

# Follow-up

## Date of randomisation

**Please only report events that occurred from first randomisation until 28 days later on this form (except for Q2).**

Patient's date of birth \*

yyyy-mm-dd

**1. Which of following treatment(s) did the patient definitely receive as part of their hospital admission after randomisation?** \*

*(NB Include RECOVERY study-allocated drug, only if given, PLUS any of the other treatments if given as standard hospital care)*

- No additional treatment
- Lopinavir-ritonavir
- Corticosteroid (dexamethasone, prednisolone, hydrocortisone or methylprednisolone)
- Hydroxychloroquine
- Azithromycin or other macrolide (eg, clarithromycin, erythromycin)
- Tocilizumab or sarilumab
- Remdesivir
- Intravenous immunoglobulin
- Synthetic monoclonal antibodies (REGN10933+REGN10987)
- Aspirin
- Colchicine
- Baricitinib
- Anakinra
- Favipiravir
- Empagliflozin
- Ivermectin

**Please select number of days the patient received corticosteroid (dexamethasone, prednisolone, hydrocortisone or methylprednisolone) (of any dose)**

- 1  2  3  4  5  6  7  8  9  10

**Dosing information:**

**6 mg dexamethasone is equivalent to 40 mg prednisolone or 160 mg hydrocortisone or 32 mg methylprednisolone.**

**10 mg dexamethasone is equivalent to 67 mg prednisolone or 267 mg hydrocortisone or 53 mg methylprednisolone**

**20 mg dexamethasone is equivalent to 133 mg prednisolone or 534 mg hydrocortisone or 106 mg methylprednisolone**

**Please indicate the highest dose received on a single day during the 10 days after randomisation**

- <6 mg dexamethasone
- 6 mg dexamethasone
- >6 mg and <=10 mg dexamethasone
- >10 mg and <20 mg dexamethasone
- 20 mg dexamethasone
- >20 mg dexamethasone

**Please select number of doses of tocilizumab or sarilumab the patient received**

- 1
- >1

**Please select number of days the patient received remdesivir**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

**Please select the proportion of days the patient received aspirin during the first 28 days after randomisation (or from randomisation to date of discharge if this is sooner)**

- Most days (≥90%)
- Some days (≥50% <90%)
- Few days (<50% of days, but not zero)
- None

**Please select number of days the patient received baricitinib**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

**Please select number of days the patient received anakinra**

- 1
- 2
- 3
- 4
- 5
- 6
- 7

**Please select the proportion of days the patient received empagliflozin during the first 28 days after randomisation (or from randomisation to date of discharge if this is sooner)**

- Most days (≥90%)
- Some days (≥50% <90%)
- Few days (<50% of days, but not zero)
- None

**» Convalescent Plasma**

**How many convalescent plasma infusions did the patient receive?**

*This is convalescent plasma (i.e. collected from people recovered from COVID-19), not any standard fresh frozen plasma or other blood products that the patient may have been given*

- 0
- 1
- 2

## » Health Status

### 2. Was a COVID-19 test done for this patient at any point during the admission? \*

*(If multiple tests were done, and the results were positive and negative, please tick Yes – positive result and Yes – negative result)*

- Yes – positive result
- Yes – negative result
- Not done

### 3. What is the patient's vital status? \*

- Alive
- Dead

### 3.1 What is the patient's current hospitalisation status? \*

- Inpatient
- Discharged

The patient has been enrolled in the trial for **NaN** days

### 3.1.1 Date follow-up form completed

yyyy-mm-dd

### 3.1.1 What was the date of discharge? \*

yyyy-mm-dd

### 3.1 What was the date of death? \*

yyyy-mm-dd

### 3.2 What was the underlying cause of death? \*

*This can be obtained from the last entry in part 1 of the death certificate*

- COVID-19
- Other infection
- Cardiovascular
- Other

Please give details

### 4. Did the patient require any form of assisted ventilation (ie, more than just supplementary oxygen) from day of randomisation until 28 days later? \*

- Yes

Yes

No

Please answer the following questions:

4.1 For how many days did the patient require assisted ventilation? \*

4.2 What type of ventilation did the patient receive?

Yes

No

Unknown

CPAP alone

Non-invasive ventilation (eg, BiPAP)

