

Global COVID-19 Clinical Platform

Case Report Form (CRF) for Post COVID condition (Post COVID-19 CRF)

The WHO has established a Global Clinical Data Platform¹ of COVID-19 and invites all Member States and health facilities to report anonymised patient-level clinical information to the WHO platform using standardized Case Report Form (CRF):

- Core CRF captures clinical information of individuals hospitalized for COVID-19
- Core-P CRF has information of pregnant women hospitalized for COVID-19
- MIS-CRF has information related to multisystemic inflammatory syndrome in children and adolescents temporally related to COVID-19
- Post COVID-19 CRF, designed to build upon the Core CRF and assess the medium- and long-term sequelae of COVID-19

The Post COVID-19 CRF includes 3 modules:

Module 1 includes background demographic and clinical information of the acute episode of COVID-19.

Module 2 includes questions to help identifying patients who require further clinical evaluation.

Module 3 includes medical assessment and results of examinations, tests, or diagnosis made during the follow up visit. Based on results, patients should be referred for clinical care, or rehabilitation as per national protocols.

The Post COVID-19 CRF is intended to serve as: (i) A clinical tool that can be used by Member States to document the mid- and long-term sequelae of COVID-19. Uniformity in the follow up of patients could ensure that mid- and long-term clinical and rehabilitation needs are identified, and patients are provided the care they need; (ii) WHO is not necessarily recommending the comprehensive testing described in the CRF for all individuals; clinician judgement is required to select the test needed for clinical care. This CRF is a tool for gathering standardized information regarding the post COVID-19 condition through the WHO Clinical Data Platform. Such data collation and its analysis would improve national and global knowledge of the consequences of COVID-19, inform further public health responses and prepare for large investigational studies.

<u>Criteria for completion of Post COVID-19 CRF</u>: Variables' dictionary available on WHO website¹ support data entry. The CRF can be administered either as part of routine follow up or at a specific time point to any patient in the post-acute phase of COVID-19, regardless of hospitalization. While it is suggested to prioritize the completion of the CRF for patients who were hospitalized for a severe or critical episode of COVID-19, the CRF should be administered, where possible, also to patients who suffered from COVID-19, including those with mild or moderate illness, and who received care either at home or in a hospital setting.

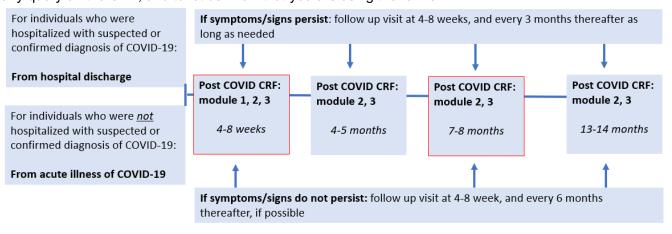
<u>Time-points for administration</u>: The form can be completed any time during follow up after an acute episode of COVID-19. However, to support standardization and data comparability, it should preferably be completed 4 to 8 weeks and 6 months after hospital discharge from the acute ward or after acute illness for individuals who have not been hospitalized. In case of persistent symptoms/signs after hospital discharge or after acute illness, it is recommended to complete the CRF at 3-month intervals, for as long as needed, or at 6 months interval, if no symptoms persist (see figure below).

Mode of administration:

Module 1-2: face-to-face administration and completion by a health care worker is preferred. However, when this is not possible, the form can be either self-administered, or completed remotely (online or through telephone) by the caregiver. For children, the form should be completed by the primary caregiver (preferred) or by the legal guardian. **Module 3:** face-to-face administration and completion by a health care worker.

Module 1 needs to be completed only once during the first follow up visit, while Modules 2 and 3 should be completed at every follow up visit.

General guidance: Please contact **COVID_ClinPlatform@who.int** if you need assistance with data entry, if you have any query on the CRF, and to let us know that you are using the forms.



¹ https://www.who.int/teams/health-care-readiness-clinical-unit/covid-19/data-platform



If Yes, specify:
Obesity (BMI>30):
Tuberculosis:

Any other condition:

PARTICIPANT ID ² II I_	_		ll ll	
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Organization	PARTICIPANT ID ²			
Module 1: Background demographical and	anidemiological information			
Module 1: Background demographical and epidemiological information This module is completed by □patient □caregiver (in case of children) □health care worker				
Facility name of follow up visit (if applies)	Country			
Date of module 1 completion: <code>_D_j_D_j/_M_</code>				
1.1 Acute episode of COVID-19 information				
Does the patient have a WHO Rapid Core CR				
·				
1.2 Demographics				
Sex at Birth: □Male □Female □Not specified				
Age: [][] years; OR [][] months [][] da	ays			
Height (Length): [][][] cm				
Weight: [][][] kg				
Highest level of education completed? □Ne □Elementary school □Vocational school □Se				
	stayed overnight in a hospital, rehabilitation facility,			
	□Yes, a rehabilitation facility □Yes, a long-term care facility			
□All □No □Unknown	= 100, a fortabilitation facility = 100, a fortig to fin barb facility			
	y resident prior to initial COVID-19 diagnosis?			
□Yes □No □Unknown	,			
Ethnicity/background: □Asian □Black □Wh	te □Mixed □Arab □Latino □Other □Unknown			
Smoking: □Current □Former □Never □Unkn				
Substance abuse: □Yes □No □Unknown; If				
	care worker or laboratory staff since Jan 1st, 2020?			
□Yes □No □Unknown				
Pregnancy information	e illness of COVID 102 DVos DNs DI Inknown: If year gostational			
weeks at COVID-19 diagnosis/clinical suspicion	e illness of COVID-19? □Yes □No □Unknown; If yes , gestational			
	of pregnancy? □Miscarriage □Induced abortion □Still birth			
□Live birth □Still pregnant;				
	ently not pregnant: gestational age at the time of delivery/abortion?			
[][] weeks; If delivered , mode of delivery? □Vaginal □As	sisted vaginal Cooserson section:			
Is the narticinant currently pregnant? □Yes	Sisted vaginar □Caesarean section, □No □Unknown; If yes, gestational weeks [][]Weeks □Unknown;			
If recently pregnant, is the participant <u>curr</u>	ently breastfeeding? □Yes □No □ Unknown			
1.3 Pre-existing conditions in the year prio				
In the year prior to the acute illness of COV	/ID-19, has the participant been diagnosed with any of the			
following conditions?				
Asplenia:	□Yes □No □Unknown;			
Cancer:	□Yes □No □Unknown;			
Chronic heart disease (not hypertension):				
Chronic kidney disease:	□Yes □No □Unknown;			
Chronic liver disease:	□Yes □No □Unknown;			
Chronic lung disease:	□Yes □No □Unknown;			
Chronic neurological disorder:	□Yes □No □Unknown;			
If Yes, specify: Diabetes:	□Dementia □Stroke □Multiple Sclerosis □Parkinson's Disease;			
HIV:	☐ Yes ☐ No ☐ Unknown; ☐ Yes ☐ No ☐ Unknown; If Yes, was on ART? ☐ Yes ☐ No ☐ Unknown;			
If Yes, what regimen?	□ Protease inhibitor-based ART; □ NNRTI-based ART □ Integrase			
inhibitor-based ART; Last viral load test:	copies/ml; Last CD4 cell count: [][][] cells/mm ³ ;			
Hypertension:	Yes □No □ Unknown;			
If Yes, did the participant receive medication?				
Immunodeficiency:	□Yes □No □Unknown;			
Mental health conditions:	□Yes □No □Unknown.			

