also used to treat certain lymphomas and lymphoid leukaemias. Examples include: prednisolone, prednisone, methyl-prednisolone, dexamethasone, hydrocortisone, fluticasone, betametasone (note that other examples exist). Topical preparations are not included, but inhaled preparations are included.
Please indicate 'Yes', if the patient has taken a 'steroid' in the 14 days prior to this most recent admission / presentation

## >Steroid administration route 2

Please select the route in which the 'steroid' is administered.

## >Any additional steroid ?

Corticosteroids (commonly referred to as □steroids□) refers to all types of therapeutic corticosteroid, made in the adrenal cortex (the outer part of the adrenal gland). They are also made in the laboratory. Corticosteroids have many different effects in the body, and are used to treat many different conditions. They may be used as hormone replacement, to suppress the immune system, and to treat some side effects of cancer and its treatment. Corticosteroids are also used to treat certain lymphomas and lymphoid leukaemias. Examples include: prednisolone, prednisone, methyl-prednisolone, dexamethasone, hydrocortisone, fluticasone, betametasone (note that other examples exist). Topical preparations are not included, but inhaled preparations are included.

Please indicate 'Yes', if the patient has taken a 'steroid' in the 14 days prior to this most recent admission / presentation

## ->Select additional steroid 3

Corticosteroids (commonly referred to as □steroids□) refers to all types of therapeutic corticosteroid, made in the adrenal cortex (the outer part of the adrenal gland). They are also made in the laboratory. Corticosteroids have many different effects in the body, and are used to treat many different conditions. They may be used as hormone replacement, to suppress the immune system, and to treat some side effects of cancer and its treatment. Corticosteroids are also used to treat certain lymphomas and lymphoid leukaemias. Examples include: prednisolone, prednisone, methyl-prednisolone, dexamethasone, hydrocortisone, fluticasone, betametasone (note that other examples exist). Topical preparations are not included, but inhaled preparations are included.
Please indicate 'Yes', if the patient has taken a 'steroid' in the 14 days prior to this most recent admission / presentation

## ->Specify other steroid 3

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Please indicate 'Yes', if the patient has taken a 'steroid' in the 14 days prior to this most recent admission / presentation

## ->Steroid administration route 3

Please select the route in which the 'steroid' is administered.

## ->Any additional steroid ?

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Please indicate 'Yes', if the patient has taken a 'steroid' in the 14 days prior to this most recent admission / presentation

## >->Select additional steroid 4

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Please indicate 'Yes', if the patient has taken a 'steroid' in the 14 days prior to this most recent admission / presentation

## >->Specify other steroid 4

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Please indicate 'Yes', if the patient has taken a 'steroid' in the 14 days prior to this most recent admission / presentation

### >->Steroid administration route 4

Please select the route in which the 'steroid' is administered.

### >->Any additional steroid ?

Corticosteroids (commonly referred to as □steroids□) refers to all types of therapeutic corticosteroid, made in the adrenal cortex (the outer part of the adrenal gland). They are also made in the laboratory. Corticosteroids have many different effects in the body, and are used to treat many different conditions. They may be used as hormone replacement, to suppress the immune system, and to treat some side effects of cancer and its treatment. Corticosteroids are also used to treat certain lymphomas and lymphoid leukaemias. Examples include: prednisolone, prednisone, methyl-prednisolone, dexamethasone, hydrocortisone, fluticasone, betametasone (note that other examples exist). Topical preparations are not included, but inhaled preparations are included.
Please indicate 'Yes', if the patient has taken a 'steroid' in the 14 days prior to this most recent admission / presentation

### ->->Select additional steroid 5

Corticosteroids (commonly referred to as □steroids□) refers to all types of therapeutic corticosteroid, made in the adrenal cortex (the outer part of the adrenal gland). They are also made in the laboratory. Corticosteroids have many different effects in the body, and are used to treat many different conditions. They may be used as hormone replacement, to suppress the immune system, and to treat some side effects of cancer and its treatment. Corticosteroids are also used to treat certain lymphomas and lymphoid leukaemias. Examples include: prednisolone, prednisone, methyl-prednisolone, dexamethasone, hydrocortisone, fluticasone, betametasone (note that other examples exist). Topical preparations are not included, but inhaled preparations are included.
Please indicate 'Yes', if the patient has taken a 'steroid' in the 14 days prior to this most recent admission / presentation

### ->->Specify other steroid 5

Corticosteroids (commonly referred to as □steroids□) refers to all types of therapeutic corticosteroid, made in the adrenal cortex (the outer part of the adrenal gland). They are also made in the laboratory. Corticosteroids have many different effects in the body, and are used to treat many different conditions. They may be used as hormone replacement, to suppress the immune system, and to treat some side effects of cancer and its treatment. Corticosteroids are also used to treat certain lymphomas and lymphoid leukaemias. Examples include: prednisolone, prednisone, methyl-prednisolone, dexamethasone, hydrocortisone, fluticasone, betametasone (note that other examples exist). Topical preparations are not included, but inhaled preparations are included.
Please indicate 'Yes', if the patient has taken a 'steroid' in the 14 days prior to this most recent admission / presentation

### ->->Steroid administration route 5

Please select the route in which the 'steroid' is administered.

### Immunosuppressant agents (not steroids)

This refers to a patient who is known to have taken prescribed medications that are known to have an immunosuppressing effect (excluding steroids/corticosteroids). Topical preparations should not be recorded.
Please indicate 'Yes', if the patient has taken an immunosuppressant agent in the 14 days prior to this most recent admission / presentation

### Select immunosuppressant agents (not steroids)

This refers to a patient who is known to have taken prescribed medications that are known to have an immunosuppressing effect (excluding steroids/corticosteroids). Topical preparations should not be recorded.
Please indicate 'Yes', if the patient has taken an immunosuppressant agent in the 14 days prior to this most recent admission / presentation

### Specify other immunosuppressant agents (not steroids)

This refers to a patient who is known to have taken prescribed medications that are known to have an immunosuppressing effect (excluding steroids/corticosteroids). Topical preparations should not be recorded.
Please indicate 'Yes', if the patient has taken an immunosuppressant agent in the 14 days prior to this most recent admission / presentation

### Any additional immunosuppressant agents (not steroids) ?

This refers to a patient who is known to have taken prescribed medications that are known to have an immunosuppressing effect (excluding steroids/corticosteroids). Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an immunosuppressant agent in the 14 days prior to this most recent admission / presentation

### >Select additional immunosuppressant agents (not steroids) 2

This refers to a patient who is known to have taken prescribed medications that are known to have an immunosuppressing effect (excluding steroids/corticosteroids). Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an immunosuppressant agent in the 14 days prior to this most recent admission / presentation

### >Specify other immunosuppressant agents (not steroids) 2

This refers to a patient who is known to have taken prescribed medications that are known to have an immunosuppressing effect (excluding steroids/corticosteroids). Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an immunosuppressant agent in the 14 days prior to this most recent admission / presentation

### >Any additional immunosuppressant agents (not steroids) ?

This refers to a patient who is known to have taken prescribed medications that are known to have an immunosuppressing effect (excluding steroids/corticosteroids). Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an immunosuppressant agent in the 14 days prior to this most recent admission / presentation

### ->Select additional immunosuppressant agents (not steroids) 3

This refers to a patient who is known to have taken prescribed medications that are known to have an immunosuppressing effect (excluding steroids/corticosteroids). Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an immunosuppressant agent in the 14 days prior to this most recent admission / presentation

### ->Specify other immunosuppressant agents (not steroids) 3

This refers to a patient who is known to have taken prescribed medications that are known to have an immunosuppressing effect (excluding steroids/corticosteroids). Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an immunosuppressant agent in the 14 days prior to this most recent admission / presentation

### ->Any additional immunosuppressant agents (not steroids) ?

This refers to a patient who is known to have taken prescribed medications that are known to have an immunosuppressing effect (excluding steroids/corticosteroids). Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an immunosuppressant agent in the 14 days prior to this most recent admission / presentation

### >->Select additional immunosuppressant agents (not steroids) 4

This refers to a patient who is known to have taken prescribed medications that are known to have an immunosuppressing effect (excluding steroids/corticosteroids). Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an immunosuppressant agent in the 14 days prior to this most recent admission / presentation

### >->Specify other immunosuppressant agents (not steroids) 4

This refers to a patient who is known to have taken prescribed medications that are known to have an immunosuppressing effect (excluding steroids/corticosteroids). Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an immunosuppressant agent in the 14 days prior to this most recent admission / presentation

### >->Any additional immunosuppressant agents (not steroids) ?

This refers to a patient who is known to have taken prescribed medications that are known to have an immunosuppressing effect (excluding steroids/corticosteroids). Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an immunosuppressant agent in the 14 days prior to this most recent admission / presentation

### ->->Select additional immunosuppressant agents (not steroids) 5

This refers to a patient who is known to have taken prescribed medications that are known to have an immunosuppressing effect (excluding steroids/corticosteroids). Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an immunosuppressant agent in the 14 days prior to this most recent admission / presentation

### ->->Specify other immunosuppressant agents (not steroids) 5

This refers to a patient who is known to have taken prescribed medications that are known to have an immunosuppressing effect (excluding steroids/corticosteroids). Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an immunosuppressant agent in the 14 days prior to this most recent admission / presentation

## Antibiotics

Antibiotic refers to any agent(s) that selectively target bacteria. Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an Antibiotic in the 14 days prior to this most recent admission / presentation

## Select antibiotics

Antibiotic refers to any agent(s) that selectively target bacteria. Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an Antibiotic in the 14 days prior to this most recent admission / presentation

## Specify other antibiotics

Antibiotic refers to any agent(s) that selectively target bacteria. Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an Antibiotic in the 14 days prior to this most recent admission / presentation

## Any additional antibiotics ?

Antibiotic refers to any agent(s) that selectively target bacteria. Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an Antibiotic in the 14 days prior to this most recent admission / presentation

## >Select additional antibiotics 2

Antibiotic refers to any agent(s) that selectively target bacteria. Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an Antibiotic in the 14 days prior to this most recent admission / presentation

## >Specify other antibiotics 2

Antibiotic refers to any agent(s) that selectively target bacteria. Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an Antibiotic in the 14 days prior to this most recent admission / presentation

## >Any additional antibiotics ?

Antibiotic refers to any agent(s) that selectively target bacteria. Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an Antibiotic in the 14 days prior to this most recent admission / presentation

## ->Select additional antibiotics 3

Antibiotic refers to any agent(s) that selectively target bacteria. Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an Antibiotic in the 14 days prior to this most recent admission / presentation

## ->Specify other antibiotics 3

Antibiotic refers to any agent(s) that selectively target bacteria. Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an Antibiotic in the 14 days prior to this most recent admission / presentation

## ->Any additional antibiotics ?

Antibiotic refers to any agent(s) that selectively target bacteria. Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an Antibiotic in the 14 days prior to this most recent admission / presentation

## >->Select additional antibiotics 4

Antibiotic refers to any agent(s) that selectively target bacteria. Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an Antibiotic in the 14 days prior to this most recent admission / presentation

## >->Specify other antibiotics 4

Antibiotic refers to any agent(s) that selectively target bacteria. Topical preparations should not be recorded. Please indicate 'Yes', if the patient has taken an Antibiotic in the 14 days prior to this most recent admission / presentation

## >->Any additional antibiotics ?

"Antibiotic" refers to any agent(s) that selectively target bacteria. Topical preparations should not be recorded.
Please indicate 'Yes', if the patient has taken an Antibiotic in the 14 days prior to this most recent admission / presentation

### ->->Select additional antibiotics 5

"Antibiotic" refers to any agent(s) that selectively target bacteria. Topical preparations should not be recorded.
Please indicate 'Yes', if the patient has taken an Antibiotic in the 14 days prior to this most recent admission / presentation

### ->->Specify other antibiotics 5

"Antibiotic" refers to any agent(s) that selectively target bacteria. Topical preparations should not be recorded.
Please indicate 'Yes', if the patient has taken an Antibiotic in the 14 days prior to this most recent admission / presentation

### Antiviral

An antiviral agent refers to any agent(s) prescribed to treat or prevent viral infections by interfering with the viral replication cycle. Examples of neuraminidase inhibitors include oseltamivir, ribavirin, acyclovir and lopinavir/ritonavir (note that other examples exist). Topical preparations are not included.
Please indicate 'Yes', if the patient has taken an antiviral in the 14 days prior to this most recent admission / presentation

### Select antiviral

An antiviral agent refers to any agent(s) prescribed to treat or prevent viral infections by interfering with the viral replication cycle. Examples of neuraminidase inhibitors include oseltamivir, ribavirin, acyclovir and lopinavir/ritonavir (note that other examples exist). Topical preparations are not included.
Please indicate 'Yes', if the patient has taken an antiviral in the 14 days prior to this most recent admission / presentation

### Specify other antiviral

An antiviral agent refers to any agent(s) prescribed to treat or prevent viral infections by interfering with the viral replication cycle. Examples of neuraminidase inhibitors include oseltamivir, ribavirin, acyclovir and lopinavir/ritonavir (note that other examples exist). Topical preparations are not included.
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### Any additional antiviral ?

