CASE RECORD FORM INSTRUCTIONS

SEVERE ACUTE RESPIRATORY INFECTION CLINICAL CHARACTERISATION DATA TOOLS

DESIGN OF THIS CASE RECORD FORM (CRF)

This CRF is divided into 4 main forms:

1. **SSIC** or SPRINT-SARI Inclusion Criteria;
2. **RAPID** form with basic admission and outcome data;
3. **CORE** form with more detailed presentation and
4. **DAILY** form for daily laboratory and clinical data.

Additional set of "**SUPPLEMENTARY**" forms are available for overflow data and other investigations. These forms should be used in one of the defined combinations below according to the site's resource availability and scientific interests.

#	Forms	TIER 0	TIER 1	TIER 2	TIER 3
1	**SSIC**	✓	✓	✓	✓
2	**RAPID**	✓	-	-	
3	**CORE**		✓	✓	✓
4	**DAILY**	-	Day **1** of **ICU** admission Day **1** of **hospital** admission	Day **1** and **2** of **ICU** admission Day **1** and **2** of **hospital** admission	Optional
SUPPLEMENTARY		-	-	-	✓

HOW TO USE THIS CRF

Each site may choose the amount of data to collect based on available resources and the number of patients enrolled to date. Ideally, data on patients presenting early in an outbreak will be collected using the Tier 2 schedule of forms outlined below. The decision is up to the site Investigators and may be changed throughout the data collection period. All high quality data is valuable for analysis.

Tier 0 – Complete the RAPID CRF only – For low resource sites or, during an epidemic, sites that have already enrolled large numbers of patients on the Tier 1/2 schedule.

Tier 1 – Complete the CORE CRF + complete the DAILY CRF on the first day of hospital admission and the first day of ICU admission (possibly same day) **–** For sites that do not have the resources to collect the level of daily data in Tier 2.

Tier 2 - **Complete the CORE CRF + complete the DAILY CRF on the first 2 days of hospital admission and the first 2 days of all ICU admissions.** For sites taking biological samples for research purposes: complete a DAILY CRF on each day that research samples are taken. – For sites with available resources.

Additional CRF modules are available under Tier 3 (e.g. epidemiology, animal exposure and pharmacokinetics) to be completed in addition to any of the Tiers above according to the objectives of the site. If you would like access to additional CRFs, or to suggest a new module for inclusion in these forms please contact MNHS-Sprint.Sari@monash.edu.

ZERO Subject Enrolment: If no subjects were enrolled during the data collection week, please report to: MNHS-Sprint.Sari@monash.edu.

CASE RECORD FORM INSTRUCTIONS

SEVERE ACUTE RESPIRATORY INFECTION CLINICAL CHARACTERISATION DATA TOOLS

GENERAL GUIDANCE

a. The CRF is designed to collect data obtained through examination, interview and review of hospital notes. Data may be collected retrospectively if the patient is enrolled after the admission date.

b. Participant Identification Numbers (PIN) should follow a 7 digit format, a **3 digit site code** and a **4 digit participant number**. You can obtain a site code by contacting MNHS-Sprint.Sari@monash.edu.

PIN (7-digit format): XXX-YYYY

XXX = Site Code | Site code can be requested from MNHS-Sprint.Sari@monash.edu

YYYY = Unique participant identifier | Unique study participant numbers should be assigned by the site and may include letters and/or numbers in any combination with 4 characters

- **i.** Participant numbers should be assigned sequentially for each site beginning with 0001. In the case of a single site recruiting participants on different wards/ departments, or where it is otherwise difficult to assign sequential numbers, it is acceptable to assign numbers in blocks or incorporating alpha characters. E.g. Ward X will assign numbers from 0001 or A001 onwards and Ward Y will assign numbers from 5001 or B001 onwards.
- **ii.** Enter the Participant Identification Number at the top of every page.
- **iii.** The participant numbering at any site should be continued from the previous year. Existing subject IDs cannot be reused. E.g. If site 0005 was the last participant number from site 000 in the year 2016; the first participant number for site 000 in the year 2017 will be 0006 and so on.

c. In the case of a participant transferring between study sites, it is preferred to maintain the same Participant Identification Number across the sites. When this is not possible, space for recording the new number is provided.