High-flow nasal oxygen (eg, AIRVO)

Mechanical ventilation (intubation/tracheostomy)

ECMO

Total number of days the patient received invasive mechanical ventilation (intubation/tracheostomy) from randomisation until discharge/death/28 days after randomisation

5. Has the patient been documented to have a NEW cardiac arrhythmia at any point since the main randomisation until 28 days later? \*

Yes

No

Unknown

5.1 Please select all of the following which apply

Atrial flutter or atrial fibrillation

Supraventricular tachycardia

Ventricular tachycardia (including torsades de pointes)

Ventricular fibrillation

Atrioventricular block requiring intervention (eg, cardiac pacing)

6. Did the patient require use of renal dialysis or haemofiltration from main randomisation until 28 days later? \*

Yes

No

**6.1 Please enter the highest creatinine level recorded after randomisation until 28 days later.**

\*

**Unit**

\*

**Date recorded**

\*

**Select if creatinine level not available**

- $\mu\text{mol/L}$   
 mg/dL

yyyy-mm-dd

Not available

**7. During the first 28 days after randomisation (or until discharge if sooner), did the participant have a thrombotic event?**

\*

- Yes  
 No  
 Unknown

**7.1 Please indicate the type of thrombotic event**

*Select all that apply*

- Pulmonary embolism  
 Deep-vein thrombosis  
 Ischaemic stroke  
 Myocardial infarction  
 Systemic arterial embolism  
 Other

**8. During the first 28 days after randomisation (or until discharge if sooner), did the participant experience clinically-significant bleeding ie, intra-cranial bleeding or bleeding that required intervention (eg, surgery, endoscopy or vasoactive drugs) or a blood transfusion?**

\*

- Yes  
 No  
 Unknown

**8.1 Please indicate the site(s) of bleeding**

\*

*Select all that apply*

- Intra-cranial  
 Gastrointestinal  
 Other

**8.2 Please indicate which interventions were required to manage the bleed**

\*

*Select all that apply*

- Blood transfusion  
 Surgery  
 Endoscopy

- 
- Vasoactive drugs (e.g. inotropes on ICU)
- None of the above

**9. During the first 28 days after randomisation (or until discharge if sooner), did the participant develop a non-coronavirus infection?**

\*

- Yes
- No
- Unknown

**9.1 Please indicate the type of non-coronavirus infection**

*Select all that apply*

- Pneumonia
- Urinary tract
- Biliary
- Other intra-abdominal
- Blood stream
- Skin
- Other

**Pneumonia - please indicate the putative organism**

- Bacterial
- Fungal
- Viral
- Other
- Unknown

**Urinary tract - please indicate the putative organism**

- Bacterial
- Fungal
- Other
- Unknown

**Biliary - please indicate the putative organism**

- Bacterial
- Fungal
- Other
- Unknown

**Intra-abdominal - please indicate the putative organism**

- Bacterial
- Fungal
- Other
- Unknown

**Blood stream - please indicate the putative organism**

*Please only select this if positive blood culture but no known anatomical site found*

- Bacterial
- Fungal
- Other
- Unknown

**Skin - please indicate the putative organism**

- Bacterial
- Fungal
- Viral
- Other
- Unknown

**Other - please indicate the putative organism**

- Bacterial
- Fungal
- Other
- Unknown

**Please describe the anatomical site**

.....

**10. During the first 28 days after randomisation (or until discharge if sooner), did the participant have any of the following?**

	Yes	No	Unknown
<b>Ketoacidosis</b> *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Hyperglycaemic hyperosmolar state</b> *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other hyperglycaemia requiring new use of insulin</b> *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Severe hypoglycaemia</b> * <i>Hypoglycaemia causing reduced conscious level requiring another person to help recover.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**11. Please indicate if the participant participated in any other COVID-19 trials**

Select all that apply

- PRINCIPLE
- REMAP-CAP
- Other treatment trial(s)
- COVID-19 vaccine trial(s)

Please give name of other treatment trial(s)

Please give name of COVID-19 vaccine trial(s)

**12. If this woman was pregnant at randomisation (or had recently delivered), please enter UKOSS ID here.**

Enter the full UKOSS case ID eg, COR\_123