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Please indicate 'Yes', if the patient has taken an antiviral in the 14 days prior to this most recent admission / presentation

### >Select additional antiviral 2

An antiviral agent refers to any agent(s) prescribed to treat or prevent viral infections by interfering with the viral replication cycle. Examples of neuraminidase inhibitors include oseltamivir, ribavirin, acyclovir and lopinavir/ritonavir (note that other examples exist). Topical preparations are not included.
Please indicate 'Yes', if the patient has taken an antiviral in the 14 days prior to this most recent admission / presentation

### >Specify other antiviral 2

An antiviral agent refers to any agent(s) prescribed to treat or prevent viral infections by interfering with the viral replication cycle. Examples of neuraminidase inhibitors include oseltamivir, ribavirin, acyclovir and lopinavir/ritonavir (note that other examples exist). Topical preparations are not included.
Please indicate 'Yes', if the patient has taken an antiviral in the 14 days prior to this most recent admission / presentation

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Please indicate 'Yes', if the patient has taken an antiviral in the 14 days prior to this most recent admission / presentation

### ->Select additional antiviral 3

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Please indicate 'Yes', if the patient has taken an antiviral in the 14 days prior to this most recent admission / presentation

### ->Specify other antiviral 3

An antiviral agent refers to any agent(s) prescribed to treat or prevent viral infections by interfering with the viral replication cycle. Examples of neuraminidase inhibitors include oseltamivir, ribavirin, acyclovir and lopinavir/ritonavir (note that other examples exist). Topical preparations are not included.
Please indicate 'Yes', if the patient has taken an antiviral in the 14 days prior to this most recent admission / presentation

### ->Any additional antiviral ?

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Please indicate 'Yes', if the patient has taken an antiviral in the 14 days prior to this most recent admission / presentation

### >->Select additional antiviral 4

An antiviral agent refers to any agent(s) prescribed to treat or prevent viral infections by interfering with the viral replication cycle. Examples of neuraminidase inhibitors include oseltamivir, ribavirin, acyclovir and lopinavir/ritonavir (note that other examples exist). Topical preparations are not included.
Please indicate 'Yes', if the patient has taken an antiviral in the 14 days prior to this most recent admission / presentation

### >->Specify other antiviral 4

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Please indicate 'Yes', if the patient has taken an antiviral in the 14 days prior to this most recent admission / presentation

### ->->Select additional antiviral 5

An antiviral agent refers to any agent(s) prescribed to treat or prevent viral infections by interfering with the viral replication cycle. Examples of neuraminidase inhibitors include oseltamivir, ribavirin, acyclovir and lopinavir/ritonavir (note that other examples exist). Topical preparations are not included.
Please indicate 'Yes', if the patient has taken an antiviral in the 14 days prior to this most recent admission / presentation

### ->->Specify other antiviral 5

An antiviral agent refers to any agent(s) prescribed to treat or prevent viral infections by interfering with the viral replication cycle. Examples of neuraminidase inhibitors include oseltamivir, ribavirin, acyclovir and lopinavir/ritonavir (note that other examples exist). Topical preparations are not included.
Please indicate 'Yes', if the patient has taken an antiviral in the 14 days prior to this most recent admission / presentation

### Anticoagulant

An anticoagulant refers to any agent capable of preventing blood clot formation, or platelet aggregation. This includes agents such as heparin or warfarin and aspirin or clopidogrel, among many others. Topical preparations are not included.
Please indicate 'Yes', if the patient has taken an anticoagulant in the 14 days prior to this most recent admission / presentation.

### Select anticoagulant

An anticoagulant refers to any agent capable of preventing blood clot formation, or platelet aggregation. This includes agents such as heparin or warfarin and aspirin or clopidogrel, among many others. Topical preparations

are not included.
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### Any additional anticoagulant ?

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Please indicate 'Yes', if the patient has taken an anticoagulant in the 14 days prior to this most recent admission / presentation.

### >Select additional anticoagulant 2

An anticoagulant refers to any agent capable of preventing blood clot formation, or platelet aggregation. This includes agents such as heparin or warfarin and aspirin or clopidogrel, among many others. Topical preparations are not included.
Please indicate 'Yes', if the patient has taken an anticoagulant in the 14 days prior to this most recent admission / presentation.

### >Specify other anticoagulant 2

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Please indicate 'Yes', if the patient has taken an anticoagulant in the 14 days prior to this most recent admission / presentation.

### ->Select additional anticoagulant 3

An anticoagulant refers to any agent capable of preventing blood clot formation, or platelet aggregation. This includes agents such as heparin or warfarin and aspirin or clopidogrel, among many others. Topical preparations are not included.
Please indicate 'Yes', if the patient has taken an anticoagulant in the 14 days prior to this most recent admission / presentation.

### ->Specify other anticoagulant 3

An anticoagulant refers to any agent capable of preventing blood clot formation, or platelet aggregation. This includes agents such as heparin or warfarin and aspirin or clopidogrel, among many others. Topical preparations are not included.
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### >->Select additional anticoagulant 4

An anticoagulant refers to any agent capable of preventing blood clot formation, or platelet aggregation. This includes agents such as heparin or warfarin and aspirin or clopidogrel, among many others. Topical preparations are not included.

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### >->Specify other anticoagulant 4

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### ->->Select additional anticoagulant 5

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Please indicate 'Yes', if the patient has taken an anticoagulant in the 14 days prior to this most recent admission / presentation.

### ->->Specify other anticoagulant 5

An anticoagulant refers to any agent capable of preventing blood clot formation, or platelet aggregation. This includes agents such as heparin or warfarin and aspirin or clopidogrel, among many others. Topical preparations are not included.
Please indicate 'Yes', if the patient has taken an anticoagulant in the 14 days prior to this most recent admission / presentation.

### Intravenous fluid

Parenteral or intravenous (IV) fluid is prescribed as a replacement of fluid, electrolytes, calories, vitamins, and other nutritional substances. Intravenous fluids may be used for rehydration, maintenance requirements or resuscitation.
Please indicate 'Yes' if the patient received intravenous fluids for rehydration, maintenance requirements or resuscitation in the 14 days prior to this most recent admission / presentation.

### Intravenous fluid type

Please select the type of intravenous fluid the patient received.

### Total intravenous fluid volume in the previous 24 hours (mL)

Please specify the total volume of the intravenous fluid received by the patient over the previous 24 hours. Record the volume in millilitres (mL).

### Additional intravenous fluid

Please indicate 'Yes' if the patient received any additional intravenous fluids (not recorded above) in the 14 days prior to this most recent admission / presentation.

### Intravenous fluid type

Please select the type(s) of intravenous fluid the patient received.

### Other pathogen-targeted medications

Please indicate 'Yes', if pathogen-targeted medications (other than those specified above) have been taken in the 14 days prior to this most recent admission / presentation.

### Select other pathogen-targeted medications

Please indicate 'Yes', if pathogen-targeted medications (other than those specified above) have been taken in the 14 days prior to this most recent admission / presentation.

### Specify other pathogen-targeted medications

Please indicate 'Yes', if pathogen-targeted medications (other than those specified above) have been taken in the 14 days prior to this most recent admission / presentation.

### Any additional other pathogen-targeted medications ?

Please indicate 'Yes', if pathogen-targeted medications (other than those specified above) have been taken in the 14 days prior to this most recent admission / presentation.

### >Select additional other pathogen-targeted medications 2

Please indicate 'Yes', if pathogen-targeted medications (other than those specified above) have been taken in the 14 days prior to this most recent admission / presentation.

### >Specify other pathogen-targeted medications 2

Please indicate 'Yes', if pathogen-targeted medications (other than those specified above) have been taken in the 14 days prior to this most recent admission / presentation.

### >Any additional other pathogen-targeted medications ?

Please indicate 'Yes', if pathogen-targeted medications (other than those specified above) have been taken in the 14 days prior to this most recent admission / presentation.

### ->Select additional other pathogen-targeted medications 3

Please indicate 'Yes', if pathogen-targeted medications (other than those specified above) have been taken in the 14 days prior to this most recent admission / presentation.

### ->Specify other pathogen-targeted medications 3

Please indicate 'Yes', if pathogen-targeted medications (other than those specified above) have been taken in the 14 days prior to this most recent admission / presentation.

### ->Any additional other pathogen-targeted medications ?

Please indicate 'Yes', if pathogen-targeted medications (other than those specified above) have been taken in the 14 days prior to this most recent admission / presentation.

### >->Select additional other pathogen-targeted medications 4

Please indicate 'Yes', if pathogen-targeted medications (other than those specified above) have been taken in the 14 days prior to this most recent admission / presentation.

### >->Specify other pathogen-targeted medications 4

Please indicate 'Yes', if pathogen-targeted medications (other than those specified above) have been taken in the 14 days prior to this most recent admission / presentation.

### >->Any additional other pathogen-targeted medications ?

Please indicate 'Yes', if pathogen-targeted medications (other than those specified above) have been taken in the 14 days prior to this most recent admission / presentation.

### ->->Select additional other pathogen-targeted medications 5

Please indicate 'Yes', if pathogen-targeted medications (other than those specified above) have been taken in the 14 days prior to this most recent admission / presentation.

### ->->Specify other pathogen-targeted medications 5

Please indicate 'Yes', if pathogen-targeted medications (other than those specified above) have been taken in the 14 days prior to this most recent admission / presentation.

### Vaccinated for COVID-19 (ever)

Ever received a vaccine targetted against SARS-Cov-2. Examples include Spikevax (Moderna), Comirnaty (Pfizer/BioNTech), Nuvaxovid (Novavax), Vaxzevria (AstraZeneca/Oxford), Janssen COVID-19 Vaccine (Johnson & Johnson), Valneva (Valneva).
Please indicate 'Yes', if the patient has ever received a vaccine targetted against SARS-Cov-2

### Date of most recent COVID-19 vaccine

Please write the date of the most recent COVID-19 vaccine (use DD/MM/YYYY format).

### INFLUENZA

### Vaccinated for influenza (ever)

Ever received a vaccine targetting Influenza or 'The Flu'.
Please indicate 'Yes', if the patient has ever received an influenza vaccine.

### Date of most recent influenza vaccine

Please write the date of the most recent Influenza vaccine (use DD/MM/YYYY format).

### Completed all vaccinations under the Expanded Programme on Immunization (EPI) (BCG, Diphtheria, Pertussis, Tetanus, Hepatitis B, Hib, PCV, OPV, MMR)

This refers to the World Health Organisation Expanded Program on Immunisation.
Please select the single most appropriate option corresponding to the vaccination status in relation to the EPI. Indicate 'Yes - reported' if the patient states they have received all vaccines under the EPI but do not have their vaccination card. Indicate 'Yes - confirmed with vaccination card' if the vaccination card has been reviewed and all vaccinations under the EPI have been completed. Indicate 'No' if some but not all have been completed. Indicate 'Unknown' if the vaccination status in relation to the EPI is unkown.

## Varicella vaccination

Refers to varicella zoster vaccination.
Please select the single most appropriate option corresponding to the vaccination status in relation to varicella vaccination. Indicate 'Yes - reported' if the patient states they have received the vaccine but do not have their vaccination card with documented evidence. Indicate 'Yes - confirmed with vaccination card' if the vaccination card has been reviewed and there is corroborating evidence. Indicate 'No' if they have not had the vaccine, or 'Unknown' if the vaccine status is unkown.

## JE vaccination

Refers to Japanese encephalitis vaccination.
Please select the single most appropriate option corresponding to the vaccination status in relation to Japanese encephalitis vaccination. Indicate 'Yes - reported' if the patient states they have received the vaccine but do not have their vaccination card with documented evidence. Indicate 'Yes - confirmed with vaccination card' if the vaccination card has been reviewed and there is corroborating evidence. Indicate 'No' if they have not had the vaccine, or 'Unknown' if the vaccine status is unkown.

