

**CASE REPORT FORM (CRF)** 

English version 03,

# **HOSPITALIZED PARTICIPANT**

Hospitalization

VERSION 03, JANUARY 18TH, 2021

### CÉR Évaluateur (MP-02-2020-8929)

Centre de Recherche du Centre Hospitalier de l'Université de Montréal Chercheur responsable : *Michael Chassé, MD, PhD, FRCPC* 900 rue St-Denis, Montréal H2X 0A9 http://crchum.chumontreal.qc.ca/



۷° de	participa	nt Biol	oanqu	e
	Biobank	partici	pant II	D

ATTVALVISIC
Consent
SECTION 1: Consent
Was verbal consent obtained? ( by the patient, legal representative or guardian )  ———————————————————————————————————
Is the patient able to provide consent?   Yes, go to section 3 No (adult or minor), go to section 2.
Was the patient recruited with deferred consent?  — Yes — No
SECTION 2: Incapacitated patient – Legal representative
If NO (INAPTITUTE OR PATIENT AGE <18 YEARS) has verbal consent been given by the legal representative with the authority to consent?  No Legal representative (adult) Legal representative / guardian (child under 18 years of age)
Has the adult participant regained capacity to consent?  Yes No  Date of verbal consent of adult participant became capable (yyyy-mm-dd):  The patient's assent (if 14 years of age or older) has been obtained (pediatric component, if applicable)?  Yes No  Relationship of the representative with the patient::
SECTION 3: IFC follow up sent (mail and/or email)
The consent form has been given/sent to the patient or their representative?  Yes No  Who was the ICF sent to?  Participant  Legal representative (participant who har remained incapacitated or deceased)  Legal representative / guardian(child under 18 years of age)
Date it was sent/delivered (mail or email) (yyyy-mm-dd)?
Has signed consent form been received?  Yes (go to section 4) No (continue to complete the section 3)  Date of receipt (mail or email) (yyyy-mm-dd)?



Site:			

ICF received was signed	hv2		
icr received was signed	Participant Legal representative (participant who has remained incapacitated or deceased)		
	Legal representative / guardian (child under 14 years of age)		
	Legal representative / guardian AND child between 14 and 18 years of age		
If signed form not receiv	red, patient or legal representative has been contacted again?		
Date (yyyy-mm-dd)			
Date (yyyy-mm-dd)			
Date (yyyy-mm-dd)			
SECTION 4: Response to	the return of the ICF		
Conclusion of consent ap	· <u></u>		
	Patient unreachable or deceased Patient wishes to withdraw from the study		
	Consent to blood draws only		
	Consent to follow-up only		
	Consent to all study procedures		
Patient requests withdrawal of consent to participate in the BQC19 study (at any time during the project).			
Yes No			
Date of withdrawal of consent (yyyy-mm-dd):			
Date of withdrawar of consent (yyyy-mm-dd).			
Comments :	Comments :		
SECTION 5: Database A			
[Check all of the following options]			
Authorized research	Genetic Health research		
Link with administrative	database		
Authorized for	Academic researchers Industry researchers		
Other studies in which the	he patient participates (other than the BQC study):		
	Project title * Study participant ID/randomisation		
	ID (if available)		

<sup>\* 1,</sup> CONCOR-1 (plasma convalescent); 2, HALO; 3, LOVIT; 4, COVID-19 PEP RCT; 5, COLCORONA; 6, CATCO; 7, REMAP-CAP; 8, ATTACC; 9, COVACTA; 10, CODA19; 11, COFA-025; 12, COFA-004; 13, COFA-023; 14, REMAP-CAP; 15, U-EFC16844; 16, REVISE; 17, 10-256 Biorepository; 18, Neuropathologie de la perte olfactive liée au SARS-CoV2 dans une cohorte des travailleurs de la santé; 19, COVID QT; 20, ELCV