□psychoses □depression □anxiety; □Yes □No □Unknown;

□Yes □No; If yes, specify_

□Yes □No □Unknown; If yes □Active □Previous;



1.4 Diagnosis of acute illness of COVID-19 (first episode, in case of re-infection)			
Date of onset of symptoms of acute COVID-19: _D_ _D_]/_M_ _M_]/_Y_ _Y_ _Y_];			
Did the participant receive a diagnosis of COVID-19 by a health care worker during the acute illness?			
□Yes □No □Unknown;			
Did the participant have a diagnostic test? □Yes □No □Unknown;			
If yes, complete	the 3 questions below:		
Did the participa	nt have a PCR test during the acute illness?		
☐Yes, positive ☐	Yes, negative □Not performed □Unknown;		
	of positive PCR test: <code>_DD_/_MM_/_YYYYYYYYYYYYY</code>	1	
	nt have an antigen test (rapid test) during acute illness?		
☐Yes, positive ☐	Yes, negative □Not performed □Unknown;		
If positive, date	of positive antigen test: [D][D]/[M][M]/[Y][Y][Y][Y][Y]	
	nt have an antibody test during/after the acute illness?		
☐Yes, positive ☐	Yes, negative □Not performed □Unknown;		
	of positive antibody test: [D_][D_]/[M_][M_]/[Y_][Y_][Y_]	[Y]	
	e severity of acute illness of COVID-19 based on WHO criteria		
	lassification that applies: □Mild □Moderate □Severe □Critical □		
WHO Clinical Based on available clinical records Based on self-report, if clinical			
Ol!f:4!			
Classification	No hypoxia au provincia		
Mild	No hypoxia or pneumonia	Did not receive oxygen	
	Clinical signs of non-severe pneumonia AND SpO2>90% on		
Mild Moderate	Clinical signs of non-severe pneumonia AND SpO2>90% on room air	Did not receive oxygen	
Mild	Clinical signs of non-severe pneumonia AND SpO2>90% on room air Adults/adolescents: Clinical signs of severe pneumonia AND	Did not receive oxygen Received oxygen	
Mild Moderate	Clinical signs of non-severe pneumonia AND SpO2>90% on room air Adults/adolescents: Clinical signs of severe pneumonia AND SpO2 <90% on room air; OR	Did not receive oxygen Received oxygen (or told you they needed it,	
Mild Moderate	Clinical signs of non-severe pneumonia AND SpO2>90% on room air Adults/adolescents: Clinical signs of severe pneumonia AND SpO2 <90% on room air; OR RR > 30 breaths/min	Did not receive oxygen Received oxygen	
Mild Moderate	Clinical signs of non-severe pneumonia AND SpO2≥90% on room air Adults/adolescents: Clinical signs of severe pneumonia AND SpO2 <90% on room air; OR RR > 30 breaths/min Children: Clinical signs of severe pneumonia AND at least one	Did not receive oxygen Received oxygen (or told you they needed it,	
Mild Moderate	Clinical signs of non-severe pneumonia AND SpO2>90% on room air Adults/adolescents: Clinical signs of severe pneumonia AND SpO2 <90% on room air; OR RR > 30 breaths/min Children: Clinical signs of severe pneumonia AND at least one of the following: central cyanosis; OR SpO2 < 90%; OR severe	Did not receive oxygen Received oxygen (or told you they needed it,	
Mild Moderate	Clinical signs of non-severe pneumonia AND SpO2>90% on room air Adults/adolescents: Clinical signs of severe pneumonia AND SpO2 <90% on room air; OR RR > 30 breaths/min Children: Clinical signs of severe pneumonia AND at least one of the following: central cyanosis; OR SpO2 < 90%; OR severe respiratory distress (e.g. fast breathing, grunting, very severe	Did not receive oxygen Received oxygen (or told you they needed it,	
Mild Moderate	Clinical signs of non-severe pneumonia AND SpO2>90% on room air Adults/adolescents: Clinical signs of severe pneumonia AND SpO2 <90% on room air; OR RR > 30 breaths/min Children: Clinical signs of severe pneumonia AND at least one of the following: central cyanosis; OR SpO2 < 90%; OR severe respiratory distress (e.g. fast breathing, grunting, very severe chest indrawing); OR general danger sign(s) (inability to	Did not receive oxygen Received oxygen (or told you they needed it,	
Mild Moderate Severe	Clinical signs of non-severe pneumonia AND SpO2>90% on room air Adults/adolescents: Clinical signs of severe pneumonia AND SpO2 <90% on room air; OR RR > 30 breaths/min Children: Clinical signs of severe pneumonia AND at least one of the following: central cyanosis; OR SpO2 < 90%; OR severe respiratory distress (e.g. fast breathing, grunting, very severe chest indrawing); OR general danger sign(s) (inability to breastfeed or drink, lethargy or unconsciousness, convulsions)	Received oxygen (or told you they needed it, but it was not available)	
Mild Moderate	Clinical signs of non-severe pneumonia AND SpO2>90% on room air Adults/adolescents: Clinical signs of severe pneumonia AND SpO2 <90% on room air; OR RR > 30 breaths/min Children: Clinical signs of severe pneumonia AND at least one of the following: central cyanosis; OR SpO2 < 90%; OR severe respiratory distress (e.g. fast breathing, grunting, very severe chest indrawing); OR general danger sign(s) (inability to breastfeed or drink, lethargy or unconsciousness, convulsions) ARDS; OR sepsis/septic shock; OR pulmonary embolism, acute	Did not receive oxygen Received oxygen (or told you they needed it, but it was not available) Received invasive ventilation	
Mild Moderate Severe	Clinical signs of non-severe pneumonia AND SpO2≥90% on room air Adults/adolescents: Clinical signs of severe pneumonia AND SpO2 <90% on room air; OR RR > 30 breaths/min Children: Clinical signs of severe pneumonia AND at least one of the following: central cyanosis; OR SpO2 < 90%; OR severe respiratory distress (e.g. fast breathing, grunting, very severe chest indrawing); OR general danger sign(s) (inability to breastfeed or drink, lethargy or unconsciousness, convulsions) ARDS; OR sepsis/septic shock; OR pulmonary embolism, acute coronary syndrome, acute stroke;	Did not receive oxygen Received oxygen (or told you they needed it, but it was not available) Received invasive ventilation (or max available respiratory	
Mild Moderate Severe	Clinical signs of non-severe pneumonia AND SpO2≥90% on room air Adults/adolescents: Clinical signs of severe pneumonia AND SpO2 <90% on room air; OR RR > 30 breaths/min Children: Clinical signs of severe pneumonia AND at least one of the following: central cyanosis; OR SpO2 < 90%; OR severe respiratory distress (e.g. fast breathing, grunting, very severe chest indrawing); OR general danger sign(s) (inability to breastfeed or drink, lethargy or unconsciousness, convulsions) ARDS; OR sepsis/septic shock; OR pulmonary embolism, acute coronary syndrome, acute stroke; OR Multi-Inflammatory Syndrome in Children and adolescents	Did not receive oxygen Received oxygen (or told you they needed it, but it was not available) Received invasive ventilation	
Mild Moderate Severe	Clinical signs of non-severe pneumonia AND SpO2≥90% on room air Adults/adolescents: Clinical signs of severe pneumonia AND SpO2 <90% on room air; OR RR > 30 breaths/min Children: Clinical signs of severe pneumonia AND at least one of the following: central cyanosis; OR SpO2 < 90%; OR severe respiratory distress (e.g. fast breathing, grunting, very severe chest indrawing); OR general danger sign(s) (inability to breastfeed or drink, lethargy or unconsciousness, convulsions) ARDS; OR sepsis/septic shock; OR pulmonary embolism, acute coronary syndrome, acute stroke;	Did not receive oxygen Received oxygen (or told you they needed it, but it was not available) Received invasive ventilation (or max available respiratory	
Mild Moderate Severe	Clinical signs of non-severe pneumonia AND SpO2≥90% on room air Adults/adolescents: Clinical signs of severe pneumonia AND SpO2 <90% on room air; OR RR > 30 breaths/min Children: Clinical signs of severe pneumonia AND at least one of the following: central cyanosis; OR SpO2 < 90%; OR severe respiratory distress (e.g. fast breathing, grunting, very severe chest indrawing); OR general danger sign(s) (inability to breastfeed or drink, lethargy or unconsciousness, convulsions) ARDS; OR sepsis/septic shock; OR pulmonary embolism, acute coronary syndrome, acute stroke; OR Multi-Inflammatory Syndrome in Children and adolescents	Did not receive oxygen Received oxygen (or told you they needed it, but it was not available) Received invasive ventilation (or max available respiratory	
Mild Moderate Severe	Clinical signs of non-severe pneumonia AND SpO2>90% on room air Adults/adolescents: Clinical signs of severe pneumonia AND SpO2 <90% on room air; OR RR > 30 breaths/min Children: Clinical signs of severe pneumonia AND at least one of the following: central cyanosis; OR SpO2 < 90%; OR severe respiratory distress (e.g. fast breathing, grunting, very severe chest indrawing); OR general danger sign(s) (inability to breastfeed or drink, lethargy or unconsciousness, convulsions) ARDS; OR sepsis/septic shock; OR pulmonary embolism, acute coronary syndrome, acute stroke; OR Multi-Inflammatory Syndrome in Children and adolescents temporally related to COVID-19	Did not receive oxygen Received oxygen (or told you they needed it, but it was not available) Received invasive ventilation (or max available respiratory	
Mild Moderate Severe Critical 1.5 Clinical man	Clinical signs of non-severe pneumonia AND SpO2>90% on room air Adults/adolescents: Clinical signs of severe pneumonia AND SpO2 <90% on room air; OR RR > 30 breaths/min Children: Clinical signs of severe pneumonia AND at least one of the following: central cyanosis; OR SpO2 < 90%; OR severe respiratory distress (e.g. fast breathing, grunting, very severe chest indrawing); OR general danger sign(s) (inability to breastfeed or drink, lethargy or unconsciousness, convulsions) ARDS; OR sepsis/septic shock; OR pulmonary embolism, acute coronary syndrome, acute stroke; OR Multi-Inflammatory Syndrome in Children and adolescents temporally related to COVID-19	Received oxygen (or told you they needed it, but it was not available) Received invasive ventilation (or max available respiratory support)	
Mild Moderate Severe Critical 1.5 Clinical mar Highest level of	Clinical signs of non-severe pneumonia AND SpO2>90% on room air Adults/adolescents: Clinical signs of severe pneumonia AND SpO2 <90% on room air; OR RR > 30 breaths/min Children: Clinical signs of severe pneumonia AND at least one of the following: central cyanosis; OR SpO2 < 90%; OR severe respiratory distress (e.g. fast breathing, grunting, very severe chest indrawing); OR general danger sign(s) (inability to breastfeed or drink, lethargy or unconsciousness, convulsions) ARDS; OR sepsis/septic shock; OR pulmonary embolism, acute coronary syndrome, acute stroke; OR Multi-Inflammatory Syndrome in Children and adolescents temporally related to COVID-19	Received oxygen (or told you they needed it, but it was not available) Received invasive ventilation (or max available respiratory support)	