## Fever / chills / rigors

Defined as the sensation of elevated body temperature and associated involuntary muscle twitching/contractions (chills/rigors).
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Restlessness

Defined as a state of unease characterized by diffuse motor activity or motion subject to limited control, nonproductive or disorganized behavior, and subjective distress.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Fatigue / Malaise / Lethargy

Defined as the constellation of non-specific sensations: the feeling of tiredness characterised by a lack of energy or motivation; general discomfort or uneasiness; disinterestedness, listlessness, and indifference, resulting in difficulty performing simple tasks or concentrating.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Weight loss

Defined as the reduction in total body weight that has occurred since the onset of this illness and has been unintentional or not attributable to active dieting, exercise or dedicated medication based weight-loss interventions.. This can include patient-reported weight loss with or without objective measurements of weight.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Cough

This refers to the presence of a cough and its characteristics. A cough is defined as a sudden, often repetitive, spasmodic contraction of the thoracic cavity, resulting in violent release of air from the lungs, and usually accompanied by a distinctive sound at the specified time. A productive cough refers to a cough accompanied by expectorated secretions (phelgm or mucus), while a non-productive cough refers to one which is not accompanied by expectorated secretions. Haemoptysis refers to the presence of blood or blood-streaked sputum from the respiratory tract.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission. Please select the single most appropriate option that best describes the patients cough.

## Sore throat

Defined as an unpleasant sensation characterized by physical discomfort (such as pricking, throbbing, or aching) and perceived to originate in the throat.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Runny nose (rhinorrhoea)

Defined as increased mucosal discharge of the nose.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Wheezing

Defined as a high-pitched breath sound resulting from a narrowing or obstruction of the small airway.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Shortness of breath

Defined as the uncomfortable sensation of difficult or laboured breathing that is out of proportion to the patient's level of physical activity.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Lower chest wall indrawing

Defined as a clinical sign of respiratory distress, distinguished by the abnormal inward movement of the lower chest wall during inspiration. If only the soft tissue between the ribs or above the clavicle goes in when the patient breathes, this is not lower chest wall in-drawing.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Abdominal pain

Defined as an unpleasant sensation of discomfort, distress or agony in the abdominal region.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Diarrhoea

Defined as three or more loose or liquid bowel movement per day (or more frequent passage than is normal for the individual).
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Vomiting / Nausea

Defined as either: the unpleasant painless subjective feeling that one will imminently vomit (nausea); and/or expulsion of the contents of the stomach or small intestines through the mouth (vomiting or emesis).
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Anorexia

Defined as lack or loss of appetite.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Parotitis

Refers to inflammation of the parotid glands, typically identified clinically by tenderness and swelling of the parotid glands.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Exessive salivation

Excessive salivation or sialorrhea is a symptom best assessed by the patient.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Orchitis

Refers to pain, tenderness, enlargement of one or both testes.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Bleeding / Haemorrhage

This question group refers to the presence of bleeding or haemorrhage.
Please proceed with the following questions pertaining to bleeding/haemorrhage.

## Bleeding / Haemorrhage

Defined as the presence of blood in a location in which it is not physiologically normal or loss of blood from the circulation, either internally or externally. This can include epistaxis (blood from nose), gingival bleeding (blood from gums/gingiva), blood from any part of the gastrointestinal tract (gastrointestinal bleeding) or genitourinary tracts (vagina or urethra) including hematuria.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Specify bleeding / haemorrhage site(s)

This refers to the site(s) of bleeding.
Please select the most appropriate option/s corresponding to the type or location of bleeding/haemorrhage site(s).

## Jaundice

Defined as the clinical assessment or impression by direct obeservation indicating the presence of jaundice, a clinical manifestation of hyperbilirubinemia, consisting of deposition of bile pigments in the skin, resulting in a yellowish staining of the skin and mucous membranes.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Muscle aches / Myalgia

Defined as pain localised to a muscle or group of muscles.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Joint pain / Arthralgia

Defined as a sensation of marked discomfort in a joint.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Headache

Defined as the experience of pain in various parts of the head, not confined to the are of distribution of any nerve.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Neck stiffness

Defined as a sensation of tightness in the neck when attempting to move it, especially after a period of inactivity. Neck stiffness often involves soreness and difficulty moving the neck, especially when trying to turn the head to the side.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Photophobia

Refers to increased sensitivity of the eyes to light.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Retro-orbital pain

Defined as the experience of pain in the retro-orbital region (behind the eyes).
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Seizures / Convulsions

Defined as an intermittent abnormality of nervous system physiology characterised by a transient occurrence of sudden, violent, irregular movement of the body, caused by involuntary contraction of muscles due to abnormal excessive or synchronous neuronal activity in the brain.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Type of seizure

Focal seizure, sometimes refered to as partial seizure. Generalised tonic clonic seizure refers to the presence of bilateral symmetric or sometimes asymmetric tonic contraction and then bilateral clonic contraction of somatic muscles, usually associated with autonomic phenomena and loss of awareness.
Please select the single most appropriate option. If the seizure type is unclear or has not been witnessed please select 'Unknown'.

## Altered consciousness / confusion

Defined as a level of awareness or arousal other than the patient's normal baseline.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Psychological disturbance

This refers to the presence of signs or symptoms that affect an individual's thoughts, emotions, behviours or mental well-being. The presence of psychological disturbances should be identfied through a Mental Status Examination (MSE) or equivalent tool.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Myoclonus

Refers to a rapid, involuntary jerk of a muscle or group of muscles.
Please indicate 'Yes', if the patient experienced this at anytime since the onset of this acute illness and presentation or admission.

## Cerebellar signs

Refers to the presence of a constellation of neurological signs typically involving coordination. Sings include: dysdiadochokinesia, dysmetria, ataxia, nystagmus, intention tremor, slurred or scanning speech, hypotonia.
Please indicate 'Yes', if theses signs were present at anytime since the onset of this acute illness and presentation or admission.

## Tremor

Refers to unintentional trembling or shaking of one or more body parts.
Please indicate 'Yes', if the patient experienced this at anytime since the onset of this acute illness and presentation or admission.

## Dystonia

Refers to abnormally increase muscular tone resulting in abnormal movements and or/postures.
Please indicate 'Yes', if the patient experienced this at anytime since the onset of this acute illness and presentation or admission.

## Specify dystonia site

Please select all that apply.

## Specify other dystonia site

Please specify the other site in which dystonia occurred.

## Facial palsy

Please indicate 'Yes', if the patient experienced this at anytime since the onset of this acute illness and presentation or admission.

## Dysarthria

Refers to slow and slurred speech due to inability to coordinate muslces involved in speech.
Please indicate 'Yes', if the patient experienced this at anytime since the onset of this acute illness and presentation or admission.

## Dysphasia

Refers to the impairement of verbal communication, language comprehension, formulation often resulting from brain damage.
Please indicate 'Yes', if the patient experienced this at anytime since the onset of this acute illness and presentation or admission.

## Plantar reflex

Plantar reflex also called the Babinski reflex. Refers to the worst result elicited on the best functioning lower limb (i.e. a limb not affected by a pre-existing condition).
Select the single most appropriate option. Please ensure this reflects the worst reflex elicited from the best functioning lower limb. This must correspond to the result on the day of assessment. If the reflex was not tested please indicate 'Unknown'.

## Deep tendon reflex

## Other neurological abnormality

This refers the presence of an alternative neurological abnormality not listed above.

Please indicate 'Yes', if the patient has another neurological abnormality not listed above.

## Specify other neurological abnormality

This refers the presence of an alternative neurological abnormality not listed above.
Please write the other neurological abnormality(ies).

## Conjunctivitis

Defined as inflammation of the conjunctiva
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Nystagmus

Refers to the finding identified on clinical exmaination. Nystagmus refers to involuntary oscillations of one or both eyes related to abnormality in fixation, conjugate gaze, or vestibular mechanisms.
Please indicate 'Yes', if the patient experienced anytime since the onset of this acute illness and presentation or admission.

## Ptosis

Refers to drooping of the upper eyelid.
Please select the single most appropriate option the patient experienced anytime since the onset of this acute illness and presentation or admission.

## Skin rash

Defined as any change in the skin which affects its appearance or texture. A rash may be localized to one part of the body, or affect all the skin. Rashes may cause the skin to change color, itch, become warm, bumpy, dry, cracked, or blistered, swell and may be painful.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Inability to walk

This refers to the patients ability to walk or mobilise.
Please indicate 'Yes', if the patient has experienced this at anytime from onset of this illness and presentation or admission.

## Mobility status

This refers to the patients ability to walk or mobilise.
Please indicate, by selecting the single most appropriate option, the patient's mobility status.

## Other sign(s) or abnormality

This refers the presence of an alternative sign or abnormality not listed above.
Please indicate 'Yes', if the patient has another sign or abnormality not listed above.

## Select other sign(s) or abnormality

This refers the presence of an alternative sign or abnormality not listed above.
Please indicate 'Yes', if the patient has another sign or abnormality not listed above.

## Specify other sign(s) or abnormality

This refers the presence of an alternative sign or abnormality not listed above.
Please indicate 'Yes', if the patient has another sign or abnormality not listed above.

## Any additional other sign(s) or abnormality ?

This refers the presence of an alternative sign or abnormality not listed above.
Please indicate 'Yes', if the patient has another sign or abnormality not listed above.

## >Select additional other sign(s) or abnormality 2

This refers the presence of an alternative sign or abnormality not listed above.
Please indicate 'Yes', if the patient has another sign or abnormality not listed above.

## >Specify other sign(s) or abnormality 2

This refers the presence of an alternative sign or abnormality not listed above.
Please indicate 'Yes', if the patient has another sign or abnormality not listed above.

## >Any additional other sign(s) or abnormality ?

This refers the presence of an alternative sign or abnormality not listed above.
Please indicate 'Yes', if the patient has another sign or abnormality not listed above.

## ->Select additional other sign(s) or abnormality 3

This refers the presence of an alternative sign or abnormality not listed above.
Please indicate 'Yes', if the patient has another sign or abnormality not listed above.

### ->Specify other sign(s) or abnormality 3

This refers the presence of an alternative sign or abnormality not listed above.
Please indicate 'Yes', if the patient has another sign or abnormality not listed above.

### ->Any additional other sign(s) or abnormality ?

This refers the presence of an alternative sign or abnormality not listed above.
Please indicate 'Yes', if the patient has another sign or abnormality not listed above.

### >->Select additional other sign(s) or abnormality 4

This refers the presence of an alternative sign or abnormality not listed above.
Please indicate 'Yes', if the patient has another sign or abnormality not listed above.

### >->Specify other sign(s) or abnormality 4

This refers the presence of an alternative sign or abnormality not listed above.
Please indicate 'Yes', if the patient has another sign or abnormality not listed above.

### >->Any additional other sign(s) or abnormality ?

This refers the presence of an alternative sign or abnormality not listed above.
Please indicate 'Yes', if the patient has another sign or abnormality not listed above.

### ->->Select additional other sign(s) or abnormality 5

This refers the presence of an alternative sign or abnormality not listed above.
Please indicate 'Yes', if the patient has another sign or abnormality not listed above.

### ->->Specify other sign(s) or abnormality 5

This refers the presence of an alternative sign or abnormality not listed above.
Please indicate 'Yes', if the patient has another sign or abnormality not listed above.

### Enter signs and symptoms data for this date?

Indicate 'Yes', if you want to enter data on this date of assessment.