d. Complete every line of every section, except for where the instructions say to skip a section based on certain responses.

e. Selections with square boxes (☐) are single selection answers (choose one answer only). Selections with circles (**O**) are multiple selection answers (choose as many answers as are applicable).

f. Mark 'N/A' for any results of laboratory values that are not available, not applicable or unknown.

g. Avoid recording data outside of the dedicated areas. Sections are available for recording additional information.

h. We recommend writing clearly in ink, using BLOCK-CAPITAL LETTERS.

i. Place an (X) when you choose the corresponding answer. To make corrections, strike through (-------) the data you wish to delete and write the correct data above it. Please initial and date all corrections.

j. Please keep all of the sheets for a single participant together e.g. with a staple or participant-unique folder.

k. Please enter data on the electronic data capture system at https://redcap.cdms.org.au/. If your site would like to collect data independently, we are happy to support the establishment of locally hosted databases.

l. Please contact us at MNHS-Sprint.Sari@monash.edu if we can help with databases, if you have comments.

World Health Organization ISARIC

PARTICIPANT IDENTIFICATION #: [__][__][__]- [__][__][__][__]

Date of enrolment [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Site Name _____

SPRINT SARI INCLUSION CRITERIA			
1.	**Suspected or proven acute respiratory infection as dominant cause of admission** ☐ YES ☐ NO		
2.	**New admission with symptom onset within the previous 14 days** *(required for inclusion)*: ☐ YES ☐ NO		
3.	**Experience of the following symptoms during this illness episode:** *(one or more required for inclusion)*		
3.1.	**A history of feverishness or measured fever of ≥ 38°C:**	☐ YES	☐ NO
3.2.	**Cough:**	☐ YES	☐ NO
3.3.	**Dyspnoea (shortness of breath) OR Tachypnoea*:**	☐ YES	☐ NO
4	**Clinical suspicion of SARI despite not meeting criteria above**: ☐ YES ☐ NO		

***** *respiratory rate ≥50 breaths/min for <1 year;*
≥40 breaths/min for 1-4 years;
≥30 breaths/min for 5-12 years;
≥20 breaths/min for ≥13 years.

RAPID CASE RECORD FORM - Severe Acute Respiratory Infection

World Health Organization ISARIC

PARTICIPANT IDENTIFICATION #: [__][__][__]- [__][__][__][__]

This is the RAPID clinical data form for use in Tier 0 data collection ONLY. Complete sections 1-2 at admission. Complete section 3 for ICU admission (if applicable). Complete sections 4-6 after discharge/death/transfer. Enter data to the database at https://redcap.cdms.org.au/

1. DEMOGRAPHICS

1.1 Sex at Birth: ☐Male ☐Female

1.2 Age/Estimated age [___][___][___]years OR [___][___]months

1.3 Pregnant? ☐YES ☐NO ☐Unknown ☐N/A **1.3.1 If YES: Gestational weeks assessment:** [___][___] weeks

2. ONSET & ADMISSION

2.1 Symptom onset date of first/earliest symptom: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

2.2 Admission date at this facility: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

2.3Time of admission: : [_H_][_H_]/[_M_][_M_]

3. INTENSIVE CARE OR HIGH DEPENDENCY CARE UNIT ADMISSION

3.1 ICU admission (or high dependency unit or equivalent level of care)?
☐YES *(complete the rest of this section)* ☐NO *(skip this section)*

3.2 First ICU admission date: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] **3.3 Time of ICU admission:** [_H_][_H_]/[_M_][_M_]

Indicate whether patient has any of the following on ICU admission:

3.4 Fast Respiratory Rate ☐YES ☐NO ☐N/A

3.5 Altered Mental status ☐YES ☐NO ☐N/A

3.6 Low Blood pressure ☐ YES ☐ NO ☐ N/A

3.7 Most recent ICU discharge date: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_] **3.8 Time of discharge**[_H_][_H_]/[_M_][_M_]

4. INFECTIOUS RESPIRATORY DIAGNOSIS

4.1 Influenza : ☐YES- Confirmed ☐YES- Probable ☐NO **4.1.1 If** YES: ☐A/H3N2 ☐A/H1N1pdm09 ☐A/H7N9 ☐A/H5N1 ☐A, not typed ☐B ☐Other: _____