1.5 Clinical management while unwell during the acute COVID-19 episode
Highest level of care received during the acute episode? □Admitted to the hospital □Self-care/Over-the-
counter □Treated at home/Telemedicine □Outpatient □Unknown;
If admitted to the hospital:
Date of hospital admission: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_];
Date of hospital discharge: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_];
Duration of hospital stay (total) during acute episode of COVID-19: II II days;
Was the participant admitted to Intensive Care Unit or lower dependency unit? □Yes □No □Unknown;
Did the participant receive oxygen therapy during the acute illness? □Yes □No □Unknown
If yes, did the participant receive invasive ventilation (a machine that breaths for you)? □Yes □No □Unknown
If yes, did the participant receive non-invasive ventilation (e.g. mask providing pressurized air and oxygen to help
you breathing)? □Yes □No □Unknown;
Treatment: Did the participant receive treatment for COVID-19 ? □Yes □No;
If yes, complete section below:
Antibiotic received? Yes No Unknown;
If yes, specify: ☐ Macrolides (e.g. Azithromycin, clarithromycin) ☐ Fluoroquinolones (e.g. ciprofloxacin,
levofloxacin □3rd and 4rd generation Cephalosporins (e.g. ceftriaxone, cefotaxime, ceftazidime, cefepime)
□Carbapenems (e.g imipenem, meropenem) □Piperacillin + Tazobactam □Amoxicillin-clavulanate
□ Cotrimoxazole □Other antibiotics;
Duration of antibiotics therapy (days): [_][_]
Antithrombotic/anticoagulation drugs received? Yes No Unknown;
If yes specify: □Unfractionated heparin □Low molecular weight heparin □Warfarin □ Direct oral anticoagulant
□Other; Dose: □Preventive dose □Therapeutic dose
Antiviral drugs received? □Yes □No □Unknown;
If yes, specify: □Lopinavir/Ritonavir □Darunavir +/- cobicistat □Remdesivir □Favipiravir □Acyclovir/Ganciclovir
□Oseltamivir □Other;



1.5 Clinical management while unwell during the acute COVID-19 episode continuation			
Blood-derived products received? □Yes □No □Unknown;			
If yes, specify: ☐IV immune globulin □Convalescent plasma □Other;			
Chloroquine/hydroxychloroquine received? □Yes □No □Unknown;			
If Yes, purpose: □malaria prop	phylaxis □COVID-19 prophylaxis; □COVID-19 treatment		
Experimental agents:			
Ivermectin received?	□Yes □No □Unknown		
Interferon received?	□Yes □No □Unknown		
Eculizumab received?	□Yes □No □Unknown		
Pytotherapy received?			
IL-1 Antagonists received?	□Yes □No □Unknown;		
If Yes, specify:	□Anakinra □Canakinumab; □Other IL-1 antagonist;		
IL-6 Antagonists received?			
	□Siltuximab □Sarilumab □Tocilizumab □Other IL-6 antagonist;		
Kinase Inhibitors received?	□Yes □No □Unknown;		
If Yes, specify:	□Acalabrutinib □Ibrutinib □Zanubrutinib □Baricitinib □Ruxolitinib □Tofacitinib		
	□Ruxolitinib; □Other Kinase inhibitors;		
Neutralizing monoclonal antibodies received? □Yes □No □Unknown; If Yes, specify:;			
Other agents:	□Yes □No □Unknown; If Yes, specify:;		
Steroids received? □Yes □No □Unknown;			
If yes specify: □Dexamethasone □Hydrocortisone □Prednisone □Methylprednisolone □Other			
Duration of steroid therapy (da	ays): [][] Dose: Route: □Oral □Intravenous □Inhaled		