### Fever / chills / rigors

Defined as the sensation of elevated body temperature and associated involuntary muscle twitching/contractions (chills/rigors).
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

### Restlessness

Defined as the inhability to rest, relax or be still. A state of unease characterized by diffuse motor activity or motion subject to limited control, nonproductive or disorganized behavior, and subjective distress.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

### Fatigue / Malaise / Lethargy

Defined as the constellation of non-specific sensations: the feeling of tiredness characterised by a lack of energy or motivation; general discomfort or uneasiness; disinterestedness, listlessness, and indifference, resulting in difficulty performing simple tasks or concentrating.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

### Weight loss

Defined as the reduction in total body weight that has occurred since the onset of this illness and has been unintentional or not attributable to active dieting, exercise or dedicated medication based weight-loss interventions.. This can include patient-reported weight loss with or without objective measurements of weight.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

### Cough

This refers to the presence of a cough and its characteristics. A cough is defined as a sudden, often repetitive, spasmodic contraction of the thoracic cavity, resulting in violent release of air from the lungs, and usually accompanied by a distinctive sound at the specified time. A productive cough refers to a cough accompanied by expectorated secretions (phelgm or mucus), while a non-productive cough refers to one which is not accompanied by expectorated secretions. Haemoptysis refers to the presence of blood or blood-streaked sputum from the respiratory tract.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

### Sore throat

Defined as an unpleasant sensation characterized by physical discomfort (such as pricking, throbbing, or aching) and perceived to originate in the throat.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Runny nose (rhinorrhoea)

Defined as increased mucosal discharge of the nose.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Wheezing

Defined as a high-pitched breath sound resulting from a narrowing or obstruction of the small airway.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Shortness of breath

Defined as the uncomfortable sensation of difficult or laboured breathing that is out of proportion to the patient's level of physical activity.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Lower chest wall indrawing

Defined as a clinical sign of respiratory distress, distinguished by the abnormal inward movement of the lower chest wall during inspiration. If only the soft tissue between the ribs or above the clavicle goes in when the patient breathes, this is not lower chest wall in-drawing.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Abdominal pain

Defined as an unpleasant sensation of discomfort, distress or agony in the abdominal region.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Diarrhoea

Defined as three or more loose or liquid bowel movement per day (or more frequent passage than is normal for the individual).
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Vomiting / Nausea

Defined as either: the unpleasant painless subjective feeling that one will imminently vomit (nausea); and/or expulsion of the contents of the stomach or small intestines through the mouth (vomiting or emesis).
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Anorexia

Defined as lack or loss of appetite.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Parotitis

Refers to inflammation of the parotid glands, typically identified clinically by tenderness and swelling of the parotid glands.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Exessive salivation

Excessive salivation or sialorrhea is a symptom best assessed by the patient.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Orchitis

Refers to pain, tenderness, enlargement of one or both testes.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Bleeding / haemorrhage

This question group refers to the presence of bleeding or haemorrhage.

## Bleeding / haemorrhage

Defined as the presence of blood in a location in which it is not physiologically normal or loss of blood from the circulation, either internally or externally. This can include epistaxis (blood from nose), gingival bleeding (blood from gums/gingiva), blood from any part of the gastrointestinal tract (gastrointestinal bleeding) or genitourinary tracts (vagina or urethra) including hematuria.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Specify bleeding / haemorrhage site(s)

This refers to the site(s) of bleeding.

Please select the most appropriate option/s corresponding to the type or location of bleeding/haemorrhage site(s).

## Jaundice

Defined as the clinical assessment or impression by direct obeservation indicating the presence of jaundice, a clinical manifestation of hyperbilirubinemia, consisting of deposition of bile pigments in the skin, resulting in a yellowish staining of the skin and mucous membranes.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Muscle aches / myalgia

Defined as pain localised to a muscle or group of muscles.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Joint pain / arthralgia

Defined as a sensation of marked discomfort in a joint.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Headache

Defined as the experience of pain in various parts of the head, not confined to the are of distribution of any nerve.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Neck stiffness

Defined as a sensation of tightness in the neck when attempting to move it, especially after a period of inactivity. Neck stiffness often involves soreness and difficulty moving the neck, especially when trying to turn the head to the side.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Photophobia

Refers to increased sensitivity of the eyes to light.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Retro-orbital pain

Defined as the experience of pain in the retro-orbital region (behind the eyes).
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Seizures / Convulsions

Defined as an intermittent abnormality of nervous system physiology characterised by a transient occurrence of sudden, violent, irregular movement of the body, caused by involuntary contraction of muscles due to abnormal excessive or synchronous neuronal activity in the brain.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Type of seizure

Focal seizure, sometimes refered to as partial seizure. Generalised tonic clonic seizure refers to the presence of bilateral symmetric or sometimes asymmetric tonic contraction and then bilateral clonic contraction of somatic muscles, usually associated with autonomic phenomena and loss of awareness.
Please select the single most appropriate option. If the seizure type is unclear or has not been witnessed please select 'Unknown'.

## Altered consciousness / confusion

Defined as a level of awareness or arousal other than the patient's normal baseline.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Psychological disturbance

This refers to the presence of signs or symptoms that affect an individual's thoughts, emotions, behviours or mental well-being. The presence of psychological disturbances should be identfied through a Mental Status Examination (MSE) or equivalent tool.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Myoclonus

Refers to a rapid, involuntary jerk of a muscle or group of muscles.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Cerebellar signs

Refers to the presence of a constellation of neurological signs typically involving coordination. Sings include: dysdiadochokinesia, dysmetria, ataxia, nystagmus, intention tremor, slurred or scanning speech, hypotonia.

Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Tremor

Refers to unintentional trembling or shaking of one or more body parts.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Dystonia

Refers to abnormally increase muscular tone resulting in abnormal movements and or/postures.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Specify dystonia site

Please select all that apply.

## Specify other dystonia site

Please specify the other site in which dystonia occurred.

## Facial palsy

Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Dysarthria

Refers to slow and slurred speech due to inability to coordinate muslces involved in speech.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Dysphasia

Refers to the impairement of verbal communication, language comprehension, formulation often resulting from brain damage.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Plantar reflex

Plantar reflex also called the Babinski reflex. Refers to the worst result elicited on the best functioning lower limb (i.e. a limb not affected by a pre-existing condition).
Select the single most appropriate option. Please ensure this reflects the worst reflex elicited from the best functioning lower limb. This must correspond to the result on the day of assessment. If the reflex was not tested please indicate 'Unknown'.

## Deep tendon reflex

## Other neurological abnormality

This refers the presence of an alternative neurological abnormality not listed above.
Please indicate 'Yes', if the patient has experienced another neurological abnormality not listed above, between the hours of 00:00 to 24:00 on day of assessment.

## Specify other neurological abnormality

This refers the presence of an alternative neurological abnormality not listed above.
Please write the Other neurological abnormality(ies).

## Conjunctivitis

Defined as inflammation of the conjunctiva
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Nystagmus

Refers to the finding identified on clinical exmaination. Nystagmus refers to involuntary oscillations of one or both eyes related to abnormality in fixation, conjugate gaze, or vestibular mechanisms.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Ptosis

Refers to drooping of the upper eyelid.
Please select the single most appropriate option that reflects the worst result at anytime during the date of assessment.

## Skin rash

Defined as any change in the skin which affects its appearance or texture. A rash may be localized to one part of the body, or affect all the skin. Rashes may cause the skin to change color, itch, become warm, bumpy, dry, cracked, or blistered, swell and may be painful.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

## Inability to walk

This refers to the patients ability to walk or mobilise.
Please indicate 'Yes', if the patient experienced this at anytime during the date of assessment.

### Mobility status

This refers to the patients ability to walk or mobilise.

### Other sign(s) or symptom(s)

This refers the presence of an alternative sign(s) or symptom(s) not listed above.
Please indicate 'Yes', if the patient has experienced another sign or symptom not listed above, between the hours of 00:00 to 24:00 on day of assessment.

### Select other sign(s) or symptom(s)

This refers the presence of an alternative sign(s) or symptom(s) not listed above.
Please indicate 'Yes', if the patient has experienced another sign or symptom not listed above, between the hours of 00:00 to 24:00 on day of assessment.

### Specify other sign(s) or symptom(s)

This refers the presence of an alternative sign(s) or symptom(s) not listed above.
Please indicate 'Yes', if the patient has experienced another sign or symptom not listed above, between the hours of 00:00 to 24:00 on day of assessment.

### Any additional other sign(s) or symptom(s) ?

This refers the presence of an alternative sign(s) or symptom(s) not listed above.
Please indicate 'Yes', if the patient has experienced another sign or symptom not listed above, between the hours of 00:00 to 24:00 on day of assessment.

### >Select additional other sign(s) or symptom(s) 2

This refers the presence of an alternative sign(s) or symptom(s) not listed above.
Please indicate 'Yes', if the patient has experienced another sign or symptom not listed above, between the hours of 00:00 to 24:00 on day of assessment.

### >Specify other sign(s) or symptom(s) 2

This refers the presence of an alternative sign(s) or symptom(s) not listed above.
Please indicate 'Yes', if the patient has experienced another sign or symptom not listed above, between the hours of 00:00 to 24:00 on day of assessment.

### >Any additional other sign(s) or symptom(s) ?

This refers the presence of an alternative sign(s) or symptom(s) not listed above.
Please indicate 'Yes', if the patient has experienced another sign or symptom not listed above, between the hours of 00:00 to 24:00 on day of assessment.

### ->Select additional other sign(s) or symptom(s) 3

This refers the presence of an alternative sign(s) or symptom(s) not listed above.
Please indicate 'Yes', if the patient has experienced another sign or symptom not listed above, between the hours of 00:00 to 24:00 on day of assessment.

### ->Specify other sign(s) or symptom(s) 3

This refers the presence of an alternative sign(s) or symptom(s) not listed above.
Please indicate 'Yes', if the patient has experienced another sign or symptom not listed above, between the hours of 00:00 to 24:00 on day of assessment.

### ->Any additional other sign(s) or symptom(s) ?

This refers the presence of an alternative sign(s) or symptom(s) not listed above.
Please indicate 'Yes', if the patient has experienced another sign or symptom not listed above, between the hours of 00:00 to 24:00 on day of assessment.

### >->Select additional other sign(s) or symptom(s) 4

This refers the presence of an alternative sign(s) or symptom(s) not listed above.
Please indicate 'Yes', if the patient has experienced another sign or symptom not listed above, between the hours of 00:00 to 24:00 on day of assessment.

### >->Specify other sign(s) or symptom(s) 4

This refers the presence of an alternative sign(s) or symptom(s) not listed above.
Please indicate 'Yes', if the patient has experienced another sign or symptom not listed above, between the hours of 00:00 to 24:00 on day of assessment.

### >->Any additional other sign(s) or symptom(s) ?

This refers the presence of an alternative sign(s) or symptom(s) not listed above.
Please indicate 'Yes', if the patient has experienced another sign or symptom not listed above, between the hours of 00:00 to 24:00 on day of assessment.

### ->->Select additional other sign(s) or symptom(s) 5

This refers the presence of an alternative sign(s) or symptom(s) not listed above.
Please indicate 'Yes', if the patient has experienced another sign or symptom not listed above, between the hours of 00:00 to 24:00 on day of assessment.

### ->->Specify other sign(s) or symptom(s) 5

This refers the presence of an alternative sign(s) or symptom(s) not listed above.
Please indicate 'Yes', if the patient has experienced another sign or symptom not listed above, between the hours of 00:00 to 24:00 on day of assessment.

### Enter Vital Signs data for this date?

Indicate 'Yes', if you want to record vital sign data for this day of assessment. If 'Yes', for the following questions unless otherwise specified, please record the worst value (value furthest from the normal physiological range) recorded between 00:00 and 24:00 hours on day of assessment. Results that were rejected by the clinical team should not be included.

### Highest temperature (C)

Refers to the highest peripheral body temperature (rectal if <3 months) in degrees Celcius (°C) between 00:00 and 24:00 on day of assessment.
Please enter the highest peripheral body temperature (°C) recorded between 00:00 and 24:00 on day of assessment.

### HR (beats/minute)

Heart rate measured in beats per minute. This may be measured manually or by electronic monitoring.
Enter the heart rate measured in beats per minute. This may be measured manually or by electronic monitoring. Record the value furthest from normal range between 00:00 to 24:00 on day of assessment.

### RR (bpm)

Respiratory rate in breaths per minute. Manual rather than electronic measurement is preferred where possible (this is achieved by counting the number of breaths for one minute, counting how many times the chest rises within this time period). If both abnormal low and high rate observed, record the abnormally high rate.
Enter the respiraotry rate measured in breaths per minute. Record the value furthest from normal range between 00:00 to 24:00 on day of assessment. If both abnormal low and high rate observed, record the abnormally high rate.

### Systolic BP (mmHg)

This refers to the systolic blood pressure from the observation with the lowest mean arterial pressure (if mean arterial pressure has not been calculated, report the measurement with lowest systolic blood pressure). For example, if the blood pressure is 120/85 mmHg, enter 120 in the section marked □systolic BP□. Use any recognised method for measuring blood pressure.
Please enter the systolic blood pressure measured in millimetres of mercury (mmHg), in the relevant sections. Record the systolic blood pressure from the observation with the lowest mean arterial pressure (MAP) (if mean arterial pressure has not been calculated, report the measurement with lowest systolic blood pressure) that occured between 00:00 to 24:00 on day of assessment.

