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 *
.....	μmol/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
Ketoacidosis * *Ketoacidosis is defined as (i) ketosis (blood ketones ≥1.5 mmol/L or urine ketones ≥2+) AND (ii) metabolic acidosis (eg, bicarbonate <15 mmol/L) AND (iii) no obvious alternative cause of acidosis*	◯	◯	◯
Hyperglycaemic hyperosmolar state *	◯	◯	◯
Other hyperglycaemia requiring new use of insulin *	◯	◯	◯
Severe hypoglycaemia * *Hypoglycaemia causing reduced conscious level requiring another person to help recover.*	◯	◯	◯

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