Organization	Λ RTICIPANT ID 2 II		-		_
Module 2. Follow up interview					
This module is completed by □patient □caregive	er (in case of children)	□health care worker			
Date of follow up interview: [D][D]/[M][M]/[Y][Y][Y][Y]					
Country City: Facility name (if applies)					
,	, , , , , ,	,			
2.1 Hospital admission after the acute illness					
Was the participant admitted to the hospital for	or a possible complic	ation of COVID-19 after	er the ac	ute illne	ess?
□Yes □No □Unknown; If yes, date of (re)admis	sion [_D_][_D_]/[_M_] <u>_</u> M_]/_Y_]_Y_]_Y_	[_Y_] and	d please	
specify type of complication in section 3.5					
2.2 Reinfection					
Did the participant experience a second episode			□Unknow	/n	
If yes, date of second positive PCR: <code>_D_]_D</code>	_]/[_M_][_M_]/[_Y_][_`	Y_]_Y_]_Y_]			
What is the highest level of care received during			pital □Se	lf-care/C	Over-
the-counter □Outpatient/Telemedicine □Comm	unity facility □Unknow	/n			
2.3 Vaccination status for Covid-19					
Did the patient receive a Covid-19 vaccine? □Y	es □No □Unknown				
If yes, number of doses received: □1 □2 □Unkı	nown				
Product name of COVID-19 vaccine dose 1:					
□ Moderna □ Pfizer-BioNTech □ AstraZeneca □ √		Other □Unknown;			
Date of vaccine dose 1: [D][D]/[M][M]/[Y][Y][Y][Y]				
Product name of COVID-19 vaccine dose 2:	I	O41 1 11			
□ Moderna □ Pfizer-BioNTech □ AstraZeneca □ Janssen □ Novavax □ Other □ Unknown;					
Date of vaccine dose 2: [D][D]/[M][M]/[Y][Source of information: □Documented Evidence (\)		Passport/Eacility based a	rocord/oth	or). □Da	ocall
	Accine card/vaccine r	assport/Facility baseu i	record/our	er), ⊔re	Juli
2.4 Occupational status	lan an anh an line an an		:11	COVID	100
Is there a change in the duration (hours) of work ☐ Yes ☐ No ☐ Unknown;	ing or schooling as cor	npared to before acute	iliness of	COVID	-19?
If yes, specify: □Working/schooling time increa	acad □Warking/cahaa	ling time decreased □9	Stannady	vorkina	or
schooling since COVID-19 Unknown;	ased = vvoiking/scribo	iing time decreased to	Stopped v	voiking	Oi
If less or not working or schooling, what is the	ne reason? □Poor hea	lth □New caring respo	nsibility [ີWork ດ	r
school less or not available due to COVID-19 re					•
2.5 Functioning (do not need complete this see					
Ability to self-care: □Same as before COVID-					
Think back over the past 7 days.		Score:	Compa	red to be	efore
How much difficulty has the participant had	with the following:	0 No Difficulty	COVID-	19, are y	ou/
	· ·	1 Mild Difficulty	better/w	orse/sa	me?
		2 Moderate Difficulty 3 Severe Difficulty	70	(I)	Φ
		4 Extreme Difficulty or	Better	Worse	Same
		Cannot do	Δ.	>	Ø
Standing for long periods such as 30 minutes?					
Taking care of your household responsibilities?					
Learning a new task, e.g. learning how to get to	•				
Joining in community activities (e.g. festivities, r					
Being emotionally affected by your health proble					
Concentrating on doing something for ten minut					
Walking a long distance such as a kilometre (or	equivalent)?				
Washing your whole body?					
Getting dressed?					
Dealing with people you do not know? Maintaining a friendship?					
Maintaining a friendship? Your day-to-day work/school?					
TOTAL score					
IO IAL SCOIC					

If other scales were used: Name of the scale: ______Score_[_][_]/[_]

² **Participant ID**: obtain the 4-digit **site code** by contacting COVID_ClinPlatform@who.int. Enter a 5-digit **patient number** (e.g. 00001, 00002, etc) and record the information in a logbook



2.6 Incidence of symptoms after acute illness of COVID-19
Did the participant experience any of the following symptoms after the acute illness of COVID-19/ since hospital
discharge for COVID-19, that were not experienced before the acute episode of COVID-19? □Yes □No □Unknown;
If yes, please respond to questions below:
Anxiety: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Behaviour change : □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Can't move and/or feel one side of body or face: □Yes, but not present anymore □Yes, still present □Yes,
intermittent \(\text{No} \) \(\text{Unknown};
Chest pain: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Constipation: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Depressed mood: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Diarrhoea: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Dysmenorrhea ☐Yes, but not present anymore ☐Yes, still present ☐Yes, intermittent ☐No ☐Unknown;
Dizziness/light headedness: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Fainting/blackouts: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Fever: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Forgetfulness: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Jerking of limbs: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Joint pain/swelling: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Loss of appetite: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Loss of interest/pleasure: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Lumpy lesions: (purple/pink/bluish) on toes/COVID toes: □Yes, but not present anymore □Yes, still present
□Yes, intermittent □No □Unknown;
Nausea/vomiting: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Numbness or tingling: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Pain on breathing: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Palpitations: ☐Yes, but not present anymore ☐Yes, still present ☐Yes, intermittent ☐No ☐Unknown;
Persistent dry cough: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Persistent fatigue: ☐Yes, but not present anymore ☐Yes, still present ☐Yes, intermittent ☐No ☐Unknown;
Problems hearing: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Persistent headache: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Persistent muscle pain: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Post-exertional malaise: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Problems passing urine: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Problems seeing: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Problem swallowing: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Problems with balance: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Problems with gait/falls: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Reduced smell: \(\text{Yes}, \) but not present anymore \(\text{Yes}, \) still present \(\text{Yes}, \) intermittent \(\text{No} \) Unknown;
Reduced taste: Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
Ringing in ears: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Seizures: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Shortness of breath: □Yes, but not present anymore □Yes, still present;
If yes: □Present □ At rest □With activity; □Yes, intermittent □No □Unknown;
Skin rash: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
If yes, please tick all areas of the body that apply: □Face □Trunk (stomach or back) □Arms □Legs □Buttocks
□Toes □Fingers;
Slowness of movement: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Sleeping less: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Sleeping more: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Stiffness of muscles: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Stomach pain: □Yes, but not present anymore □Yes still present □Yes, intermittent □No □Unknown;
Swollen ankles: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Tremors: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Trouble in concentrating: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Weakness in limbs: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Weight loss: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
The following questions should not be completed for children <15yrs:
Erectile dysfunction: □Yes, but not present anymore □Yes, still present □Yes, intermittent □No □Unknown;
Hallucinations (seeing or hearing things others don't see or hear): Tes, but not present anymore
Seeing of hearing tillings others don't see of hear). □ res, but not present anymore □ ∨es_still present □ Yes_intermittent □ No □ Unknown



unknown if related to COVID-19;

unknown if related to COVID-19

X-ray Chest: □Done □Not done □Unknown;