### Diastolic BP (mmHg)

This refers to the diastolic blood pressure from the observation with the lowest mean arterial pressure (if mean arterial pressure has not been calculated, report the measurement with lowest systolic blood pressure). For example, if the blood pressure is 120/85 mmHg, enter 85 in the section marked □diastolic BP□. Use any recognised method for measuring blood pressure.
Please enter the diastolic blood pressure measured in millimetres of mercury (mmHg), in the relevant sections. Record the diastolic blood pressure from the observation with the lowest mean arterial pressure (MAP) (if mean arterial pressure has not been calculated, report the measurement with lowest systolic blood pressure) that occured between 00:00 to 24:00 on day of assessment.

### Lowest Oxygen saturation SpO2 (%)

This refers to the oxygen saturation, that may be measured by pulse oximetry or by arterial blood gas analysis. It is irrespective of ventilation or supplemental oxygen requirement.
Please enter the percentage oxygen saturation. Record the value furthest from normal range between 00:00 to 24:00 on day of assessment.

### FiO2 measured at time of lowest SpO2

This refers to the measured fraction of inspired oxygen (FiO2) delivered at the time of the above, lowest SpO2 (%), recording.
Please indicate 'Yes', if the FiO2 was measured along-side the lowest oxygen saturation (SpO2) reported above.

## FiO2 at time of lowest SpO2

FiO2 can be reported as either a fraction or a percentage. Note that 0.21 and 21% are equivalent to the FiO2 of room-air.
Please select the most appropriate units for FiO2.

## Select FiO2 at time of lowest SpO2 units

FiO2 can be reported as either a fraction or a percentage. Note that 0.21 and 21% are equivalent to the FiO2 of room-air.
Please select the most appropriate units for FiO2.

## Capillary refill time >2seconds

Capillary refill time is measured by pressing on the sternum for five seconds with a finger or thumb until the underlying skin turns white and then noting the time in seconds needed for the colour to return once the pressure is released.
Please indicate 'Yes', if the capillary refil time was greater than 2 seconds at any time between between 00:00 to 24:00 on day of assessment. It is best performed centrally by pressing on the sternum for five seconds until the underlying skin turns white and then noting the time in seconds needed for the colour to return once the pressure is released.

## AVPU

Refers to the scoring system for consciousness: alert; responding to voice; responding to pain; unresponsive.
Please select the single option corresponding to the least responsive condition of the patient between 00:00 to 24:00 on day of assessment. If the patient is being sedated on the day of assessment record the value before the sedation.

## Glasgow Coma Score (GCS / 15)

The Glasgow Coma Scale is a scoring system for consciousness. It is scored out of 15 and requires an assessment of responsiveness to stimulus. Glasgow Coma Score:
https://www.glasgowcomascale.org/downloads/GCS-Assessment-Aid-English.pdf?v=3
Please enter the lowest GCS recorded. For intubated patients and patients with a non-fenestrated tracheostomy, give 1 point for the voice component and calculate the total as usual. Suffixes such as 't' for tracheostomy cannot be entered on to the database. If the patient is sedated on the day of assessment these parameters should correspond to the values observed before sedation. For daily recording, if the patient is fully sedated for the duration of the day of assessment (from 00:00 to 24:00) record 'non testable'.

## Enter Laboratory Results data for this date?

This section refers only to those laboratory tests that were performed at the time that the patient stayed in the clinical facility (hospital) and collected on the date of assessment. In general, results that were rejected by the clinical team (e.g. haemolysed blood samples, contaminated microbiology results) should not be reported.
Indicate 'Yes', if laboratory samples were taken on the date of assessment. If no laboratory samples were taken on the date of assessment indicate 'No' and skip to the next section. In general, do not report results that have been rejected by the clinical team (e.g. haemolysed sample). Unless otherwise specified, if there are multiple measurements please report the measure furthest from from the normal physiological or laboratory range between 00:00 and 24:00 hours on day of assessment. If any individual test was not performed indicate 'No' or if the result is unavailable, please leave the data field blank.

## Has the participant had a blood test at this visit? If additional research samples were collected during this visit, please fill in the research sampling form

Please indicate 'Yes', if blood tests were performed on this date. If research samples were taken please refer to the Research Sampling section.

## FBC (Full Blood Count)

Full blood count (FBC) or complete blood count (CBC) refers to a test that determines the number of red blood cells, white blood cells, and platelets in a sample of blood.
Please indicate 'Yes', if this test was performed on the date of assessment.

## U&E; (Renal profile)

A renal profile or urea and electrolytes (U&E;) measurement.
Please indicate 'Yes', if this test was performed on the date of assessment.

## (LFT) Liver profile

Liver profile or liver function tests (LFT).
Please indicate 'Yes', if this test was performed on the date of assessment.

## Bone profile

A bone profile blood test assess analyses the proteins, minerals and enzymes relavent to bone metabolism (e.g. Calcium, Phosphate, Albumin, Alkaline phosphatase).
Please indicate 'Yes', if this test was performed on the date of assessment.

## Blood glucose

A quantitative measurement of glucose in blood.
Please indicate 'Yes', if this test was performed on the date of assessment.

## HIV serology (only at admission)

Please indicate 'Yes', if this test was performed on the date of assessment.

## Haemoglobin

## Select Haemoglobin units

## WBC count (10^9/L)

Refers to the total white blood cell (WBC) count in blood.
Please write the WBC count (10^9/L).

## Lymphocytes

## Select Lymphocytes units

## Neutrophils

## Select Neutrophils units

## Hematocrit

## Select Hematocrit units

## Platelets

## Select Platelets units

## Activated Partial Thromboplastin Time/APTT (sec)

Activated partial thromboplastin time (APTT), measured in seconds.
Please write the APTT (seconds).

## Prothrombin Time/PT

## Select Prothrombin Time/PT units

## TQ/INR

Serum INR (international normalised ratio) is a ratio of patient prothrombin time to control prothrombin time. The result is a ratio and therefore has no units.
Please write the TQ/INR.

## ALT/SGPT (U/L)

Alanine aminotransferase (ALT) also called the Serum Glutamate Pyruvate Transaminase (SGPT).
Please write the ALT or SGPT (U/L).

## Total Bilirubin

## Select Total Bilirubin units

## ALP (IU/L)

Alkaline phosphatase (ALP) level in blood.
Please write the ALP (IU/L).

## AST/SGOT (U/L)

Aspartate aminotransferase (AST) also called the serum glutamic-oxaloacetic transaminase (SGOT).
Please write the AST or SGOT (U/L).

## Random glucose

### Select Random glucose units

### Gamma Glutamyl Transferase/GGT (U/L)

Gamma Glutamyl Transferase or GGT level in blood.
Please write the GGT (U/L).

### Urea/BUN

### Select Urea/BUN units

### Creatinine

### Select Creatinine units

### Sodium

### Select Sodium units

### Potassium

### Select Potassium units

### Procalcitonin

### Select Procalcitonin units

### CRP

### Select CRP units

### Creatine kinase

Creatine kinase or CPK (creatine phosphokinase) refers to the creatinine kinase level in blood.
Please write the Creatine kinase (U/L).

### Select Creatine kinase units

Creatine kinase or CPK (creatine phosphokinase) refers to the creatinine kinase level in blood.
Please write the Creatine kinase (U/L).

### Troponin I

### Select Troponin I units

### Troponin

### Select Troponin units

### Albumin

### Select Albumin units

### Eosinophils

Refers to the total number of eosinophils measured in blood.
Please write the Eosinophil count (10^9/L)

### Select Eosinophils units

Refers to the total number of eosinophils measured in blood.
Please write the Eosinophil count (10^9/L)

### Erythrocyte Sedimentation Rate (mm/h)

Erythrocyte Sedimentation Rate or ESR.
Please write the ESR (mm/h).

### Monocytes

### Select Monocytes units

### Monocytes (%)

Please write the Monocyte differential count (%).

## Basophils (10^9/L)

Basophil count.
Please write the Basophil count (10^9/L).

## Basophils (%)

Basophil differential count.
Please write the Bosinophil differential count (%)

## CEREBRAL SPINAL FLUID

## Enter CSF analysis for this date?

Please indicate 'Yes', if this test was performed on the date of assessment.

## Pressure (cm of water)

Refers to the opening pressure (cmH2O).
Please record the opening pressure (cmH2O)

## Appearance

Refers to the macroscopic appearance of the CSF.

## White blood cell count (cells/mm^3)

Refers to the number of white blood cells (leukocytes) in the CSF.

## Red blood cell count (cells/mm^3)

Refers to the number of red blood cells (erythrocytes) in the CSF.

## Glucose level (mg/dL)

The glucose level in the CSF.

## Protein level (mg/dL)

The protein level in the CSF.

## Culture result

Growth' refers to a positive CSF culture result, in which an organism was grown on culture.
Please select the single most appropriate option. If 'Growth', please specify organism that was cultured in the space provided below.

## Please specify the CSF culture result:

Please indicate the organism that was cultured.

## Other CSF findings

Please indicate 'Yes', if there were other finding(s) identified on this CSF sample.

## Please specify other CSF findings

Please specify the other CSF finding(s).

## Select Please specify the CSF culture result:

Please indicate the organism that was cultured.

## Specify other Please specify the CSF culture result:

Please indicate the organism that was cultured.

## MALARIA

## Malaria test performed

Refers to malaria diagnostic tests by point-of-care (e.g. rapid-antigen tests) or standard laboratory methods e.g. microscopic examination of a blood film or detection using an immunochromatographic (ICT) test.
Please indicate 'Yes', if this test was performed on the date of assessment.

## Malaria test date

Please write the date the test was performed.

## Malaria test type

Please select the single most appropriate option.

## Malaria test result

Please select the single most appropriate option.

## Enter Imaging data for this date?

This section refers only to those imaging or radiological test(s) that were performed at the time that the patient stayed in the clinical facility (hospital) and collected on the date of assessment.
Indicate 'Yes', if radiological or imaging test(s) or investigation(s) were performed on the date of assessment. If no imaging test(s) were performed on the date of assessment indicate 'No' and skip to the next section.

## X-Ray

This section refers to any Chest X-ray that was performed at the time the patient stayed in the clinical facility (hospital) and collected on the date of assessment.

## Was a chest X-Ray performed?

If a chest x-ray was performed please select 'Yes' and continue with questions relavent to the chest x-ray. If no chest x-ray was performed please select 'No' and skip to the next section.

## Chest X-Ray date

Please write the date in which the chest x-ray was performed (use the format DD/MM/YYYY).

## Chest X-Ray result

Please select all that apply. If 'Other' please specify the finding in the space provided below.

## Describe other chest X-Ray result

Please specify the other chest x-ray finding(s).

## CT CHEST

This section refers to any Chest/Lung CT (computed tomography) scan that was performed was performed at the time the patient stayed in the clinical facility (hospital) and collected on the date of assessment.

## CT Chest performed

If a Chest CT was performed please select 'Yes' and continue with questions relavent to the CT. If no CT was performed please select 'No' and skip to the next section.

## CT Chest date

Please write the date in which the CT was performed (use the format DD/MM/YYYY).

## Lung infiltrates present

Refers to the presence of pulmonary or lung infiltrates and can include alveolar, air space, interstitial, or nodular infiltrates and typically refers to a substance or type of cell that is foreign to the lung, or accumulates in greater than normal quantity within it.
Please indicate 'Yes', if pulmonary infiltrates were reported to be present on this CT scan.

## CT Chest result

Refers to the findings identified on the CT chest. Pulmonary infiltrates refers to the presence of pulmonary or lung infiltrates and can include alveolar, air space, interstitial, or nodular infiltrates and typically refers to a substance or type of cell that is foreign to the lung, or accumulates in greater than normal quantity within it.
Please select all that apply. If 'Other' please specify the finding in the space provided below.

## Describe other CT chest result

Please specify the other CT chest finding(s).

## Side(s) where pleural effusion identified

Please select all that apply, regardling the location of pleural effusion(s) on the specified CT chest.

## CT BRAIN

This section refers to any Brain CT (computed tomography) scan that was performed was performed at the time the patient stayed in the clinical facility (hospital) and collected on the date of assessment.

## CT Brain performed

If a CT Brain was performed please select 'Yes' and continue with questions relavent to the CT. If no CT Brain was performed please select 'No' and skip to the next section.

## CT Brain date

Please write the date in which the CT was performed (use the format DD/MM/YYYY).

## CT Brain Findings

Please specify the pertinent CT findings.

## MRI BRAIN

This section refers to any MRI Brain scan that was performed was performed at the time the patient stayed in the clinical facility (hospital) and collected on the date of assessment.

## MRI performed

If a MRI Brain was performed please select 'Yes' and continue with questions relavent to the MRI. If no MRI Brain was performed please select 'No' and skip to the next section.

