

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

» Vital Status

0. What is the patient's vital status? *

- Alive
 Dead

0.1 What is the patient's current hospitalisation status? *

- Inpatient
 Discharged

The patient has been enrolled in the trial for NaN days

0.1.1 Date follow-up form completed

yyyy-mm-dd

0.1.1 What was the date of discharge? *

yyyy-mm-dd

0.1 What was the date of death? *

yyyy-mm-dd

0.2 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

» Treatments

1. Which of the 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
- Oseltamivir
- Other neuraminidase inhibitor (e.g. zanamivir, laninamivir)
- Baloxavir
- Sotrovimab
- Molnupiravir
- Paxlovid

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 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 ($\geq 90\%$) Some days ($\geq 50\%$ $< 90\%$) Few days ($< 50\%$ of days, but not zero) None

Please select number of days the patient received oseltamivir

- 1 2 3 4 5 6 7 8 9 10

Please select number of doses of baloxavir the patient received

- 1 2

Did the participant experience an infusion reaction during or within 2 hours after the sotrovimab infusion? *

- Yes
 No

How severe was the reaction? *

- Mild (no intervention required)
 Moderate (eg, antihistamines or steroids required)
 Severe (adrenaline required)

Was the infusion completed? *

- Yes
 No

Please select the number of days the patient received molnupiravir

- 1 2 3 4 5 6

Was the participant provided with treatment to complete the course at home?

- Yes
 No

Please select the number of days the patient received Paxlovid

- 1 2 3 4 5 6

Was the participant provided with treatment to complete the course at home?

- Yes
 No

Only required if Q17.0 and or Q17.1 on the Randomisation form were answered Yes

Was the baseline serum sample collected?

- Yes

No

Was the baseline swab samples collected? *

Yes

No

Was the DAY 3 follow-up swab sample collected? *

Yes

No

Swab sent home with patient

Was the DAY 5 follow-up swab sample collected? *

Yes

No

Swab sent home with patient

» Ventilation

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

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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Non-invasive ventilation (eg, BiPAP) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| High-flow nasal oxygen (eg, AIRVO) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mechanical ventilation (intubation/tracheostomy) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ECMO | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

» Cardiac arrhythmia

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)

» Renal outcomes

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 * |
| | <input type="radio"/> $\mu\text{mol/L}$ <input type="radio"/> mg/dL | yyyy-mm-dd | <input type="radio"/> Not available |

» Thrombosis and bleeding

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

» Other infections

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

- Yes
 No
 Unknown

9.1 Please indicate the type of 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

Please indicate the virus

NB do not record the virus leading to study entry

- SARS-CoV-2 Influenza Other/unknown

Urinary tract - please indicate the putative organism

- Bacterial Fungal Other Unknown

Urinary - 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

» Metabolic complications**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 * | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <i>Ketoacidosis is defined as (i) ketosis (blood ketones ≥ 1.5 mmol/L or urine ketones $\geq 2+$) AND (ii) metabolic acidosis (eg, bicarbonate < 15 mmol/L) AND (iii) no obvious alternative cause of acidosis</i> | | | |
| Hyperglycaemic hyperosmolar state * | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other hyperglycaemia requiring new use of insulin * | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Severe hypoglycaemia * | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <i>Hypoglycaemia causing reduced conscious level requiring another person to help recover.</i> | | | |

» Other safety outcomes**11. Did the participant experience a seizure after randomisation?** *

Yes
 No
 Unknown

11.1 Does the patient have a history of seizures or epilepsy?

Yes
 No
 Unknown

11.2 Please enter the highest ALT (or AST) level recorded after randomisation until 28 days later. If below the limit of detection, enter 0

| Date | Result | Upper limit of normal | Units |
|------|--------|-----------------------|---|
| | | |  |

| | | | |
|------------|--|--|--|
| yyyy-mm-dd | | | <input checked="" type="radio"/> IU/L or U/L <input type="radio"/> μmol/L <input type="radio"/> μkat/L |
|------------|--|--|--|

11.3 Please enter the highest bilirubin level recorded after randomisation until 28 days later. If below the limit of detection, enter 0

| Date* | Result* | Upper limit of normal* | Units |
|------------|---------|------------------------|--|
| yyyy-mm-dd | | | <input checked="" type="radio"/> μmol/L <input type="radio"/> mg/dL |

» Other trials

12. Please indicate if the participant participated in any other COVID-19 or influenza 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)

» Pregnancy

13. 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