4.2 Coronavirus: ☐YES- Confirmed ☐YES- Probable ☐NO **4.2.1 If** YES: ☐MERS-CoV ☐Other: _____

4.3 Bacteria: : ☐Yes – confirmed ☐No

4.4 Other: ☐YES- Confirmed ☐YES- Probable ☐NO **4.4.1 If** YES: ☐Other: _____

4.5 Clinical pneumonia: ☐YES ☐NO ☐Unknown **4.6 If NONE OF THE ABOVE: Unknown/Non-infective:** ☐ YES

5. TREATMENT

During hospital admission did the patient at *any* time receive:

5.1 Oxygen Therapy ☐YES ☐NO ☐N/A **5.2 Invasive ventilation** ☐YES ☐NO ☐N/A

5.3 Non-invasive ventilation ☐YES ☐NO ☐N/A **5.4 Extracorporeal Support** ☐ YES ☐NO ☐N/A

5.5 Renal Replacement Therapy (RRT) or Dialysis: ☐ YES ☐ NO ☐ N/A **5.6 Inotropes/vasopressor Use:** ☐ YES ☐ NO ☐ N/A

6. OUTCOME

6.1 Outcome : ☐ Discharged alive ☐ Hospitalised ☐ Transfer to other facility ☐ Death ☐ Palliative discharge ☐ Unknown

6.2 Outcome date: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]☐ N/A

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PARTICIPANT IDENTIFICATION #: [__][__][__]- [__][__][__][__]

This is the CORE Data Form for use in Tier 1 and Tier 2 data collection admission. Complete sections 1-2 at admission. Complete section 3 for ICU admission (if applicable). Complete sections 4-6 after discharge/death/transfer. Enter data at ttps://redcap.cdms.org.au/

1. DEMOGRAPHICS		
1.1	**Sex at Birth**	☐Male ☐Female
1.2	**Age/Estimated age**	[___][___][___]years OR [___][___]months
1.3	**Ethnic group** *(check all that apply)*:	O Arab O Black O East Asian O South Asian O West Asian O Latin American O White O Aboriginal/First Nations O Other: _____ ☐ N/A
1.4	**Employed as a Healthcare Worker?**	☐ YES ☐ NO ☐N/A
1.5	**Pregnant?** **If YES: Gestational weeks assessment**	☐YES ☐NO ☐Unknown ☐N/A [___][___] weeks ☐ N/A
1.6	**Post Partum ?**	☐YES ☐NO or N/A *(skip this section - go to INFANT)*
1.6.1	**Pregnancy Outcome**	☐Live birth ☐Still birth
1.6.2	**Delivery date**	[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
1.6.3	**Baby tested for Mom's infection?**	☐ YES **If YES:** ☐ Positive ☐ Negative ☐ NO ☐ N/A
1.6.4	**Method:**	☐PCR ☐Other:_____
1.7	**INFANT – Less than 1 year old?**	☐YES ☐NO *(skip this section)*
1.7.1	**Birth weight**	[___][___].[___]☐kg or ☐lbs ☐N/A
1.7.2	**Gestational outcome**	☐ Term birth (≥37wk GA) ☐Preterm birth (<37wk GA) ☐ N/A
1.7.3	**Breastfed?**	☐ YES **If YES:** ☐Currently breastfed ☐ NO **If NO**: ☐Breastfeeding discontinued [___][___]weeks ☐N/A
1.7.4	**Appropriate development for age?**	☐ YES ☐ NO ☐ N/A
1.7.5	**Vaccinations appropriate for age/country?**	☐ YES ☐ NO ☐ Unknown ☐ N/A

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PARTICIPANT IDENTIFICATION #: [__][__][__]- [__][__][__][__]