## MRI date

Please write the date in which the MRI Brain was performed (use the format DD/MM/YYYY).

## MRI Findings

Please specify the pertinent MRI Brain findings.

## EEG

This section refers to any EEG (electroencephalogram) study that was performed was performed at the time the patient stayed in the clinical facility (hospital) and collected on the date of assessment.

## EEG performed

If a EEG was performed please select 'Yes' and continue with questions relavent to the EEG. If no EEG was performed please select 'No' and skip to the next section.

## EEG date

Please write the date in which the EEG was performed (use the format DD/MM/YYYY).

## EEG Findings

Please specify the pertinent EEG findings.

## Other imaging performed

Please select 'Yes' if there are other imaging studies performed that were not specified above, and that you feel are pertinent to include here. If 'Yes', please specify the finding(s) below.

## Please specify other findings on imaging:

Please specify the other imaging finding(s).

## Select all agents administered while hospitalised or at discharge.

This refers to all medications administered anytime during the patient's admission in the clinical facility (hospital), including in the emergency department, and prescribed on discharge.
Please select all types of agents administered during admission and/or prescribed on discharge. If 'Other' please specify in the space provided.

## Select other agents administered while hospitalised or at discharge

This refers to all medications administered anytime during the patient's admission in the clinical facility (hospital), including in the emergency department, and prescribed on discharge.
Please select all types of agents administered during admission and/or prescribed on discharge. If 'Other' please specify in the space provided.

## Specify other agents administered while hospitalised or at discharge

This refers to all medications administered anytime during the patient's admission in the clinical facility (hospital), including in the emergency department, and prescribed on discharge.
Please select all types of agents administered during admission and/or prescribed on discharge. If 'Other' please specify in the space provided.

## Antiviral

Refers to any agent(s) prescribed specifically to treat a suspected or confirmed viral infection. Examples of neuraminidase inhibitors include oseltamivir, ribavirin, acyclovir and lopinavir/ritonavir (note that other examples exist). Topical preparations are not included.
Please select all antivirals administered during admission and/or prescribed on discharge. If 'Other' please specify the medication in the space provided.

## Select Antiviral

Refers to any agent(s) prescribed specifically to treat a suspected or confirmed viral infection. Examples of neuraminidase inhibitors include oseltamivir, ribavirin, acyclovir and lopinavir/ritonavir (note that other examples exist). Topical preparations are not included.

Please select all antivirals administered during admission and/or prescribed on discharge. If 'Other' please specify the medication in the space provided.

## Specify other Antiviral

Refers to any agent(s) prescribed specifically to treat a suspected or confirmed viral infection. Examples of neuraminidase inhibitors include oseltamivir, ribavirin, acyclovir and lopinavir/ritonavir (note that other examples exist). Topical preparations are not included.
Please select all antivirals administered during admission and/or prescribed on discharge. If 'Other' please specify the medication in the space provided.

## Antibiotic

Please select all antibiotics administered during admission and/or prescribed on discharge. If 'Other' please specify the medication in the space provided.

## Select Antibiotic

Please select all antibiotics administered during admission and/or prescribed on discharge. If 'Other' please specify the medication in the space provided.

## Specify other Antibiotic

Please select all antibiotics administered during admission and/or prescribed on discharge. If 'Other' please specify the medication in the space provided.

## Topical antibiotic

Refers to the antibiotic class of topical antibiotic(s) administered during admission and/or prescribed on discharge
If a topical antibiotic was used, please select all classes that apply.

## Corticosteroid

Please select all corticosteroids administered during admission and/or prescribed on discharge. If 'Other' please specify the medication in the space provided.

## Corticosteroid route

Please select the route of the corticosteroid administered during admission and/or prescribed on discharge.

## Select Corticosteroid

Please select all corticosteroids administered during admission and/or prescribed on discharge. If 'Other' please specify the medication in the space provided.

## Specify other Corticosteroid

Please select all corticosteroids administered during admission and/or prescribed on discharge. If 'Other' please specify the medication in the space provided.

## Anticoagulation

Please select all anticoagulants administered during admission and/or prescribed on discharge. If 'Other' please specify the medication in the space provided.

## Anticoagulation route

Please select the route of the anticoagulant administered during admission and/or prescribed on discharge.

## Select Anticoagulation

Please select all anticoagulants administered during admission and/or prescribed on discharge. If 'Other' please specify the medication in the space provided.

## Specify other Anticoagulation

Please select all anticoagulants administered during admission and/or prescribed on discharge. If 'Other' please specify the medication in the space provided.

## Antifungal agent

Please select the antifungal agents administered during admission and/or prescribed on discharge. Please select all that apply.

## Specify other agent

If 'Other', please specify the type of medication administerd during admission and/or prescribed on discharge.

## Date agent started / first dose

Please write the date in which this medication was first administered.

### Date agent ended / last dose

Please write the date in which this medication was last administered.

### Total number of days treatment given

Includes all calendar days in which a dose was received or instructed to take on discharge prescription.
Please specify the total number of days this medication was administered.

### Frequency

Refers to the frequency of specified midicine administration in a 24-hour period (00:00 to 24:00 hours). Examples include 'every 4 hours', 'twice daily' etc.
Please write the frequency of administration. Please avoid acronyms.

### Dose

Please write the dose and specify the units below.

### Units

Please specify the units.

### Total number of doses (# of times the drug was injected/ swallowed/infused/inserted/applied, inhaled)

Please write the total number of times the drug was administered.

### Other pathogen(s) detected

If 'Other', please specify the other pathogen(s) detected during this admission.

### Select other pathogen(s) detected

If 'Other', please specify the other pathogen(s) detected during this admission.

### Specify other pathogen(s) detected

If 'Other', please specify the other pathogen(s) detected during this admission.

### Any additional other pathogen(s) detected ?

If 'Other', please specify the other pathogen(s) detected during this admission.

### >Select additional other pathogen(s) detected 2

If 'Other', please specify the other pathogen(s) detected during this admission.

### >Specify other pathogen(s) detected 2

If 'Other', please specify the other pathogen(s) detected during this admission.

### >Any additional other pathogen(s) detected ?

If 'Other', please specify the other pathogen(s) detected during this admission.

### ->Select additional other pathogen(s) detected 3

If 'Other', please specify the other pathogen(s) detected during this admission.

### ->Specify other pathogen(s) detected 3

If 'Other', please specify the other pathogen(s) detected during this admission.

### ->Any additional other pathogen(s) detected ?

If 'Other', please specify the other pathogen(s) detected during this admission.

### >->Select additional other pathogen(s) detected 4

If 'Other', please specify the other pathogen(s) detected during this admission.

### >->Specify other pathogen(s) detected 4

If 'Other', please specify the other pathogen(s) detected during this admission.

### >->Any additional other pathogen(s) detected ?

If 'Other', please specify the other pathogen(s) detected during this admission.

### ->->Select additional other pathogen(s) detected 5

If 'Other', please specify the other pathogen(s) detected during this admission.

### ->->Specify other pathogen(s) detected 5

If 'Other', please specify the other pathogen(s) detected during this admission.

## Viral pneumonia / pneumonitis

Defined as pneumonitis (pneumonia) that is believed to occur as a direct consequence of an infecting virus/infecting viruses. Viral pneumonitis may be a clinical diagnosis, with or without radiographic or histopathological evidence of lung consolidation. Although preferred, identification of the infecting viral species is not essential to make the diagnosis.
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation. Indicate 'No' if this complication has not occurred, or 'Unknown' if it is not known whether this complication occurred at anytime during this hospitalisation.

## Myocardial infarction

Defined as myocardial ischaemia leading to injury/necrosis, diagnosed by clinical findings, altered electrocardiography and elevated cardiac enzymes.
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation. Indicate 'No' if this complication has not occurred, or 'Unknown' if it is not known whether this complication occurred at anytime during this hospitalisation.

## Cardiomyopathy

This refers to structural and functional disorders of myocardium commonly diagnosed by echocardiography. Cardiomyopathy can be primary (genetic) or secondary (e.g. following myocardial infarction).
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation. Indicate 'No' if this complication has not occurred, or 'Unknown' if it is not known whether this complication occurred at anytime during this hospitalisation.

## Congestive heart failure

Defined as failure of the heart to pump a sufficient amount of blood to meet the needs of the body tissues, resulting in tissue congestion and oedema. Signs and symptoms include shortness of breath, pitting oedema, enlarged tender liver, engorged neck veins, and pulmonary rales. There are many ways to assess cardiac function (e.g. echocradiography, righ heart catheterization, functional testing and supportive biochemical tests). However, there is no diagnostic test for heart failure, since it is largely a clinical diagnosis that is based upon a careful history and physical examination.
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation. Indicate 'No' if this complication has not occurred, or 'Unknown' if it is not known whether this complication occurred at anytime during this hospitalisation.

## Stroke / cerebrovascular accident

Defined as a sudden loss of neurological function secondary to haemorrhage or ischemia in the brain parenchyma due to a vascular event. Stroke may be a clinical diagnosis, with or without supportive radiological findings.
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation. Indicate 'No' if this complication has not occurred, or 'Unknown' if it is not known whether this complication occurred at anytime during this hospitalisation.

## Thromboembolism

## Thromboembolism

Defined as the occlusion of the lumen of a blood vessel by a thrombus that has migrated from a distal site via the blood stream.
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation. Indicate 'No' if this complication has not occurred, or 'Unknown' if it is not known whether this complication occurred at anytime during this hospitalisation.

## Anaemia

Defined as a reduction in the number of red blood cells, the amount of haemoglobin, and/or the volume of packed red blood cells. Clinically, anaemia represents a reduction in the oxygen-transporting capacity of a designated volume of blood, resulting from an imbalance between blood loss (through haemorrhage or haemolysis) and blood production. Signs and symptoms of anaemia may include pallor of the skin and mucous membranes, shortness of breath, palpitations of the heart, soft systolic murmurs, lethargy, and fatigability. The World Health Organization thresholds are used for defining anaemia, for example in adult males aged over 15 years anemia is defined by a hemaglobin <130g/L (<8.1mmol/L); for non-pregnant females aged over 15 years thresholds are <120g/L (<7.4mmol/L).
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation.

## Shock

Shock refers to circulatory failure, causing inadequate oxygen delivery to meet cellular metabolic needs. It is defined by the presence of any two of the following: evidence of hypoperfusion (e.g. capillary refill >2 seconds, cold clammy skin, and rapid/weak pulse, altered mental status), narrow pulse pressure (less than or equal to 20mmHg), hypotension for age, and tachycardia (>100bpm).
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation.

## Seizure

Defined as an intermittent abnormality of nervous system physiology characterised by a transient occurrence of sudden, violent, irregular movement of the body, caused by involuntary contraction of muscles due to abnormal excessive or synchronous neuronal activity in the brain. An established history of epilepsy is not required.
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation.

## Focal neurological signs

Defined as as impairments of nerve, spinal cord, or brain function that affect a specific region of the body, e.g. weakness in the left arm, the right leg, paresis, or plegia, identified in neurological examination.
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation.

## Encephalitis / Meningitis

Meningitis is an inflammatory disease of the leptomeninges, the tissues surrounding the brain and spinal cord, and is defined by an abnormal number of white blood cells in the cerebrospinal fluid (CSF) within an appropriate clinical context and with or without supportive radiological findings. Encephalitis refers to inflammation of the brain. In comparison with meningitis, in encephalitis, abnormalities in brain function are expected, including altered mental status, motor or sensory deficits, altered behaviour and personality changes, and speech or movement disorders. It is defined by an altered mental status lasting greater or equal to 24 hours along with two of the following criteria: documented fever greater or equal to 38° C (100.4°F); white blood cell count (WBC) in cerebrospinal fluid (CSF) greater or equal to 5/mm$^3$; generalized or partial seizures not fully attributable to a preexisting seizure disorder; new onset of focal neurological findings; presence of compatible acute lesion on neuroimaging; abnormality on electroencephalography that is consistent with encephalitis and not attributable to another cause. As outlined by the 2013 International Encephalitis Consortium.
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation.

## Sepsis

Sepsis is a serious condition that happens when the body□s immune system has an extreme response to an infection. Common signs of sepsis include fever, fast heart rate, rapid breathing, confusion and body pain. It can lead to septic shock, multiple organ failure and death. As defined according to the 2016 SCCM/ESICM task force as a life-threatening organ dysfunction caused by a dysregulated host response to infection with the following: Organ dysfunction determined by a Sequential Organ Failure Assessment (SOFA) score of greater or equal to 2 points (or quick SOFA/qSOFA score of greater or equal to 2); and a Physician-diagnosed infection (which can be supported by clinical signs and symptoms, radiologic and/or microbiologic evidence).
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation.