	Module 3, page 1
World Health Organization	PARTICIPANT ID ³ II II II II II - II II II
Module 3: Clinical examinations, laborat	ory tests and diagnosis during follow up visit
his module should be completed by a hea	Ith worker to report on examinations/tests undertaken during the current
ollow up visit. Date of follow up visit: [_D	
Country City:	Facility name (if applies)
0.4.N	
3.1 Neurological examination Was a neurological examination performe	d2 DVoo DNo D Inknown:
If yes, findings were: □Normal □Abnorma	
If abnormal, select below the abnormalities	
Aphasia : □Yes □No □Unknown;	в тис арру.
Ataxia: □Yes □No □Unknown;	
	abnormal mental status: □Yes □No □Unknown;
Dysarthria : □Yes □No □Unknown;	
Dystonia : □Yes □No □Unknown;	
Facial weakness: □Yes □No □Unknown	,
Hearing loss: □Yes □No □Unknown;	
Hemiparesis: □Yes □No □Unknown;	
Neuralgia: OYes ONo OUnknown;	
Paraparesis: □Yes □No □Unknown; Sensory Loss: □Yes □No □Unknown;	
Tremor or abnormal movements: Yes	□No □I Inknown:
Vision loss (including ocular, field cut): □	· ·
There is the control of the control	. To E. To E. M. Indiana
3.2 Radiographic examinations	
Did the participant perform any radiograph If yes , please specify type of exam and re	
CT Scan Brain: □Done □Not done □Unk If done: □Normal □Abnormal, likely unrelated to COVID-19;	nown; ated to COVID-19 □ Abnormal, likely related to COVID-19 □Abnormal,
CT Scan Chest: □Done □Not done □Unk If done: □Normal □Abnormal, likely unrelaunknown if related to COVID-19;	known; ated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, but
Echocardiogram: □Done □Not done □U If done: □Normal □Abnormal, likely unrelaunknown if related to COVID-19;	nknown; ated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, but
Lung ultrasound: □Done □Not done □U If done: □Normal □Abnormal, likely unrelaunknown if related to COVID-19;	nknown; ated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, but
MRI Brain: □Done □Not done □Unknown If done: □Normal □Abnormal, likely unrelaunknown if related to COVID-19;	n; ated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, but
MRI Spine: □Done □Not done □Unknown	1;

If done: □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, but

If done: □Normal □Abnormal, likely unrelated to COVID-19 □Abnormal, likely related to COVID-19 □Abnormal, but

³ Participant ID: obtain the 4-digit site code by contacting COVID_ClinPlatform@who.int. Enter a 5-digit patient number (e.g. 00001, 00002, etc) and record the information in a logbook