N° de participant Biobanque
Biobank participant ID



CD	Site:		
OUÉBÉCOISE DE LA			

Identifiers - confidential	
[*These identifiers are entered ONLY in the local BTRSR database. ** These identifiers are entered into the REDC	ap CRF]
BTRSR ID (BTRSR participant number)*:	
Other participant code *:	
First name*:	
Last name*:	
Date of Birth*,** (yyyy-mm-dd):  The date of birth must be re-e	entered in the profile section of the REDCap CRF.
Participant Address :	
# Street (CRF paper only.):	
City (CRF paper only.):	
Province (CRF paper only.):	
Postal Code <sup>*</sup> :	
#RAMQ*:	
# Medical Record Number *:	
Primary Phone Number :	
Secondary Phone Number :	
Participant E-mail **:	
Surrogate Name and Relationship to Patient :	
Surrogate Phone Number :	
Surrogate E-mail Address :	
Participant Profile	
Has the participant been hospitalized or is the participant seen on an	Hospitalized Oupatient
Age at the time of arrival : *Calcul	ates automatically with the date of consent
Sex at birth:	
Country of birth :	
Height: m n/a	
Weight kg n/a BMI (automatic calculation)	



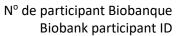
SECTION 1: Pediatrics (if applicable the link will be made automatically when the participant is under 18 years old)		
Patient is an infant (less than 1 year old)  No Yes (if no, go to the next section)		
Weight at birth : kg		
SECTION 2 : Smoking and Drug Use		
Smoking status :		
Electronic cigarettes?		
Drugs?		
Please specify drugs used: Cannabis Cocaine Amphetamines  Opioides Others:		
Participant type		
COVID positive (+)(according to PCR test)  COVID negative (-)(according to PCR test)  COVID undetermined (according to PCR test)		
Main (or Primary) Diagnosis relative to this hospitalisation:(dx at arrival):		
Is the participant employed as a Healthcare Worker?  (If the participant is a child, is the parent a health worker?)  No		
Is the participant employed in a Microbiology Laboratory?  No Yes N/A		
(If the participant is a child, is the parent employed in a Microbiology Laboratory?)  Living where:		
<ul><li>☐ In intermediate and family-type resources</li><li>☐ Homeless</li></ul>		
<b>Living with:</b> □ Family member(s) □ Caretaker □ Alone □ Room-mate		
SECTION 1 : Obstetrics (if applicable the link will be made automatically when the participant is a female, in age to procreate)		
Patient pregnant?		
If yes, expected delivery date (yyyy-mm-dd)		
Post-partum (childbirth in the last year):		
Pregnancy Outcome:: Live birth Still birth		
Delivery date (yyyy-mm-dd)		
COVID status for baby :   COVID positive (+)   COVID negative (-)   COVID underterminate		
Baby tested for mother's ARI infection:  No Yes If yes: Positive Negative		
Method: PCR Other: n/d		
SECTION 2: Comments		

۷°	de	participa	nt	Biol	banq	ue
		Biobank	ра	rtici	pant	ID



Site :	Nº de participant Biobanc
site.	Biobank participant

Past med	dical conditions
Prior transient ischemic attack (TIA)?	☐ Yes ☐ No
Asthma?	☐ Yes ☐ No
Other chronic cardiac disease?	☐ Yes ☐ No
Chronic neurological disorder (other than stroke/TIA)?	☐ Yes ☐ No
Other chronic lung disease?	☐ Yes ☐ No
Prior Stroke?	☐ Yes ☐ No
Malignant neoplasm?	☐ Yes ☐ No
	Type:
	Metastatic ?
	Actively receiving treatment?
Dementia?	☐ Yes ☐ No
Diabetes?	☐ Yes ☐ No
Atrial fibrillation or flutter?	☐ Yes ☐ No
HIV ou AIDS?	☐ Yes ☐ No
Arterial Hypertension?	☐ Yes ☐ No
Pulmonary hypertension?	☐ Yes ☐ No
Immunosupressed state?	☐ Yes ☐ No
Prior myocardial infarction?	☐ Yes ☐ No
Heart failure?	☐ Yes ☐ No
	Baseline LVEF (pre-hospitalization) %
Coronary artery disease?	☐ Yes ☐ No
Chronic hematologic disease?	☐ Yes ☐ No
Liver disease? (*if described in medical records)	☐ Yes ☐ No
Malnutrition? (*if described in medical records)	☐ Yes ☐ No
COPD (emphysema, chronic bronchitis)?	☐ Yes ☐ No
	☐ Mild ☐ Moderate ☐ Severe ☐ Indeterminate
Obesity? (*if described in medical records)	☐ Yes ☐ No
Psychiatric disease?	☐ Yes ☐ No
Chronic kidney disease?	☐ Yes ☐ No
	Dialysis?
Rheumatologic disease?	☐ Yes ☐ No
Does the patient have other comorbidities?	☐ Yes ☐ No
Other comorbidity:	Other comorbidity:
Other comorbidity:	Other comorbidity:
Other comorbidity:	Other comorbidity:
Baseline creatinine (pre-hospitalization)	$\mu mol/l$ If there is a history in the medical record of the creatinine test result.