## Coagulation disorder / DIC

Coagulopathy (bleeding disorder) is defined as a condition in which there is a deviation from or interruption of the normal coagulation properties of the blood (normal blood clotting is disrupted). Coagulopathy may be caused by problems with blood clotting/coagulation factors (low or missing factors, or functional defects of factors) and functional or quantitative defects in the cells contributing towards clotting e.g. platelets. Disseminated intravascular coagulation (DIC; consumption coagulopathy; defibrination syndrome) is defined as a pathological process where the blood starts to coagulate throughout the whole body. This depletes the body of its platelets and coagulation factors, and there is an increased risk of haemorrhage systemic process producing both thrombosis and haemorrhage and can be acute or chronic. Diagnosis is suggested by the history, the clinical presentation, moderate to severe thrombocytopaemia (<100,000 platelets per microliter) and the presence of microangiopathic changes on the blood film. Acute DIC is confirmed by demonstrating increased thrombin generation (e.g. decreased fibrinogen) and increased fibrinolysis (e.g. elevated fibrin degredation products and D-dimer). The diagnosis of chronic DIC may be largely based upon evidence of microangiopathy on the blood film and increased levels of fibrin degredation products and particularly D-dimer.
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation.

## Any other organ complications

This refers to any other organ complication(s) not specified above.
Please indicate 'Yes', if the patient experienced any other organ complication(s) at anytime during hospitalisation, that have not previously been listed. Please specify the other organ complication(s) in the space provided below.

## Specify other organ complications

This refers to any other organ complication(s) not specified above.

Please specify the other organ complication(s) in the space provided.

## Acute Respiratory Distress Syndrome (ARDS)

Acute respiratory distress syndrome (ARDS) has been defined by the 2012 Berlin criteria (which replaced the term acute lung injury from classification, instead referring to ARDS of variable severity): □ Respiratory symptoms must have begun within one week of a known clinical insult, or the patient must have new or worsening symptoms during the past week. □ Bilateral opacities consistent with pulmonary oedema must be present on a chest radiograph or computed tomographic (CT) scan. These opacities must not be fully explained by pleural effusions, lobar collapse, lung collapse, or pulmonary nodules. □ The patient□s respiratory failure must not be fully explained by cardiac failure or fluid overload. An objective assessment (eg, echocardiography) to exclude hydrostatic pulmonary oedema is required if no risk factors for ARDS are present. □ A moderate to severe impairment of oxygenation must be present, as defined by the ratio of arterial oxygen tension to fraction of inspired oxygen (PaO2/FiO2). The severity of the hypoxaemia defines the severity of the ARDS: - Mild ARDS: The PaO2/FiO2 is >200 mmHg, but less than (or equal to) 300 mmHg, on ventilator settings that include positive end-expiratory pressure (PEEP) or continuous positive airway pressure (CPAP) greater than (or equal to) 5 cm H2O. - Moderate ARDS: The PaO2/FiO2 is >100 mmHg, but less than (or equal to) 200 mmHg, on ventilator settings that include PEEP ?5 cm H2O. - Severe ARDS: The PaO2/FiO2 is less than (or equal to) 100 mmHg on ventilator settings that include PEEP greater than (or equal to) 5 cm H2O. The Kigali modification of the Berlin defintion for ARDS applies in resource-constrained settings: □ Respiratory symptoms must have begun within one week of a known clinical insult, or the patient must have new or worsening symptoms during the past week. □ Bilateral opacities not fully explained by effusions, lobar/lung collapse or nodules by chest radiograph or ultrasound.These opacities must not be fully explained by pleural effusions, lobar collapse, lung collapse, or pulmonary nodules. □ The patient□s respiratory failure must not be fully explained by cardiac failure or fluid overload. An objective assessment (eg, echocardiography) to exclude hydrostatic pulmonary oedema is required if no risk factors for ARDS are present. □ SpO2/FiO2 value less than (or equal to) 315 replaces the requirement for a PaO2/FiO2 value. □ No PEEP requirement. To determine the PaO2/FiO2 ratio, the PaO2 is measured in mmHg and the FiO2 is expressed as a decimal between 0.21 and 1. As an example, if a patient has a PaO2 of 60 mmHg while receiving 60% oxygen, then the PaO2/FiO2 is 60/0.6 = 100 mmHg. To convert kPa to mmHg please multiply kPa by 7.5. As an example, if a patient has a kPa of 11, 11 X 7.5 = 82.5 mmHg.
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation.

## Myocarditis / pericarditis

This refers to inflammation of the muscle tissue of the heart (myocarditis) / an inflammatory process affecting the pericardium (pericarditis). It may be diagnosed clinically, with assistance from an echocardiogram, EKG, laboratory or radiological tests. It is accepted that inflammation may occur in response to infection; evidence of tissue damage secondary to invasion by a pathogen e.g. identification of the pathogen in affected tissue, is not required.
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation.

## Acute renal injury / acute renal failure

Acute kidney injury is defined when one of the following criteria is met: □ Serum creatinine rises by >/= 26umol/L or 0.3mg/dL within 48 hours; or □ Serum creatinine rises >/= 1.5 fold from the reference value, which is known or presumed to have occurred within the prior 7 days; or □ Urine output is <0.5ml/kg/hr for >6 consecutive hours. *The reference serum creatinine should be the lowest creatinine value recorded within 3 months of the event. *If a reference serum creatinine value is not available within 3 months and acute renal injury/failure is suspected, then repeat the serum creatinine measurement within 24 hours or a reference serum creatinine value can be estimated from the nadir serum creatinine value if the patient recovers from the acute renal injury/failure.
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation.

## Severe liver disease (new onset)

Defined as cirrhosis and portal hypertension with variceal bleeding, ascites, jaundice or status post liver transplantation.
Please indicate 'Yes', if this complication, of new onset, occurred in this admission. If this was a pre-existing condition, prior to onset of illness, select 'No'.

## Jaundice

Defined as the clinical assessment or impression by direct obeservation indicating the presence of jaundice. A clinical manifestation of hyperbilirubinemia, consisting of deposition of bile pigments in the skin, resulting in a yellowish staining of the skin and mucous membranes.
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation.

## Hepatic encephalopathy (any grade)

This refers to a constellation of signs and symptoms characterized by changes in personality, consciousness, and reflexes, resulting from neuropsychiatric abnormalities secondary to liver failure and/or portal-systemic blood

shunting without evidence of other brain disease. Clinical features include lethargy; confusion (can progress to coma); asterixis; pathologic nystagmus; brisk oculovestibular reflexes; decorticate and decerebrate posturing; muscle spacticity; and bilateral extensor plantar reflexes. Diagnosis can be aided by electroecephalography and elevated serum ammonia levels however neither are necessary nor specific for a diagnosis of hepatic encephalopathy.
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation.

## Liver dysfunction

A finding that indicates abnormal liver function, may refer to any of the following: Clinical jaundice; Hyperbilirubinaemia (blood bilirubin level twice the upper limit of the normal range); An increase in alanine transaminase (ALT) or aspartate transaminase (AST) that is twice the upper limit of the normal range.
Please indicate 'Yes', if this complication has been experienced anytime during hospitalisation.

## Other complication(s)

This refers to any other complication(s) that occurred at anytime during hospitalisation that you feel should be included and are not specified above.
Please specify the other complication(s) in the space provided.

## Select other complication(s)

This refers to any other complication(s) that occurred at anytime during hospitalisation that you feel should be included and are not specified above.
Please specify the other complication(s) in the space provided.

## Specify other complication(s)

This refers to any other complication(s) that occurred at anytime during hospitalisation that you feel should be included and are not specified above.
Please specify the other complication(s) in the space provided.

## Any additional other complication(s) ?

This refers to any other complication(s) that occurred at anytime during hospitalisation that you feel should be included and are not specified above.
Please specify the other complication(s) in the space provided.

## >Select additional other complication(s) 2

This refers to any other complication(s) that occurred at anytime during hospitalisation that you feel should be included and are not specified above.
Please specify the other complication(s) in the space provided.

## >Specify other complication(s) 2

This refers to any other complication(s) that occurred at anytime during hospitalisation that you feel should be included and are not specified above.
Please specify the other complication(s) in the space provided.

## >Any additional other complication(s) ?

This refers to any other complication(s) that occurred at anytime during hospitalisation that you feel should be included and are not specified above.
Please specify the other complication(s) in the space provided.

## ->Select additional other complication(s) 3

This refers to any other complication(s) that occurred at anytime during hospitalisation that you feel should be included and are not specified above.
Please specify the other complication(s) in the space provided.

## ->Specify other complication(s) 3

This refers to any other complication(s) that occurred at anytime during hospitalisation that you feel should be included and are not specified above.
Please specify the other complication(s) in the space provided.

## ->Any additional other complication(s) ?

This refers to any other complication(s) that occurred at anytime during hospitalisation that you feel should be included and are not specified above.
Please specify the other complication(s) in the space provided.

## >->Select additional other complication(s) 4

This refers to any other complication(s) that occurred at anytime during hospitalisation that you feel should be included and are not specified above.

Please specify the other complication(s) in the space provided.

### >->Specify other complication(s) 4

This refers to any other complication(s) that occurred at anytime during hospitalisation that you feel should be included and are not specified above.
Please specify the other complication(s) in the space provided.

### >->Any additional other complication(s) ?

This refers to any other complication(s) that occurred at anytime during hospitalisation that you feel should be included and are not specified above.
Please specify the other complication(s) in the space provided.

### ->->Select additional other complication(s) 5

This refers to any other complication(s) that occurred at anytime during hospitalisation that you feel should be included and are not specified above.
Please specify the other complication(s) in the space provided.

### ->->Specify other complication(s) 5

This refers to any other complication(s) that occurred at anytime during hospitalisation that you feel should be included and are not specified above.
Please specify the other complication(s) in the space provided.

## PARENTERAL / IV FLUID

### Parenteral / IV fluid?

This refers to intravenous fluid which can include crystalloid and colloid sollutions.
Please indicate 'Yes', if the patient received intravenous fluids anytime during this admission.

### Select all Parenteral / IV fluid that were administered

Please select all that apply.

### Total Crystalloid volume given during admission (mL)

Please specify total volume of this type of fluid administered.

### Total Albumin volume given during admission (mL)

Please specify total volume of this type of fluid administered.

### Total Gelatin volume given during admission (mL)

Please specify total volume of this type of fluid administered.

### Total Starches volume given during admission (mL)

Please specify total volume of this type of fluid administered.

### Specify other fluid

Please specify the other type of intravenous fluid given at anytime during this admission.

### Total volume given during admission (mL)

Please specify total volume of this type of fluid administered.

### Reason(s) for IV fluid (check all that apply)

Please select all that apply.

### Specify other reason for IV fluid

Please specify the other reason or indication for intravenous fluid.

### Date first IV fluid started

Please write the date in which the fluid was first administerd during this admission.

### Date last IV fluid ended

Please write the date in which the fluid was last administered during this admission.

## BLOOD PRODUCT TRANSFUSION

### Blood product tranfusion?

Refers to a transfusion of blood (whole blood or packed red blood cells) or other blood products excluding human normal immunoglobulin (e.g. albumin, granulocytes, platelets, fresh-frozen plasma (FFP), FP24, PF-24, cryoprecipitate, protein C concentrate, cryosupernatant, or a specific non-recombinant clotting factor) at anytime

on the date of assessment.
Please indicate 'Yes', if the patient received blood products or blood product transfusion anytime during this admission. If 'Yes' please select the product(s) below.

### Select all blood product transfusion that were administered

Please select all that apply (any product that the patient received anytime during this admission).

### Total number of Platelets (mL/24 hours)

Please specify total volume of this type of blood product administered.

### Total number of Cryoprecipitate (mL/24 hours)

Please specify total volume of this type of blood product administered.

### Total number of Whole blood/packed RBC (mL/24 hours)

Please specify total volume of this type of blood product administered.

### Total number of Fresh Frozen Plasma (FFP) (mL/24 hours)

Please specify total volume of this type of blood product administered.

### Total number of Fibrinogen concentrate (mL/24 hours)

Please specify total volume of this type of blood product administered.