3.3 Blood tests		
Was a blood test done? □Yes □No □Unknown;		
If yes, specify type of test, date, and results from list b		
Albumin: Done Not done	Value:	□g/L □g/dL
ALT/SGPT: Done Not done	Value:	□IU/L
Antithyroglobulin: Done Not done	Value:	□IU/ml
AST/SGOT: Done Not done	Value:	□IU/L
Creatine Kinase MM: Done Not done	Value:	□IU/L □UKAT/L
Creatinine: Done Not done	Value:	□mg/dL □μmol/L
C-reactive protein (CRP): □Done □Not done D-Dimer: □Done □Not done	Value:	□mg/L
	Value: Value:	□ng/mL □μg/L
Fasting Blood Glucose: □Done □Not done Ferritin: □Done □Not done	Value:	□mg/dL □ng/mL □µg/L
Fibrinogen:	Value:	□g/L □mg/dL
Globular Filtration Rate:	Value:	□g/L □mg/dL □ml/min
LDH: Done Not done	Value:	□IU/L
Lymphocytes:	Value:	□cells/µL □cells/mm³
Thyroid peroxidase antibodies: Done Not done	Value:	
Troponin:	Value:	□ng/mL □μg/L
TSH: Done Not done	Value:	□mU/L
Urea (BUN): □Done □Not done	Value:	□g/L □mg/dL □mmol/L
Coronavirus antibodies IgA: Done Not done	Value:	□Pos □Neg
Coronavirus antibodies IgG: □Done □Not done	Value:	□Pos □Neg
Coronavirus antibodies IgM: □Done □Not done	Value:	□Pos □Neg
3.4 Clinical Tests and Scales		
Was a neurological test done? □Yes □No □Unknov	ın:	
True a modification action and activities	VII,	
If yes, specify type of test and results from list below:	VII,	
		nown;
If yes, specify type of test and results from list below:		nown;
If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][]; Cerebral Spinal Fluid examination: □Done □Not do	□Done □Not done □Unkr	·
If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][]; Cerebral Spinal Fluid examination: □Done □Not do If done: □Normal □Abnormal, likely unrelated to COV	□Done □Not done □Unkr ne □Unknown; ID-19 □Abnormal, likely re	·
If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][]; Cerebral Spinal Fluid examination: □Done □Not do If done: □Normal □Abnormal, likely unrelated to COV □Abnormal, unknown if related to COVID-19 □Unknown	□Done □Not done □Unkr ne □Unknown; ïID-19 □Abnormal, likely re wn;	·
If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][]; Cerebral Spinal Fluid examination: □Done □Not do If done: □Normal □Abnormal, likely unrelated to COV □Abnormal, unknown if related to COVID-19 □Unknown Electroencephalogram: □Done □Not done □Unknown	□Done □Not done □Unkr ne □Unknown; 'ID-19 □Abnormal, likely re vn; vn;	elated to COVID-19
If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][]; Cerebral Spinal Fluid examination: □Done □Not do If done: □Normal □Abnormal, likely unrelated to COV □Abnormal, unknown if related to COVID-19 □Unknown Electroencephalogram: □Done □Not done □Unknown If done: □Normal □Abnormal, likely unrelated to COV	□Done □Not done □Unkr ne □Unknown; ID-19 □Abnormal, likely re wn; vn; ID-19 □Abnormal, likely re	elated to COVID-19
If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][]; Cerebral Spinal Fluid examination: □Done □Not do If done: □Normal □Abnormal, likely unrelated to COV □Abnormal, unknown if related to COVID-19 □Unknow Electroencephalogram: □Done □Not done □Unknow If done: □Normal □Abnormal, likely unrelated to COV □Abnormal, unknown if related to COVID-19 □Unknow	□Done □Not done □Unkr ne □Unknown; ID-19 □Abnormal, likely re wn; vn; ID-19 □Abnormal, likely re	elated to COVID-19
If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][]; Cerebral Spinal Fluid examination: □Done □Not do If done: □Normal □Abnormal, likely unrelated to COV □Abnormal, unknown if related to COVID-19 □Unknow Electroencephalogram: □Done □Not done □Unknow If done: □Normal □Abnormal, likely unrelated to COV □Abnormal, unknown if related to COVID-19 □Unknow Electromyogram: □Done □Not done □Unknown;	□Done □Not done □Unkr ne □Unknown; ID-19 □Abnormal, likely re wn; vn; ID-19 □Abnormal, likely re wn;	elated to COVID-19
If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][]; Cerebral Spinal Fluid examination: Done Not do If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow If done: Normal Done Not done Unknown; If done: Normal Abnormal, likely unrelated to COV	□ □Done □Not done □Unkrone □Unknown; ID-19 □Abnormal, likely rewn; ID-19 □Abnormal, likely rewn; ID-19 □Abnormal, likely rewn;	elated to COVID-19
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If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][]; Cerebral Spinal Fluid examination: Done Not do If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow Electroencephalogram: Done Not done Unknow If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow Electromyogram: Done Not done Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow Hearing test: Done Not done Unknown;	□ □Done □Not done □Unkrone □Unknown; □D-19 □Abnormal, likely rewn; □D-19 □Abnormal, likely rewn; □D-19 □Abnormal, likely rewn; □D-19 □Abnormal, likely rewn;	elated to COVID-19 elated to COVID-19 elated to COVID-19
If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][][]; Cerebral Spinal Fluid examination: Done Not do If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow If done: Normal Done Not done Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow Hearing test: Done Not done Unknown; If done: Normal Abnormal, likely unrelated to COV	□ □Done □Not done □Unkrone □Unknown; □D-19 □Abnormal, likely rewn; □D-19 □Abnormal, likely rewn; □D-19 □Abnormal, likely rewn; □D-19 □Abnormal, likely rewn;	elated to COVID-19 elated to COVID-19 elated to COVID-19
If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][]; Cerebral Spinal Fluid examination: Done Not do If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow Electroencephalogram: Done Not done Unknow If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow Electromyogram: Done Not done Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow Hearing test: Done Not done Unknown;	□ □Done □Not done □Unkrone □Unknown; □D-19 □Abnormal, likely rewn; □D-19 □Abnormal, likely rewn; □D-19 □Abnormal, likely rewn; □D-19 □Abnormal, likely rewn;	elated to COVID-19 elated to COVID-19 elated to COVID-19
If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][][]; Cerebral Spinal Fluid examination: Done Not do If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow If done: Normal Done Not done Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow Hearing test: Done Not done Unknown; If done: Normal Abnormal, likely unrelated to COV	□ □Done □Not done □Unkrone □Unknown; □D-19 □Abnormal, likely rewr; □D-19 □Abnormal, likely rewr; □D-19 □Abnormal, likely rewr; □D-19 □Abnormal, likely rewr;	elated to COVID-19 elated to COVID-19 elated to COVID-19
If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][]; Cerebral Spinal Fluid examination: Done Not do If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow Hearing test: Done Not done Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow	□ □Done □Not done □Unkrone □Unknown; □D-19 □Abnormal, likely rewr; □D-19 □Abnormal, likely rewr; □D-19 □Abnormal, likely rewr; □D-19 □Abnormal, likely rewr;	elated to COVID-19 elated to COVID-19 elated to COVID-19
If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][]; Cerebral Spinal Fluid examination: Done Not do If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow Hearing test: Done Not done Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow Mini-Mental State Examination (MMSE): Done N If done: score 0-30 [][];	□ □Done □Not done □Unkrone □Unknown; ID-19 □Abnormal, likely rewn;	elated to COVID-19 elated to COVID-19 elated to COVID-19
If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][]; Cerebral Spinal Fluid examination: Done Not do If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow Hearing test: Done Not done Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknow Mini-Mental State Examination (MMSE): Done N	□ □Done □Not done □Unkrone □Unknown; ID-19 □Abnormal, likely rewn;	elated to COVID-19 elated to COVID-19 elated to COVID-19
If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][][]; Cerebral Spinal Fluid examination: Done Not do If done: Normal Abnormal, likely unrelated to COVDAbnormal, unknown if related to COVID-19 Dunknow Electroencephalogram: Done Not done Dunknow If done: Normal Abnormal, likely unrelated to COVDAbnormal, unknown if related to COVID-19 Dunknow Electromyogram: Done Not done Dunknown; If done: Normal Abnormal, likely unrelated to COVDAbnormal, unknown if related to COVID-19 Dunknow Hearing test: Done Not done Dunknown; If done: Normal Abnormal, likely unrelated to COVDAbnormal, unknown if related to COVID-19 Dunknow Mini-Mental State Examination (MMSE): Done Not done: Score 0-30 [][]; Montreal Cognitive Assessment (MoCA): Done III done: Score 0-30 [][];	Done Not done Unknown; D-19 Abnormal, likely rewn; Unknown;	elated to COVID-19 elated to COVID-19 elated to COVID-19
If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][]; Cerebral Spinal Fluid examination: Done Not do If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown If done: Score 0-30 [][]; Montreal Cognitive Assessment (MoCA): Done If done: score 0-30 [][]; Nerve Conduction Studies: Done Not done Unknown Unknown Interest	Done Not done Unkrome Unknown; ID-19 Abnormal, likely rewn;	elated to COVID-19 elated to COVID-19 elated to COVID-19 elated to COVID-19
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If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][]; Cerebral Spinal Fluid examination: Done Not do If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown If done: Score 0-30 [][]; Montreal Cognitive Assessment (MoCA): Done If done: Score 0-30 [][]; Nerve Conduction Studies: Done Not done Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal Abnorm	Done Not done Unkrome Unknown; ID-19 Abnormal, likely rewn; ID-19 IM-19 IKELY ID-19 IKELY I	elated to COVID-19 elated to COVID-19 elated to COVID-19 elated to COVID-19
If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][]; Cerebral Spinal Fluid examination: Done Not do If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown; If done: Score 0-30 [][]; Montreal Cognitive Assessment (MoCA): Done III done: Score 0-30 [][]; Nerve Conduction Studies: Done Not done Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown;	Done Not done Unkrome Unkrown; ID-19 Abnormal, likely rewn; ID-19 IKELY IN	elated to COVID-19 elated to COVID-19 elated to COVID-19 elated to COVID-19
If yes, specify type of test and results from list below: Addenbrooke's Cognitive Examination-III (ACE-III): If done, score 0-100 [][][]; Cerebral Spinal Fluid examination: Done Not do If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown If done: Score 0-30 [][]; Montreal Cognitive Assessment (MoCA): Done If done: Score 0-30 [][]; Nerve Conduction Studies: Done Not done Unknown; If done: Normal Abnormal, likely unrelated to COV Abnormal, unknown if related to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal, likely unrelated to COVID-19 Unknown; If done: Normal Abnormal Abnorm	Done Not done Unkrome Unkrown; ID-19 Abnormal, likely rewn; ID-19 ID-19 IKELY rewn; ID-19 IKELY rewn; IKELY rew	elated to COVID-19 elated to COVID-19 elated to COVID-19 elated to COVID-19



