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

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 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

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

» 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 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. 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)

11. 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