2. ONSET & ADMISSION				
2.1	**Symptom onset date of first/earliest symptom:**		[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	
2.2	**Admission date at this facility:**		[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	
2.3	**Transfer from other facility?**		☐YES-facility is a study site ☐YES-facility is not a study site ☐ NO ☐ N/A	
2.3.1	If YES: **Name of transfer facility**			☐ N/A
2.3.2	If YES: **Admission date at transfer facility**		[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	☐ N/A
2.3.3	If YES-Study Site: **Participant # at transfer facility:**		☐Same as above ☐ Different: [___][___][___]–[___][___][___][___] ☐ N/A	
2.4	**Travel in the 14 days prior to first symptom onset?**		☐YES ☐NO ☐N/A	
2.4.1	**If YES:**	Country		
2.4.2		City/Geographic area		
2.4.3		Return Date	[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	☐ N/A
2.5	**Contact with animals, raw meat or insect bites in the 14 days prior to symptom onset?**		☐ YES ☐ NO ☐ Unknown ☐ N/A	

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PARTICIPANT IDENTIFICATION #: [__][__][__]- [__][__][__][__]

3. INTENSIVE CARE OR HIGH DEPENDENCY CARE UNIT ADMISSION

(first available data at presentation/admission – within 24 hours)

3.1	**ICU admission (or high dependency unit)?** ☐YES *(complete the rest of this section)* If YES, total duration: _____days ☐NO *(skip this section)*			
3.2	**First ICU admission date:** [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]			
3.3	**Time of ICU admission:** [_H_][_H_]/[_M_][_M_]			
Indicate whether patient has any of the following on ICU admission:				
3.4	**Fast Respiratory Rate**	☐ YES	☐NO	☐N/A
3.5	**Altered Mental status**	☐ YES	☐NO	☐N/A
3.6	**Low Blood pressure**	☐ YES	☐NO	☐N/A
3.7	**Mechanical ventilation**	☐ YES	☐NO	☐N/A

	Done		***Record the worst value in first 24 hours of first ICU admission*:**		
3.8	☐ YES	☐ NO	**FiO_2** *(0.21-1.0)*	[___].[___][___]	%
3.9	☐ YES	☐ NO	**SaO_2** *at time of FiO_2*	[___][___][___]	%
3.10	☐ YES	☐ NO	**PaO_2** *at time of FiO_2*	[___][___][___]	☐kPa *or* ☐mmHg
3.11	☐ YES	☐ NO	**Platelet Count**	[___][___][___][___]	x10^9/L
3.12	☐ YES	☐ NO	**Mean arterial pressure**	[___][___][___]	mmHg
3.13	☐ YES	☐ NO	**Glasgow Coma Score**	[___][___]	(**GCS** / 15)
3.14	☐ YES	☐ NO	**Urine flow rate**	[___][___][___][___]	mL/24 hours ☐ Check if estimated
3.15	☐ YES	☐ NO	**Total Bilirubin**	[___][___][___]	µmol/L
3.16	☐ YES	☐ NO	**Creatinine**	[___][___][___][___]	☐µmol/L or ☐ mg/dL

3.17	**Vasopressor/inotropic support on 1st day of ICU admission?**	☐ YES ☐ NO (*if NO, answer the next 3 questions NO*) ☐ N/A	
3.17.1	Dopamine <5µg/kg/min OR Dobutamine OR Milrinone OR Levosimendan		☐ YES ☐ NO
3.17.2	Dopamine 5-15µg/kg/min OR Epinephrine/Norepinephrine ≤0.1µg/kg/min OR vasopressin OR phenylephrine		☐ YES ☐ NO
3.17.3	Dopamine >15µg/kg/min OR Epinephrine/Norepinephrine > 0.1µg/kg/min		☐ YES ☐ NO
3.18	**Chest X-Ray performed?** **IF Yes: Were infiltrates present?**		☐ YES ☐ NO ☐ N/A ☐ YES ☐ NO ☐ N/A
3.19	**Most recent discharge date**:	[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	☐N/A

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PARTICIPANT IDENTIFICATION #: [__][__][__]- [__][__][__][__]