3.4 Clinical Tests and Scales continuation
Was a cardiovascular test done? □Yes □No □Unknown;
If yes, specify type of test and results from list below:
Electrocardiogram: □Done □Not done □Unknown;
If done: □Normal □Abnormal;
6-Minute Walking Distance: □Done □Not done; If done: [][][] metres;
Pulse rate at rest: [][] beats/minute □ Unknown;
Other tests performed: □Done □Not done □Unknown; If done: Name of the test Results: □Normal □Abnormal □Unknown
Was a pulmonary test done? □Yes □No □Unknown;
If yes, specify type of test and results from list below:
Diffusing Capacity for Carbon Monoxide (DCLO) test: □Done □Not done; If done, [][][] %;
Is the patient receiving supplemental oxygen? □Yes □No □Unknown;
MRC dyspnoea scale: □Score 1 □Score 2 □Score 3 □Score 4 □Score 5 □Unknown;
Pulmonary Function Test: □Done □Not done □Unknown; If done: results □Normal □Abnormal; If abnormal: FVC mL, FEV1mL;
Respiratory rate: [][][] breaths/minute; SPO₂: [][] % □Unknown;
Other tests performed: □Done □Not done □Unknown;
If done: Name of the test Results: □Normal □Abnormal
Was a gastrointestinal test done? □Yes □No □Unknown;
If yes, specify type of test and results below:
Dysphagia Severity Scale: □Done □Not done □Unknown;
If done: □Score 1 □Score 2 □Score 3 □Score 4 □Score 5 □Score 6 □Score 7 □Unknown;
Other tests performed: Done Not done Unknown;
If done: Name of the test Results: □Normal □Abnormal
Was a musculoskeletal test done? □Yes □No □Unknown;
If yes, specify type of test and results from list below:
If yes, specify type of test and results from list below: Hand grip strength: □Done □Not done □Unknown; If done: [][][] Newton OR [][][] /Kg;
If yes, specify type of test and results from list below: Hand grip strength: □Done □Not done □Unknown;
If yes, specify type of test and results from list below: Hand grip strength: □Done □Not done □Unknown; If done: [][][] Newton OR [][][] /Kg; MRC Sum Score: □Done □Not done □Unknown; If done: score between 0-60 [][]; Timed up and go: □Done □Not done □Unknown;
If yes, specify type of test and results from list below: Hand grip strength: □Done □Not done □Unknown; If done: [][][] Newton OR [][][] /Kg; MRC Sum Score: □Done □Not done □Unknown; If done: score between 0-60 [][];
If yes, specify type of test and results from list below: Hand grip strength: Done Not done Unknown; If done: [][][] Newton OR [][][] /Kg; MRC Sum Score: Done Not done Unknown; If done: score between 0-60 [][]; Timed up and go: Done Not done Unknown; If done: time taken [][] seconds; Other tests performed: Done Not done Unknown;
If yes, specify type of test and results from list below: Hand grip strength: Done Not done Unknown; If done: [][][] Newton OR [][][] /Kg; MRC Sum Score: Done Not done Unknown; If done: score between 0-60 [][]; Timed up and go: Done Not done Unknown; If done: time taken [][] seconds;
If yes, specify type of test and results from list below: Hand grip strength: Done Not done Unknown; If done: [][][] Newton OR [][][] /Kg; MRC Sum Score: Done Not done Unknown; If done: score between 0-60 [][]; Timed up and go: Done Not done Unknown; If done: time taken [][] seconds; Other tests performed: Done Not done Unknown;
If yes, specify type of test and results from list below: Hand grip strength: Done Not done Unknown; If done: [][][] Newton OR [][][]/Kg; MRC Sum Score: Done Not done Unknown; If done: score between 0-60 [][]; Timed up and go: Done Not done Unknown; If done: time taken [][] seconds; Other tests performed: Done Not done Unknown; If done: Name of the test Results: Normal Abnormal Was any test done for fatigue/pain/activities of daily living? Yes No Unknown; If yes, specify type of test and results from list below:
If yes, specify type of test and results from list below: Hand grip strength: Done Not done Unknown; If done: [][][] Newton OR [][][] /Kg; MRC Sum Score: Done Not done Unknown; If done: score between 0-60 [][]; Timed up and go: Done Not done Unknown; If done: time taken [][] seconds; Other tests performed: Done Not done Unknown; If done: Name of the test Results: Normal Abnormal Was any test done for fatigue/pain/activities of daily living? Yes No Unknown;
If yes, specify type of test and results from list below: Hand grip strength: Done Not done Unknown; If done: [][][] Newton OR [][][] /Kg; MRC Sum Score: Done Not done Unknown; If done: score between 0-60 [][]; Timed up and go: Done Not done Unknown; If done: time taken [][] seconds; Other tests performed: Done Not done Unknown; If done: Name of the test Results: Normal Abnormal Was any test done for fatigue/pain/activities of daily living? Yes No Unknown; If yes, specify type of test and results from list below: Barthel Index Score: Done Not done Unknown; If done: score between 0-100 [][][]; EQ5D-5L: Done Not done Unknown;
If yes, specify type of test and results from list below: Hand grip strength: Done Not done Unknown; If done: [][][] Newton OR [][][] /Kg; MRC Sum Score: Done Not done Unknown; If done: score between 0-60 [][]; Timed up and go: Done Not done Unknown; If done: time taken [][] seconds; Other tests performed: Done Not done Unknown; If done: Name of the test Results: Normal Abnormal Was any test done for fatigue/pain/activities of daily living? Yes No Unknown; If yes, specify type of test and results from list below: Barthel Index Score: Done Not done Unknown; If done: score between 0-100 [][][];
If yes, specify type of test and results from list below: Hand grip strength: Done Not done Unknown; If done: [][][] Newton OR [][][] /Kg; MRC Sum Score: Done Not done Unknown; If done: score between 0-60 [][]; Timed up and go: Done Not done Unknown; If done: time taken [][] seconds; Other tests performed: Done Not done Unknown; If done: Name of the test Results: Normal Abnormal Was any test done for fatigue/pain/activities of daily living? Yes No Unknown; If yes, specify type of test and results from list below: Barthel Index Score: Done Not done Unknown; If done: score between 0-100 [][][]; EQ5D-5L: Done Not done Unknown;
If yes, specify type of test and results from list below: Hand grip strength: Done Not done Unknown; If done: [][][] Newton OR [][][]/Kg; MRC Sum Score: Done Not done Unknown; If done: score between 0-60 [][]; Timed up and go: Done Not done Unknown; If done: time taken [][] seconds; Other tests performed: Done Not done Unknown; If done: Name of the test Results: Normal Abnormal Was any test done for fatigue/pain/activities of daily living? Yes No Unknown; If yes, specify type of test and results from list below: Barthel Index Score: Done Not done Unknown; If done: score between 0-100 [][][]; EQ5D-5L: Done Not done Unknown; If done: score between 11111-55555 [][][][][][]; Fatigue Numerical Rating Scale: Done Not done Unknown;
If yes, specify type of test and results from list below: Hand grip strength: Done Not done Unknown; If done: [][][] Newton OR [][][] /Kg; MRC Sum Score: Done Not done Unknown; If done: score between 0-60 [][]; Timed up and go: Done Not done Unknown; If done: time taken [][] seconds; Other tests performed: Done Not done Unknown; If done: Name of the test Results: Normal Abnormal Was any test done for fatigue/pain/activities of daily living? Yes No Unknown; If yes, specify type of test and results from list below: Barthel Index Score: Done Not done Unknown; If done: score between 0-100 [][][]; EQ5D-5L: Done Not done Unknown; If done: score between 11111-55555 [][][][][][][; Fatigue Numerical Rating Scale: Done Not done Unknown; If done: score between 0-10 [][]; Fatigue Severity Scale: Done Not done Unknown; If done: score between 1-7 [][];
If yes, specify type of test and results from list below: Hand grip strength: Done Not done Unknown; If done: [][][] Newton OR [][][] /Kg; MRC Sum Score: Done Not done Unknown; If done: score between 0-60 [][]; Timed up and go: Done Not done Unknown; If done: time taken [][] seconds; Other tests performed: Done Not done Unknown; If done: Name of the test Results: Normal Abnormal Was any test done for fatigue/pain/activities of daily living? Yes No Unknown; If yes, specify type of test and results from list below: Barthel Index Score: Done Not done Unknown; If done: score between 0-100 [][][]; EQ5D-5L: Done Not done Unknown; If done: score between 11111-55555 [][][][][][]; Fatigue Numerical Rating Scale: Done Not done Unknown; If done: score between 0-10 [][]; Fatigue Severity Scale: Done Not done Unknown; If done: score between 1-7 [][];