BQC®
BIOBANQUE QUÉBÉCOISE DE LA
COVID-19

	Site :	
QUE QUÉBÉCOISE DE LA		

· · · · · · · · · · · · · · · · · · ·				
SECTION 2 : Home Medications (please ref	er to the help list - medica	ation - see 6.CRF -Tools)		
	ACE inhibitor or	Angiotensin Receptor Blocker?	☐ Yes ☐ No ☐	n/a
		Systemic corticosteroid?	☐ Yes ☐ No ☐	n/a
		Anticoagulants?	☐ Yes ☐ No ☐	n/a
		Colchicine?	☐ Yes ☐ No ☐	n/a
		HGO or insulin?	☐ Yes ☐ No ☐	n/a
Other immunosuppressive medicatio	ns (includes but not limited to systemic	steroid therapy, anti-rejection medications, and chemotherapy) ?	☐ Yes ☐ No ☐	n/a
Please specify other immunosuppressive	e medication(s).			
Symptoms	documented or	n arrival at the medical r	ecord	
Asymptomatic?	☐ Yes ☐ No			
Date of earliest symptom(s) (yyyy-mm-dd):				
Joint pain (Arthralgia)?		☐ Yes ☐ No		
Confusion / altered mental status?		☐ Yes ☐ No		
Red eye (Conjunctivitis)?		☐ Yes ☐ No		
Seizure?		☐ Yes ☐ No		
Diarrhea?		☐ Yes ☐ No		
Abdominal pain?		Yes No		
Chest pain?		Yes No		
Shortness of breath (Dyspnea)?		☐ Yes ☐ No		
Dizziness?		☐ Yes ☐ No		
Extremity weakness or numbness?		☐ Yes ☐ No		
Fatigue?		☐ Yes ☐ No		
Fever (≥38.0°C)?		☐ Yes ☐ No		
Hemoptysis / Bloody sputum?		☐ Yes ☐ No		
Loss of appetite? (*if described in the medical fil	e)	☐ Yes ☐ No		
Ear pain?		☐ Yes ☐ No		
Sore throat?		☐ Yes ☐ No		
Headache?		☐ Yes ☐ No		
Muscle aches (Myalgia)?		☐ Yes ☐ No		
Nausea / vomiting?		☐ Yes ☐ No		
Leg swelling (Edema)?		☐ Yes ☐ No		
Loss of taste / lost of smell?		☐ Yes ☐ No		
Skin rash?		☐ Yes ☐ No		
Runny nose (Rhinorrhea)?		☐ Yes ☐ No		
Wheezing or stridor?		☐ Yes ☐ No		
Cough?		☐ Yes ☐ No		
Trouble speaking (Aphasia / Dysphasia)?		☐ Yes ☐ No		



C	19	Ç	Site	:

	Vitals	Signs - Arrival	
Temperature °C	oral axil	llary 🗌 rectal [	🔲 tympanic 🔲 not available
Systolic/Diastolic BP :		/	mmHg
Respiratory rate (associated with BP above):			resp/min
Heart rate (associated with BP above):			batt/min
O <sub>2</sub> saturation at room air			% ( if available )
On arrival, is the participant receiving oxyg (or shortly after its arrival)	en? 🗌 Ye	es No	
On arrival, SpO <sub>2</sub> on oxygen:	%	On arrival, F	iO <sub>2</sub> \_ % or \_ L/min
	Arriv	al visit - Labs	
Have laboratory tests been done for this da	ay?	☐ Yes ☐	No
Total WBC count		x 10 <sup>9</sup> /L	Not measured
Neutrophil count		%	x 10 <sup>9</sup> /L Not measured
Lymphocyte count		%	x 10 <sup>9</sup> /L Not measured
Monocyte count		%	x 10 <sup>9</sup> /L Not measured
Eosinophil count		%	x 10 <sup>9</sup> /L Not measured
Basophil count		%	x 10 <sup>9</sup> /L Not measured
Platelets		x 10 <sup>9</sup> ,	/L Not measured
Haemoglobin		g/L	☐ Not measured
Urea		mmol	I/L Not measured
Creatinine		μmol/	/L Not measured
NT-proBNP		ng/L	☐ Not measured
BNP		ng/L	☐ Not measured
Sodium Na+		mmol	I/L Not measured
Potassium K+		mmol	I/L Not measured
C-reactive protein (CRP)		mg/L	Not measured
LDH		U/L	☐ Not measured
Creatine Phosphokinase (CPK)		U/L	☐ Not measured
Albumin		g/L	☐ Not measured
AST		U/L	☐ Not measured
ALT		U/L	Not measured
Procalcitonin (PCT)		μg/L	Not measured



_	٠.	
•	ıtΔ	
J	ııc	

Troponin T hs (high sensitivity)	ng/L	Not measured
Troponin I hs (high sensitivity)	ng/L	Not measured
Troponin T	ng/L	Not measured
Troponin I	ng/L	Not measured
APTT (activated partial thromboplastin time)	sec	Not measured
International Normalized Ratio (INR)		Not measured
Triglycerides	mmol/L	Not measured
Total bilirubin	μmol/L	Not measured
Direct bilirubin (conjugated)	μmol/L	Not measured
Glucose	mmol/L	Not measured
Venous lactate	mmol/L	Not measured
D-Dimer Greater thant	μg/L	Not measured
Fibrinogen	g/L	Not measured
Ferritin	μg/L	Not measured
IL-6	ng/L	Not measured
CD4	x 10 <sup>9</sup> /L	Not measured
CD8	x 10 <sup>9</sup> /L	Not measured

		Frai	lty							
The frailty score on arrival correspon	ds to it	s evalu	uation 2	2 week	s before	e hospi	italizati	on, if a	vailab	le.
Frailty score (clinical frailty scale) (circle)	1	2	3	4	5	6	7	8	9	☐ n/d



### Clinical Frailty Scale\*

Site:



I Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 Well – People who have no active disease symptoms but are less fit than category I. Often, they exercise or are very active occasionally, e.g. seasonally.



3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.



4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.



5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail - People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.



7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



**9. Terminally III** - Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

#### Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In severe dementia, they cannot do personal care without help.

- \* I. Canadian Study on Health & Aging, Revised 2008. 2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.
- © 2009, Version I.2\_EN, All rights reserved. Geriatric Medicine Research, Dalhousie University, Halifax, Canada. Permission granted to copy for research and educational purposes only.





