Follow-up

Date of randomisation

Please only report events that occurred from first randomisation until 28 days later on this form (except for Q3).

Patient's date of birth *

yyyy-mm-dd

Patient's year of birth

Patient's sex *

- ◯ Male
- ◯ Female
- ◯ Not known

» 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? *

- ◯ COVID-19
- ◯ Influenza
- ◯ Community-acquired pneumonia
- ◯ 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)

- ☐ Corticosteroid (dexamethasone, prednisolone, hydrocortisone or methylprednisolone)
- ☐ Macrolide (eg, azithromycin, clarithromycin, erythromycin)
- ☐ Tocilizumab or sarilumab
- ☐ Baricitinib
- ☐ None of the above

Which of the following COVID-19 treatments 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)

- ☐ Remdesivir
- ☐ Sotrovimab
- ☐ Molnupiravir
- ☐ Paxlovid
- ☐ None of the above

Which of the following influenza treatments 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)

- [ ] Oseltamivir
- [ ] Other neuraminidase inhibitor (e.g. zanamivir, laninamivir)
- [ ] Baloxavir
- [ ] Favipiravir
- [ ] None of the above

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 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

Which macrolide did the patient receive?

Azithromycin Clarithromycin Erythromycin Other

Please select number of days the patient received oseltamivir

1 2 3 4 5 6 7 8 9 10

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

Yes No Unknown

Please select number of doses of baloxavir the patient received

1 2

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

Yes No Unknown

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

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 sample 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

» Testing

3. Was a COVID-19 ANTIGEN 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

Was a COVID-19 PCR 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

Was an influenza ANTIGEN 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

Was an influenza PCR 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

Was the patient diagnosed with pulmonary tuberculosis or Pneumocystis pneumonia during this admission? *

- [ ] Yes - pulmonary tuberculosis
- [ ] Yes - Pneumocystis pneumonia
- [ ] No
- [ ] Unknown

» 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	◯	◯	◯
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

» 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 *
.....	◯ µmol/L ◯ mg/dL	yyyy-mm-dd	◯ 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

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

» 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 *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.*	*	◯	◯	◯

Please check that the event(s) fulfilled the definition shown

» 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 in your laboratory (i.e. the top of the normal range) *	Units	Please tick if not done *
yyyy-mm-dd			◉ IU/L or U/L ◯ µmol/L ◯ µkat/L	◯ Not done

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 in your laboratory (i.e. the top of the normal range) *	Units	Please tick if not done *
yyyy-mm-dd			◉ µmol/L ◯ mg/dL	◯ Not done

» 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