### Intravenous Immunoglobulin?

Examples of commercial intravenous immunoglobulin IVIG preparations include Octagam®, Intragam P®, KIOVIG®, Flebogamma 5% DIF®, Carimune NF®, Gamunex®, Gammagard S/D®, Gammagard Liquid®, Gammaked® and Privigen®.
Please indicate 'Yes', if the patient received intravenous immunoglobulin (IVIG) at anytime during admission.

### Plasmapheresis/Plasma Exchange?

Plasmapheresis (plasma exchange) refers to the extracorporeal separation of blood components, resulting in a filtered product. Methods include discontinuous flow centrifugation, continuous flow centrifugation and plasma filtration.
Please indicate 'Yes', if the patient received plasmapharesis between 00:00 and 24:00 hours on the day of assessment.

### Days on plasma exchange support

Please write the total number of days the patient received this during admission (includes use at anytime during this admission).

### Any supplemental oxygen during the observation

This refers to any method of oxygen therapy that may be delivered via nose cannula, mask or non-invasive or invasive ventilation.
Please indicate 'Yes', if the patient received supplemental oxygen anytime during admission.

### Select ALL types of respiratory support the patient received

Please select all that apply.

### Highest FiO2

### Select Highest FiO2 units

### Number of calendar days the patient received any respiratory support

Please write the total number of calendar days the patient received this respiratory support during admission (includes use at anytime during admission). Even if the patient received this more than once in one calendar day (i.e. between 00:00 and 24:00 hours), this counts as one to the total number of days.

### What type of Non-invasive ventilation?

Non-invasive respiratory support or ventilation (NIV) refers to the provision of ventilatory support through the patient's upper airway using a mask or similar device. It includes high-flow nasal cannula, continuous postive airway pressure (CPAP) and bilevel postive airway pressure (BPAP).
Please select the single most appropriate option.

### Neuromuscular blocking agents?

This refers to the use of neuromuscular blockers. Examples include Atracurium, Cisatracurium, Nimbex, Norcuron, Pancuronium, Pavulon, Rocuronium, Tracrium, Vecuronium, Zemuron.
Please indicate 'Yes', if neuromuscular blockers were used anytime during this admission.

## Tracheostomy inserted?

Please indicate 'Yes' if this occurred anytime during this admission.

## Renal replacement therapy (RRT) or dialysis?

Refers to the use of any form of continuous renal replacement therapy or intermittent haemodialysis.
Please indicate the single most appropriate option.

## Total RRT or dialysis duration during observation (days)

Please write the total number of calendar days the patient received RRT or dialysis at anytime during this admission. Even if the patient received this more than once in one calendar day (i.e. between 00:00 and 24:00 hours), this counts as one to the total number of days.

## Inotropes/vasopressors?

This refers to continous use of a vasopressor or inotrope for at least one hour. A vasopressor is a pharmaceutical agent that causes vasoconstriction. Agents include norepinephrine, epinephrine, vasopressin, terlipressin and phenylephrine. An inotrope is a pharmaceutical agent that alters the force of myocardial contractility. Commonly used positive inotropes include dobutamine, dopamine, milrinone and adrenaline (epinephrine).
Please indicate 'Yes' if the patient received this intervention at anytime during this admission.

## Total Inotropes/vasopressor duration during observation (days)

The total number of days during this admission that the patient received inotropic/vasoactive therapy.
Please write the total number of calendar days the patient received inotropic or vasoactive therapy at anytime during this admission. Even if the patient received this more than once in one calendar day (i.e. between 00:00 and 24:00 hours), this counts as one to the total number of days.

## ICU/ITU/High Dependency Unit/Intermediate Care Unit admission ?

Refers to any admission to an intensive care unit (or similar) at anytime during the patient's admission.
Please indicate 'Yes' if the patient was admitted to ICU at least once at anytime during their admission.

## Date of first ICU admission

Please write the date in DD/MM/YYYY format.

## Duration of first ICU admission (days)

Please write the total number of calendar days the patient was admitted to ICU.

## Was the patient admitted to ICU more than once?

Please indicate 'Yes' if the patient was admitted to ICU more than once at anytime during their admission.

## Date of final ICU admission

Refers to the Intensive Care Unit (or similar) admission date corresponding to their final ICU admission.
Please write the date in DD/MM/YYYY format.

## Duration of final ICU admission (days)

Please write the total number of calendar days the patient was admitted to ICU.

## What was the Primary/Main Clinical Diagnosis?

Please write the primary clinical diagnosis.

## Was the Primary/Main Diagnosis Non-infectious?

Please indicate 'Yes' if the primary clinical diagnosis was non-infectious.

## Was there any secondary diagnosis?

Please indicate 'Yes', if any secondary diagnosis was made.

## Specify secondary diagnosis

Please write the secondary diagnosis in the space provided.

## Outcome date

Please write the date of the outcome (use the format DD/MM/YYYY).

## Outcome

Please select the single most appropriate option.

## Collection Date

Please write the date in which samples were collected. This may be different to the day in which the results are reported. Use day/month/year (DD/MM/YYYY) format.

### Biospecimen Type

Please select the single most appropriate option.

### Please specify biospecimen type

If 'Other', please specify the type of biospecimen collected.

### Lab test method

Please select the single most appropriate option.

### Please specify other lab test method

If 'Other', please specify the type of laboratory test performed on the specimen. If the method is not known, write N/A .

### Pathogen Tested/Detected

Please select the single most appropriate option. For each sample type, if testing was not performed or the result is unknown, please indicate 'Unknown'.

### Select Pathogen Tested/Detected

Please select the single most appropriate option. For each sample type, if testing was not performed or the result is unknown, please indicate 'Unknown'.

### Specify other Pathogen Tested/Detected

Please select the single most appropriate option. For each sample type, if testing was not performed or the result is unknown, please indicate 'Unknown'.

### CT Value

Cycle threshold (CT).
Please write the CT value if reported.

### Was a HIV test performed during admission?

Refers to a new HIV diagnosis. This does not include HIV as a comorbidity preceeding onset of this acute illness
If a HIV test was performed, please select the single most appropriate answer that reflects the test and the result.

### Assessment Date

Please write the date in which the outcome assessment was performed. Use day/month/year (DD/MM/YYYY) format. Complete this section in full for each outcome assessment performed.

### Evaluation method

Please select the single most appropriate option.

### Assessment patient outcome

Please select the single most appropriate option that best reflects the patient outcome at this assessment date.

### First / earliest date on which the selected outcome was true

Please write the first or earliest date in which the selected outcome occurred. Use day/month/year (DD/MM/YYYY) format.

### Does the patient re-admit to hospital after discharge from acute illness

This refers to a re-admission following discharge from the acute illness.
Please indicate 'Yes', if the patient was readmitted to hospital after discharge.

### Date of hospitalisation

Please write the date of hospitalisation. Use day/month/year (DD/MM/YYYY) format.

### Reason for hospitalisation

Please specify the reason/cause of hospitalisation.

### Date of death

Please write the date of death. Use day/month/year (DD/MM/YYYY) format.

### Cause of death

It is conventional in many countries to list the disease or condition leading directly to death first (primary cause of death), followed by any other disease or condition, if any, that lead to the primary cause of death. This should be followed by other significant conditions contributing to death (contributory or secodnary causes of death) but not related to the disease or condition causing it. This information is typically recorded in the patient notes or on

the death certificate.
Clearly write the primary cause of death as is detailed in the patient notes or on the death certificate.

## Reason for loss to follow-up

Please describe the reason the patient was loss to follow-up.

## Final Liverpool Outcome score (LOS)

The Final Liverpool Outcome Sore refers to the lowest number scored for any single question and is in a range of 1 (death) to 5 (full recovery). Please refer to Brain Infections Global  a UK National Institute for Health Research (NIHR) Global Health Research Group on Acute Brain Infections run by Liverpool Brain Infections Group and partners for more information on the scale. Please ensure the correct questionare is administered with respect to the patient's age (Child vs Adult).
Please write the total Liverpool Outcome Score (the lowest number scored for any single question) performed and calculated on this assessment date.

## Total Liverpool Outcome score (LOS)

The Total Liverpool Outcome Sore refers to the sum of all the individual scores for each question and is in the range of 33 to 75. Please refer to Brain Infections Global  a UK National Institute for Health Research (NIHR) Global Health Research Group on Acute Brain Infections run by Liverpool Brain Infections Group and partners for more information on the scale. Please ensure the correct questionare is administered with respect to the patient's age (Child vs Adult).
Please write the Total Liverpool Outcome Score, that is the value for all the individual scores added up (range 33-75) perfromed and calculated on this assessment date.

## Glasgow Outcome Scale Extened (GOS-E)

The GOS-E is score that classifies outcomes in patients that have suffered a brain insult/injury. It ranges 1 to 8 corresponding to the following eight categories: Dead, Vegetative State, Lower Severe Disability, Upper Severe Disability, Lower Moderate Disability, Upper Moderate Disability, Lower Good Recovery, and Upper Good Recovery.
Please write the GOS-E score as calculated on this assessment date.

## Glasgow Outcome Scale Extened Pediatric Revision (GOS-E Peds) if patient is <= 16 years of age.

The GOS-E Peds is validated in ages less than or equal to 16 years.
Please write the GOS-E Peds score as calculated on this assessment date.

## Modified Rankin Scale (mRS) score

The modified Rankin Scale categorises global disability and functional dependence and ranges from 0 to 6.
Please write the Modified Rankin Scale score, performed and calculated on this assessment date.

## MMSE score

The Mini-Mental State Examination (MMSE), is a widely used instrument for evaluating cognitive functioning. Scores range from 0 to 30.
Please write the MMSE score, performed and calculated on this assessment date.

## Neurological complications

This refers to the presence of new onset neurological complications on discharge or between discharge and date of assessment/follow-up. It can include seizures, motor, congitive or visual impairments, psychological distrubance or other neurological complications that you feel are pertinent to include here.
Please select all that apply. If the patient has a new onset neurological complication on discharge or between discharge and date of assessment/follow-up on continue with the following questions to characterise the complication. If there were no neurological complications on discharge or between discharge and date of assessment select 'None'.

## Specify Seizure disorder

Refers to new onset of seizure disorder after hospitalization and/or between discharge and follow-up.
Please specify the seizure disorder that is of new onset after hospitalization and/or between discharge and follow-up.

## Date of Seizure disorder

Please record the date in which this complication first occurred. Use day/month/year (DD/MM/YYYY) format.

## Specify Motor impairment

Defined as any impairment to the functioning of body parts which involve movement, including gross and fine motor movement and motor planning as identified by a clinican: low muscle tone, abnormal movement pattern,

tetra/hemiparesis, motor skills disorders, motor delay, limb paralysis, focal deficit, hemiplegia, ataxia, areflexia, hyperreflexia, aphasia, dysarthria.
Please specify the motor impairment that is of new onset after hospitalization and/or between discharge and follow-up.

## Date of Motor impairment

Please record the date in which this complication first occurred. Use day/month/year (DD/MM/YYYY) format.

## Specify Psychological disturbance

Refers to emotional, behvioural or other psychiatric symptoms including: irritability, trouble holding attention on tasks, emotional disorders, psychiatric symptoms, altered speech, and other language disturbances, change of personality, abnormal behaviour, global development delay, autism.
Please specify the psychological disturbance that is of new onset after hospitalization and/or between discharge and follow-up.

## Date of Psychological disturbance

Please record the date in which this complication first occurred. Use day/month/year (DD/MM/YYYY) format.

## Specify Cognitive impairment

Refers to an impairment in orientation, registration, attention, calculation, recal, or language. This is best assessed with the Mini-Mental State Examination (MMSE) a widely used instrument for evaluating cognitive functioning.
Please specify the cognitive impairment that is of new onset after hospitalization and/or between discharge and follow-up.

## Date of Congitive impairment

Please record the date in which this complication first occurred. Use day/month/year (DD/MM/YYYY) format.

## Specify Visual impairment

This refers to reduced visual acuity and or eye movement disorders best identified on clinical assessment.
Please specify the visual impairment that is of new onset after hospitalization and/or between discharge and follow-up.

## Date of Visual impairment

Please record the date in which this complication first occurred. Use day/month/year (DD/MM/YYYY) format.

## Specify other neurological abnormality

Refers to any other neurological abnormality not specified above that you feel is pertinent to include. This could include sensory disturbances, nerve palsy, fatigue/chronic fatigue syndrome among others.
Please specify the other neurological abnormality that is of new onset after hospitalization and/or between discharge and follow-up.

## Date of Other neurological abnormality

Please record the date in which this complication first occurred. Use day/month/year (DD/MM/YYYY) format.