Site:
-------

# Hospitalization visit (+/- 2 days)

Related visit :	Description de la visite  D0 – First blood sample collection D2 – Second blood sample collection D7 – Third blood sample collection D14 – Fourth blood sample collection D30 – Fifth blood collection
Blood drawn for the BQC19?	Yes (go to section 1) No (go to section 2)
SECTION 1 : Samples taken for BQC19	
Have routine blood samples been ordere clinical care?	d by your doctor as part of your regular
Date of blood draw (aaaa-mm-dd)	
Time of blood draw (hh :mm)  Collected:	Ambulatory emergency Emergency stretchers Intensive Care Unit Outpatient clinic Hospital floor (specify): Other (specify):
SECTION 2 : No cample collected for BOC	
SECTION 2 : No sample collected for BQC	
	when was the clinical data collected (yyyy-mm-dd)?
Why not collected?	
	BQC19 Samples
Number of ACD tubes collected:	becis sumples
Number of PAXgene tubes collected:	
Number of serum tubes collected:	<del></del>
Other blood draw tube(s) collected:	
PEDIATRIC - stool collected:	☐ Yes ☐ No ☐ N/A
Were other biological samples collected?	<u> </u>
Other sample #1	Quantity :
Other sample #2	Quantity :
Other sample #3	Quantity :

N° de participa	nt Biobanque
Biobank	participant ID



Site:			
-------	--	--	--

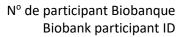
Vitals signs	
Have vital signs been assessed?	
	ollection and near the time of venipuncture for BQC19  ympanic not available
Systolic/Diastolic BP://	mmHg
Respiratory rate (associated with BP above):	resp/min
Heart rate (associated with BP above):	batt/min
O <sub>2</sub> saturation at room air	% (at time of the collection, if available )
At the time of collection, is the participant receiving oxygen? $\ \square$ Yes $\ \square$ No	
At the time of collection, SpO <sub>2</sub> on oxygen: % And FiO <sub>2</sub>	🗆 % or 🗀 L/min
AVPU Scale (lowest)  Alert Verbal Pain Unresponsive Indeterminate	
Glasgow Coma Scale(GCS/15) (lowest)	Indeterminate
Urine output over 24h collected?	•
Urine output over 24h	ml
Arterial Gas Assessment (within the last 24) Has an arterial gas assessment been performed?  Yes	hours) No
PaO <sub>2</sub> (lowest value on highest respiratory support)	mmHg
SaO <sub>2</sub> (associated with previous PaO2)	%
Arterial pH (associated with previous Pa02)	
PaCO <sub>2</sub> (associated with previous PaO2)	mmHg
Arterial HCO <sub>3</sub> (associated with previous Pa02)	mEq/L
Arterial base excess (associated with previous Pa02)	mmol/L
Arterial lactate (associated with previous Pa02)	mmol/L

۷°	de	participa	nt	Biol	banq	ue
		Biobank	ра	rtici	pant	ID



Site:	
-------	--

Support And Therapy					
SECTION 1 : Ventilatory support					
Did or does the patient receive ventilatory s	support?	No (in the last 24 hours)			
Ventilatory support (check all that apply):	<ul><li>Oxygen by cannula or mask</li><li>High-flow nasal cannula</li><li>CPAP/BIPAP</li><li>Mechanical ventilation</li></ul>				
SpO <sub>2</sub> (the lowest associated with the highest support)	FiO <sub>2</sub> (associated with the prev	vious SpO <sub>2</sub> ) % or L/min			
SECTION 2 : Adjunctive therapy					
Did or does the patient receive adjunctive the	herapy?	No (in the last 24 hours)			
If yes (check all that apply):	Vasopressor/inotropic support Prone positioning Inhaled nitric oxide (iNO) Extracorporeal membrane oxygenation High-frequency oscillatory ventilation Tracheostomy Blood transfusion Neuromuscular blocking agents Dialysis or hemofiltration Other, specify	(ECMO)			
Have laboratory tasts been done for this do	*Please enter the <i>first</i> value of the day*				
Have laboratory tests been done for this da					
Total WBC count  Neutrophil count  Lymphocyte count  Monocyte count  Eosinophil count  Basophil count	x 10 <sup>9</sup> /L  %  %  %  %  %	Not measured $ \begin{array}{c c}                                    $			
Platelets	× 10 <sup>9</sup> /L	Not measured			
Haemoglobin Urea	g/L mmol/L	Not measured  Not measured			
Creatinine	μmol/L	Not measured			
NT-proBNP	ng/L	Not measured			