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3.4 Clinical Tests and Scales continuation			
Was a mental health test done? □Yes □No □Unknown;			
If yes, specify type of test and results below:			
Hospital Anxiety and Depression Scale: □Done □Not done □Unknown;			
If done: score between 0-21 [][];			
Impact of Event Scale-Revised: □Done □Not done □Unknown;			
If done: score between 0-88 [][];	ot dono - Onknown,		
	'		
•	sion (PHQ-9 for depression): □Done □Not done □Unknown;		
If done: score between 0-27 [][];			
PTSD Checklist-5: □Done □Not done □Unkı	nown;		
If done: score between 0-80 [][];			
Other tests performed: Done Not done	Unknown.		
If done: Name of the test			
ii delici ivaine er tile teet	Nodito: =Normal = Normal		
Other test performed: □Done □Not done □l	Jnknown;		
If done: Name of the test	Results: Normal Abnormal		
3.5 New diagnosis of illness or complication			
	y illness or complication related to COVID-19 during this visit?		
	es, please specify diagnosis from the list below:		
Acute heart failure:	□Yes □No □Unknown;		
Atrial arrhythmia:	□Yes □No □Unknown;		
Arterial thrombosis:	□Yes □No □Unknown;		
Chronic heart failure:	□Yes □No □Unknown;		
Coronary aneurysms:	□Yes □No □Unknown;		
Deep vein thrombosis:	□Yes □No □Unknown;		
Deterioration of prior chronic heart failure	·		
Ischemic cardiomyopathy:	□Yes □No □Unknown;		
Left ventricular diastolic dysfunction:	□Yes □No □Unknown;		
Myocarditis:	□Yes □No □Unknown;		
Pericarditis:	□Yes □No □Unknown		
Right ventricular dysfunction:	□Yes □No □Unknown;		
Ventricular arrhythmia:	□Yes □No □Unknown		
Other cardiovascular:	□Yes □No □Unknown; if Yes, specify		
	es, please specify diagnosis from the list below:		
COVID toes (lumpy lesions on toes):	□Yes □No □Unknown;		
Skin rash:	□Yes □No □Unknown;		
Other dermatological:	□Yes □No □Unknown; if Yes, specify		
Endocrine: Yes No Unknown; If yes, place The second of the secon			
Hypothyroidism:	□Yes □No □Unknown;		
Low insulin sensitivity:	□Yes □No □Unknown;		
Thyroiditis:	□Yes □No □Unknown;		
Other endocrine:	□Yes □No □Unknown; if Yes, specify		
	yes, please specify diagnosis from the list below:		
Deterioration of prior chronic liver failure:			
Dysphagia:	□Yes □No □Unknown;		
Gastrointestinal haemorrhage:	□Yes □No □Unknown;		
Post-infectious Irritable Bowel Syndrome:			
Other gastrointestinal:	□Yes □No □Unknown; if Yes, specify		
Generic: See See See See See See See See See Se			
Exertional fatigue:	Se specify diagnosis from the list below. □Yes □No □Unknown;		
Post viral fatigue syndrome:	□Yes □No □Unknown;		
	·		
Other generic:	□Yes □No □Unknown; if Yes, specify		



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3.5 New diagnosis of illness or complication	
	es, please specify diagnosis from the list below:
Arthralgia:	□Yes □No □Unknown;
Arthritis:	□Yes □No □Unknown;
ICU acquired weakness:	□Yes □No □Unknown;
Myalgia:	□Yes □No □Unknown;
Myositis:	□Yes □No □Unknown;
Muscle atrophy:	□Yes □No □Unknown;
Muscle weakness:	•
	□Yes □No □Unknown;
Osteopenia:	□Yes □No □Unknown;
Osteoporosis:	□Yes □No □Unknown;
Secondary sarcopenia:	□Yes □No □Unknown;
Other musculoskeletal:	□Yes □No □Unknown; if Yes, specify
Mental health: □Yes □No □Unknown; If yes,	
Anxiety:	□Yes □No □Únknown;
Depression:	□Yes □No □Unknown;
Post-traumatic Stress Disorder:	□Yes □No □Unknown;
Psychosis:	□Yes □No □Unknown;
Sleep disorder:	□Yes □No □Unknown;
Other mental:	□Yes □No □Unknown; if Yes, specify
Neurological: □Yes □No □Unknown; If yes,	please specify diagnosis from the list below:
Demyelinating or other inflammatory white	matter brain lesions: □Yes □No □Unknown;
Dementia/other neurocognitive disorder:	□Yes □No □Unknown;
Dysautonomia:	□Yes □No □Unknown;
Encephalitis:	□Yes □No □Unknown;
Headache:	□Yes □No □Unknown;
Hearing impairment:	□Yes □No □Unknown;
Hemorrhagic Stroke:	□Yes □No □Unknown;
Hypoxic ischemic brain injury:	□Yes □No □Unknown;
Intracerebral haemorrhage:	□Yes □No □Unknown;
Intraventricular haemorrhage:	□Yes □No □Unknown;
Ischemic Stroke:	□Yes □No □Unknown;
Meningitis:	□Yes □No □Unknown;
Movement Disorder:	□Yes □No □Unknown;
Motor Neuron Disease:	□Yes □No □Unknown;
Myelopathy/Spinal Cord Disease:	□Yes □No □Unknown;
Myopathy:	□Yes □No □Unknown;
Neuromuscular Disorders:	□Yes □No □Unknown;
Neuromuscular junction disorder:	□Yes □No □Unknown;
Non-traumatic subarachnoid haemorrhage	
Polyneuropathy:	□Yes □No □Unknown;
Polyradiculoneuropathy (GBS):	□Yes □No □Unknown;
Psychiatric disorder:	□Yes □No □Unknown;
Plexopathy:	□Yes □No □Unknown;
Radiculopathy:	□Yes □No □Unknow;
Seizures/Epilepsy:	□Yes □No □Unknown;
Toxic/Metabolic Encephalopathy:	□Yes □No □Unknown;
Vision impairment:	□Yes □No □Unknown;
Other neurological:	□Yes □No □Unknown; if Yes, specify
Pulmonary: □Yes □No □Unknown; If yes, pl	
Bronchiectasis:	□Yes □No □Unknown;
Cystic changes:	□Yes □No □Unknown;
Deterioration of prior chronic pulmonary d	
Lung fibrosis:	□Yes □No □Unknown;
Lung hypoperfusion:	□Yes □No □Unknown;
Mixed restrictive and obstructive pulmonal	
Obstructive pulmonary disease:	□Yes □No □Unknown;
Pleural lesions:	□Yes □No □Unknown;
Pulmonary arterial hypertension:	□Yes □No □Unknown;
Pulmonary embolism:	□Yes □No □Unknown;
Restrictive pulmonary disease:	□Yes □No □Unknown;
Other pulmonary:	□Yes □No □Unknown; if Yes, specify
Renal: Yes No Unknown; If yes, please	
Chronic renal failure:	□Yes □No □Unknown;
Deterioration of prior chronic renal failure:	
Other renal:	□Yes □No □Unknown: if Yes_specify