4a.	**Admission signs and symptoms** *(observed/reported at admission and associated with this episode of acute illness)*			
4a.1	**History of fever**	☐ YES	☐ NO	☐ Unknown
4a.2	**Cough**	☐ YES	☐ NO	☐ Unknown
4a.2.1	*with sputum production*	☐ YES	☐ NO	☐ Unknown
4a.2.2	*bloody sputum/haemoptysis*	☐ YES	☐ NO	☐ Unknown
4a.3	**Sore throat**	☐ YES	☐ NO	☐ Unknown
4a.4	**Runny nose** (Rhinorrhoea)	☐ YES	☐ NO	☐ Unknown
4a.5	**Ear pain**	☐ YES	☐ NO	☐ Unknown
4a.6	**Wheezing**	☐ YES	☐ NO	☐ Unknown
4a.7	**Chest pain**	☐ YES	☐ NO	☐ Unknown
4a.8	**Muscle aches** (Myalgia)	☐ YES	☐ NO	☐ Unknown
4a.9	**Joint pain** (Arthralgia)	☐ YES	☐ NO	☐ Unknown
4a.10	**Fatigue / Malaise**	☐ YES	☐ NO	☐ Unknown
4a.11	**Shortness of breath** (Dyspnea)	☐ YES	☐ NO	☐ Unknown
4a.12	**Lower chest wall indrawing**	☐ YES	☐ NO	☐ Unknown
4a.13	**Headache**	☐ YES	☐ NO	☐ Unknown
4a.14	**Altered consciousness/confusion**	☐ YES	☐ NO	☐ Unknown
4a.15	**Seizures**	☐ YES	☐ NO	☐ Unknown
4a.16	**Abdominal pain**	☐ YES	☐ NO	☐ Unknown
4a.17	**Vomiting/Nausea**	☐ YES	☐ NO	☐ Unknown
4a.18	**Diarrhoea**	☐ YES	☐ NO	☐ Unknown
4a.19	**Conjunctivitis**	☐ YES	☐ NO	☐ Unknown
4a.20	**Skin rash**	☐ YES	☐ NO	☐ Unknown
4a.21	**Skin ulcers**	☐ YES	☐ NO	☐ Unknown
4a.22	**Lymphadenopathy**	☐ YES	☐ NO	☐ Unknown
4a.23	**Bleeding** (Haemorrhage) **If Bleeding: Specify sites**	☐ YES _____	☐ NO	☐ Unknown

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PARTICIPANT IDENTIFICATION #: [__][__][__]- [__][__][__][__]

4b.	CO-MORBIDITIES (Charlson Index will be calculated for each patient at analysis)			
4b.1	**Chronic cardiac disease, including Congenital heart disease** *(not hypertension)*	☐YES	☐NO	☐N/A
4b.2	**Chronic pulmonary disease** *(not asthma)*	☐YES	☐NO	☐N/A
4b.3	**Asthma** *(physician diagnosed)*	☐YES	☐NO	☐N/A
4b.4	**Chronic kidney disease**	☐YES	☐NO	☐N/A
4b.5	**Moderate or severe liver disease**	☐YES	☐NO	☐N/A
4b.6	**Chronic neurological disorder**	☐YES	☐NO	☐N/A
4b.7	**Malignant neoplasm**	☐YES	☐NO	☐N/A
4b.8	**Chronic hematologic disease**	☐YES	☐NO	☐N/A
4b.9	**AIDS / HIV**	☐YES	☐NO	☐N/A
4b.10	**Obesity** *(as defined by clinical staff)*	☐YES	☐NO	☐N/A
4b.11	**Diabetes with complications**	☐YES	☐NO	☐N/A
4b.12	**Rheumatologic disorder**	☐YES	☐NO	☐N/A
4b.13	**Dementia**	☐YES	☐NO	☐N/A
4b.14	**Malnutrition**	☐YES	☐NO	☐N/A
4b.15	**Other relevant risk factor** **If Yes: Specify**	☐YES	☐NO	☐N/A

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PARTICIPANT IDENTIFICATION #: [__][__][__]- [__][__][__][__]