Site
------

BNP	ng/L	Not measured
Sodium Na+	mmol/L	Not measured
Potassium K+	mmol/L	Not measured
C-reactive protein (CRP)	mg/L	Not measured
LDH	U/L	Not measured
Creatine Phosphokinase (CPK)	U/L	Not measured
Albumin	g/L	Not measured
AST	U/L	Not measured
ALT	U/L	Not measured
Procalcitonin (PCT)	μg/L	Not measured
Troponin T hs (high sensitivity)	ng/L	Not measured
Troponin I hs (high sensitivity)	ng/L	Not measured
Troponin T	ng/L	Not measured
Troponin I	ng/L	Not measured
APTT (activated partial thromboplastin time)	sec	Not measured
International Normalized Ratio (INR)		Not measured
Triglycerides	mmol/L	Not measured
Total bilirubin	μmol/L	Not measured
Direct bilirubin (conjugated)	μmol/L	Not measured
Glucose	mmol/L	Not measured
Venous lactate	mmol/L	Not measured
D-Dimer Greater thant	μg/L	Not measured
Fibrinogen	g/L	Not measured
Ferritin	μg/L	Not measured
IL-6	ng/L	Not measured
CD4	x 10 <sup>9</sup> /L	Not measured
CD8	x 10 <sup>9</sup> /L	☐ Not measured



Site			
Site	•		

۷º	de	participa	nt Biol	panque
		Biobank	partici	pant ID

# Hospitalization visit (+/- 2 days) D0 = day of recruitment

Description de la visite					
Related visit :	<ul> <li>D0 − First blood sample collection</li> <li>D2 − Second blood sample collection</li> <li>D7 − Third blood sample collection</li> <li>D14 − Fourth blood sample collection</li> <li>D30 − Fifth blood collection</li> </ul>				
Blood drawn for the BQC19?	Yes (go to section 1) No (go to section 2)				
SECTION 1 : Samples taken for BQC19					
Have routine blood samples been ordere clinical care?	d by your doctor as part of your regular				
Date of blood draw (aaaa-mm-dd)					
Time of blood draw (hh :mm)					
Collected :	☐ Ambulatory emergency				
	Emergency stretchers				
	Intensive Care Unit				
	U Outpatient clinic				
	Hospital floor (specify):				
	Other (specify):				
SECTION 2 : No sample collected for BQC	19				
If no blood sample was taken for BQC19,	when was the clinical data collected (yyyy-mm-dd)?				
Why not collected?					
	BQC19 Samples				
Number of ACD tubes collected:					
Number of PAXgene tubes collected:					
Number of serum tubes collected:					
Other blood draw tube(s) collected:					
PEDIATRIC - stool collected:	☐ Yes ☐ No ☐ N/A				
Were other biological samples collected?	☐ Yes ☐ No				
Other sample #1	Quantity:				
Other sample #2	Quantity :				
Other sample #3	Quantity:				

V° d∈	participant Biobanque
	Biobank participant ID



19;	Site :	
ISE DE LA		

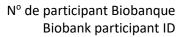
Vitals signs				
Have vital signs been assessed?				
	villection and near the time of venipuncture for BQC19  ympanic not available			
Systolic/Diastolic BP: /	mmHg			
Respiratory rate (associated with BP above):	resp/min			
Heart rate (associated with BP above):	batt/min			
O <sub>2</sub> saturation at room air	% (at time of the collection, if available )			
At the time of collection, is the participant receiving oxygen? $\ \square$ Yes $\ \square$ No				
At the time of collection, $SpO_2$ on oxygen: % And $FiO_2$				
AVPU Scale (lowest)  Alert  Verbal  Pain  Unresponsive  Indeterminate				
Glasgow Coma Scale(GCS/15) (lowest)	☐ Indeterminate			
Urine output over 24h collected?	•			
Urine output over 24h	ml			
Arterial Gas Assessment (within the last 24 Has an arterial gas assessment been performed?	hours) No			
PaO <sub>2</sub> (lowest value on highest respiratory support)	mmHg			
SaO <sub>2</sub> (associated with previous PaO2)	%			
Arterial pH (associated with previous Pa02)				
PaCO <sub>2</sub> (associated with previous PaO2)	mmHg			
Arterial HCO <sub>3</sub> (associated with previous Pa02)	mEq/L			
Arterial base excess (associated with previous Pa02)	mmol/L			
Arterial lactate (associated with previous Pa02)	mmol/L			

