# 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

**Please select number of days the patient received lopinavir-ritonavir**

1 2 3 4 5 6 7 8 9 10

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

1 2 3 4 5 6 7 8 9 10

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

1 2 3 4 5 6 7 8 9 10

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

0 1 2 3 4 5 6 7 8 9 10

**Please select number of days the patient received other macrolides (eg, clarithromycin, erythromycin)**

0 1 2 3 4 5 6 7 8 9 10

**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 or other antiplatelet (eg, clopidogrel, prasugrel, ticagrelor, dipyridamole) 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 colchicine**

1 2 3 4 5 6 7 8 9 10

## » 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

**Were any infusions stopped early for any reason ie, the patient did not receive the full amount?**

Yes No

**How many were stopped early?**

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
- ◯ 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

**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 the above

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

*Select all that apply*

- ☐ PRINCIPLE

- [ ] 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)**

.....

**10. Please enter UKOSS case ID if known** *

*Enter the full UKOSS case ID ie, COR_123*

.....

*(select if you do not know the UKOSS case ID)*

- [ ] Not known