4c.	COMPLICATIONS: At any time during hospitalisation did the patient experience			
4c.1	Viral pneumonitis	☐YES	☐NO	☐N/A
4c.2	Bacterial pneumonia	☐YES	☐NO	☐N/A
4c.3	Acute lung injury / Acute Respiratory Distress Syndrome	☐YES	☐NO	☐N/A
4c.4	Pneumothorax	☐YES	☐NO	☐N/A
4c.5	Pleural effusion	☐YES	☐NO	☐N/A
4c.6	Bronchiolitis	☐YES	☐NO	☐N/A
4c.7	Meningitis / Encephalitis	☐YES	☐NO	☐N/A
4c.8	Seizure	☐YES	☐NO	☐N/A
4c.9	Stroke / Cerebrovascular accident	☐YES	☐NO	☐N/A
4c.10	Congestive heart failure	☐YES	☐NO	☐N/A
4c.11	Endocarditis / Myocarditis / Pericarditis	☐YES	☐NO	☐N/A
4c.12	Cardiac arrhythmia	☐YES	☐NO	☐N/A
4c.13	Cardiac ischemia	☐YES	☐NO	☐N/A
4c.14	Cardiac arrest	☐YES	☐NO	☐N/A
4c.15	Bacteraemia	☐YES	☐NO	☐N/A
4c.16	Coagulation disorder / Disseminated Intravascular Coagulation	☐YES	☐NO	☐N/A
4c.17	Anaemia	☐YES	☐NO	☐N/A
4c.18	Rhabdomyolysis / Myositis	☐YES	☐NO	☐N/A
4c.19	Acute renal injury/ Acute renal failure	☐YES	☐NO	☐N/A
4c.20	Gastrointestinal haemorrhage	☐YES	☐NO	☐N/A
4c.21	Pancreatitis	☐YES	☐NO	☐N/A
4c.22	Liver dysfunction	☐YES	☐NO	☐N/A
4c.23	Hyperglycaemia	☐YES	☐NO	☐N/A
4c.24	Hypoglycaemia	☐YES	☐NO	☐N/A
4c.25	Sepsis	☐YES	☐NO	☐N/A
4c.26	Other Specify:	☐YES	☐NO	☐N/A

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PARTICIPANT IDENTIFICATION #: [__][__][__]- [__][__][__][__]

5. INFECTIOUS RESPIRATORY DIAGNOSIS:

5.1 **Was pathogen testing done during this illness episode?** ☐YES *(complete section)* ☐NO ☐N/A

5.2 **PATHOGEN TESTING : Details of pathogen testing per sample type**
(Print as many sheets as necessary to enter more than 4 tests)

	Collection Date *(DD/MM/YYYY)*	Bio specimen Type	Laboratory Test Method	Result	Pathogen Tested/Detected
5.2.1	__ __/__ __/20__ __	☐Nasal/NP swab ☐Throat swab ☐Combined nasal/NP+throat swab ☐Sputum ☐BAL ☐ETA ☐Urine ☐Feces/rectal swab ☐Blood ☐Other, *Specify:* _____	☐PCR ☐Culture ☐Other, *Specify:* _____	☐Positive ☐Negative ☐N/A	_____
5.2.2	__ __/__ __/20__ __	☐Nasal/NP swab ☐Throat swab ☐Combined nasal/NP+throat swab ☐Sputum ☐BAL ☐ETA ☐Urine ☐Feces/rectal swab ☐Blood ☐Other, *Specify:* _____	☐PCR ☐Culture ☐Other, *Specify:* _____	☐Positive ☐Negative ☐N/A	_____
5.2.3	__ __/__ __/20__ __	☐Nasal/NP swab ☐Throat swab ☐Combined nasal/NP+throat swab ☐Sputum ☐BAL ☐ETA ☐Urine ☐Feces/rectal swab ☐Blood ☐Other, *Specify:* _____	☐PCR ☐Culture ☐Other, *Specify:* _____	☐Positive ☐Negative ☐N/A	_____
5.2.4	__ __/__ __/20__ __	☐Nasal/NP swab ☐Throat swab ☐Combined nasal/NP+throat swab ☐Sputum ☐BAL ☐ETA ☐Urine ☐Feces/rectal swab ☐Blood ☐Other, *Specify:* _____	☐PCR ☐Culture ☐Other, *Specify:* _____	☐Positive ☐Negative ☐N/A	_____

Does the patient have:

5.3 Influenza : ☐ YES- Confirmed ☐ YES- Probable ☐ NO

5.3.1 If YES: ☐ A/H3N2 ☐ A/H1N1pdm09 ☐ A/H7N9 ☐ A/H5N1 ☐ A, not typed ☐ B ☐ Other: _____

5.4 Coronavirus: ☐ YES- Confirmed ☐ YES- Probable ☐ NO **5.4.1 If** YES: ☐ MERS-CoV ☐ Other: _____

5.5 Bacteria: : ☐ Yes – confirmed ☐ No

5.6 Other Infectious Respiratory diagnosis: ☐ YES- Confirmed ☐ YES- Probable ☐ NO

5.6.1 If YES **Other Infectious Respiratory diagnosis, specify:** ☐ Other: _____

5.7 Clinical pneumonia: ☐ YES ☐ NO ☐ Unknown

5.8 If NONE OF THE ABOVE: Suspected Non-infective: ☐ YES ☐ N/A

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PARTICIPANT IDENTIFICATION #: [__][__][__]- [__][__][__][__]

6. TREATMENT: At ANY time during hospitalisation, did the patient receive/undergo:					
6.1	**ICU or High Dependency Unit admission?**	☐YES	If YES, total duration: _____days		
		☐NO	☐N/A		
6.2	**Oxygen therapy**	☐ YES	☐ NO	☐ N/A	
6.3	**Invasive ventilation** *(Any)***?**	☐ YES	If YES, total duration: _____days		
		☐ NO	☐ N/A		
6.3.1	Prone Ventilation	☐ YES	☐ NO	☐ N/A	
6.3.2	Inhaled Nitric Oxide	☐ YES	☐ NO	☐ N/A	
6.3.3	Tracheostomy inserted	☐ YES	☐ NO	☐ N/A	
6.4	**Non-invasive ventilation?** *(e.g. BIPAP, CPAP)*	☐ YES	☐ NO	☐ N/A	
6.5	**Extracorporeal support?**	☐ YES	☐ NO	☐ N/A	
6.6	**Renal replacement therapy (RRT) or dialysis?**	☐ YES	☐ NO	☐ N/A	
6.7	**Inotropes/vasopressors?**	☐ YES	First/Start date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	☐ N/A	
			Last/End date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	☐ N/A	
		☐ NO			
6.8	**OTHER intervention or procedure** (*Please specify*)				
MEDICATION: While hospitalised or at discharge, were any of the following administered?					
6.9	**Antiviral agent?**	☐ YES	**If YES:**	O Neuraminidase inhibitors	O Other
			If Other:	**Specify type:**_____	
			Route:	O Oral O gastric/non-gastric O Intravenous	
		☐ NO	☐N/A		
6.10	**Antibiotic?**	☐ YES	☐ NO	☐ N/A	
6.11	**Corticosteroid?**	☐ YES	**If YES, Route**	O Oral O Intravenous	O Inhaled
		☐ NO	☐N/A		
6.12	**Antifungal agent?**	☐ YES	☐ NO	☐ N/A	

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7. OUTCOME

7.1	**Outcome:**	☐Discharged alive ☐Hospitalization ☐Transfer to other facility ☐Death ☐Palliative discharge ☐Unknown			
7.2	**Outcome date:**	[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]			☐N/A
7.3	**If Discharged alive:**	**7.3.1**	**Ability to self-care at discharge versus before illness:**	☐ Same as before illness ☐ Worse ☐ Better ☐ N/A	
		Post-discharge treatment			
		7.3.2	Oxygen therapy?	☐ YES ☐ NO ☐ N/A	
		7.3.3	Dialysis/renal treatment?	☐ YES ☐ NO ☐ N/A	
		7.3.4	Other intervention or procedure?	☐ YES ☐ NO ☐ N/A	
			If YES: Specify (*multiple permitted*):		
7.4	**If Transferred:**	**7.4.1**	**Facility name**		☐N/A
		7.4.2	**Is the transfer facility a study site?**	☐ YES ☐ NO ☐ N/A	
		7.4.3	**If a Study Site:** **Participant # at new facility:**	☐ Same as above ☐ Different: [___][___][___] – [___][___][___][___] ☐N/A	

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8. CORE – ADDITIONAL INFORMATION: *Detail any additional information not captured in the CASE REPORT FORM.*
(Print as many sheets as necessary)

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DATE OF ASSESSMENT *(DD/MM/YYYY):* [_D_][_D_]/[_M_][_M_]/[__2_][__0_][_Y_][_Y_]
(may not be the date of completion)

1. DAILY TREATMENT *(complete every line)*:

1.1	**Current admission to ICU/ITU/IMC/HDU**?	☐YES	☐NO	☐N/A

	Done			
		Record the worst value in the previous 24 hours *(if Not Available write 'N/A')*:		
1.2	☐ YES ☐ NO	**FiO_2** *(0.21-1.0)*	[___].[___][___]	%
1.3	☐ YES ☐ NO	**SaO_2**	[___][___][___]	%
1.4	☐ YES ☐ NO	**PaO_2**	[___][___][___]*at time of FiO_2 above*	☐kPa *or* ☐mmHg
		PaO_2 sample type	☐ Arterial ☐ Venous ☐ Capillary ☐N/A	
1.5	☐ YES ☐ NO	**PCO_2**	*(From same blood gas record as PaO_2)*	☐kPa *or* ☐mmHg
1.6	☐ YES ☐ NO	**pH**		
1.7	☐ YES ☐ NO	**HCO_3-**		mEq/L
1.8	☐ YES ☐ NO	**Base excess**		mmol/L
1.9	☐ YES ☐ NO	**Glasgow Coma Score**	[___][___]	(**GCS** / 15)
1.10	☐ YES ☐ NO	**Mean arterial pressure**	[___][___][___]	mmHg
1.11	☐ YES ☐ NO	**Urine flow rate**	[___][___][___][___]	mL/24 hours ☐ Check if estimated

Is the patient currently receiving, or has received in the past 24 hours *(apply to all questions in this section)* :

1.12	**Non-invasive ventilation** *(e.g. BIPAP, CPAP)*?	☐YES	☐NO	☐N/A
1.13	**Invasive ventilation?**	☐YES	☐NO	☐N/A
1.14	**ECMO/ECLS?**	☐YES	☐NO	☐N/A
1.15	**Dialysis/Hemofiltration?**	☐YES	☐NO	☐N/A
1.16	**Any vasopressor/inotropic support**? *(if NO, answer the next 3 questions NO)*	☐YES	☐NO	☐N/A
1.16a	*Dopamine <5µg/kg/min OR Dobutamine OR milrinone OR levosimendan*:			☐YES ☐NO
1.16b	*Dopamine 5-15µg/kg/min OR Epinephrine/Norepinephrine < 0.1µg/kg/min OR vasopressin OR phenylephrine*			☐YES ☐NO
1.16c	Dopamine >15µg/k/min OR Epinephrine/Norepinephrine > 0.1µg/kg/min			☐YES ☐NO
1.17	**Neuromuscular blocking agents**?	☐YES	☐NO	☐N/A
1.18	**Other intervention or procedure**	☐YES	☐NO	☐N/A
	If **YES**, Specify:			

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2. DAILY LABORATORY RESULTS

2.1	**Results available for samples taken on *the date in section 1 above?***			☐YES *(complete below)* ☐NO *(skip section)*
	Done	**Sample**	**Value**	**Unit**
2.2	☐ YES ☐ NO	**Haemoglobin**		☐g/L *or* ☐g/dL
2.3	☐ YES ☐ NO	**WBC count**		☐x10^9/L *or* ☐x10^3/µL
2.4	☐ YES ☐ NO	**Platelet Count**		☐x10^9/L *or* ☐x10^3/µL
2.5	☐ YES ☐ NO	**APTT/APTR**		
2.6	☐ YES ☐ NO ☐ YES ☐ NO	**PT** ***OR*** **INR**		seconds
2.7	☐ YES ☐ NO	**ALT/SGPT**		U/L
2.8	☐ YES ☐ NO	**Total Bilirubin**		☐µmol/L
2.9	☐ YES ☐ NO	**AST/SGOT**		U/L
2.10	☐ YES ☐ NO	**Glucose**		☐mmol/L *or* ☐mg/dL
2.11	☐ YES ☐ NO	**Blood Urea Nitrogen (urea)**		☐mmol/L *or* ☐mg/dL
2.12	☐ YES ☐ NO	**Lactate**		☐mmol/L *or* ☐mg/dL
2.13	☐ YES ☐ NO	**Creatinine**		☐µmol/L *or* ☐mg/dL