N° de participant Biobanque
Biobank participant ID



	Site :	
E OLIÉBÉCOISE DE LA		

Support And Therapy				
SECTION 1 : Ventilatory support				
Did or does the patient receive ventilatory s	upport?	No (in the last 24 hours)		
Ventilatory support (check all that apply):	<ul><li>Oxygen by cannula or mask</li><li>High-flow nasal cannula</li><li>CPAP/BIPAP</li><li>Mechanical ventilation</li></ul>			
SpO <sub>2</sub> (the lowest associated with the highest support)	$\sim$ FiO <sub>2</sub> (associated with the previous	us SpO <sub>2</sub> )		
SECTION 2 : Adjunctive therapy				
Did or does the patient receive adjunctive the	nerapy?	No (in the last 24 hours)		
If yes (check all that apply):	Vasopressor/inotropic support Prone positioning Inhaled nitric oxide (iNO) Extracorporeal membrane oxygenation (E High-frequency oscillatory ventilation Tracheostomy Blood transfusion Neuromuscular blocking agents Dialysis or hemofiltration Other, specify	:CMO)		
Have laboratory tests been done for this day	Labs  *Please enter the <i>first</i> value of the day*  /?  —————————————————————————————————			
Total WBC count	x 10 <sup>9</sup> /L	Not measured		
Neutrophil count Lymphocyte count Monocyte count Eosinophil count Basophil count	% % % %	$\begin{array}{c cccc} x \ 10^9 \ / L &                                $		
Platelets	x 10 <sup>9</sup> /L	Not measured		
Haemoglobin	g/L	Not measured		
Urea _	mmol/L	Not measured		
Creatinine	μmol/L	Not measured		
NT-proBNP	ng/L	Not measured		





Cito	
Site	•

BNP	_ ng/L	Not measured
Sodium Na+	_ mmol/L	☐ Not measured
Potassium K+	_ mmol/L	Not measured
C-reactive protein (CRP)	_ mg/L	☐ Not measured
LDH	_ U/L	☐ Not measured
Creatine Phosphokinase (CPK)	_ U/L	☐ Not measured
Albumin	_ g/L	Not measured
AST	_ U/L	Not measured
ALT	_ U/L	Not measured
Procalcitonin (PCT)	_ μg/L	☐ Not measured
Troponin T hs (high sensitivity)	_ ng/L	Not measured
Troponin I hs (high sensitivity)	_ ng/L	Not measured
Troponin T	_ ng/L	Not measured
Troponin I	_ ng/L	Not measured
APTT (activated partial thromboplastin time)	_ sec	Not measured
International Normalized Ratio (INR)	_	Not measured
Triglycerides	_ mmol/L	Not measured
Total bilirubin	_ μmol/L	☐ Not measured
Direct bilirubin (conjugated)	_ μmol/L	☐ Not measured
Glucose	_ mmol/L	Not measured
Venous lactate	_ mmol/L	☐ Not measured
D-Dimer Greater thant	_ μg/L	☐ Not measured
Fibrinogen	_ g/L	Not measured
Ferritin	_ μg/L	☐ Not measured
IL-6	_ ng/L	☐ Not measured
CD4	_ x 10 <sup>9</sup> /L	Not measured
CD8	_ x 10 <sup>9</sup> /L	Not measured



Site:
-------

# Hospitalization visit (+/- 2 days)

	Description de la visite
Related visit :	<ul> <li>D0 – First blood sample collection</li> <li>D2 – Second blood sample collection</li> <li>D7 – Third blood sample collection</li> <li>D14 – Fourth blood sample collection</li> <li>D30 – Fifth blood collection</li> </ul>
Blood drawn for the BQC19?	Yes (go to section 1) No (go to section 2)
SECTION 1 : Samples taken for BQC19	
Have routine blood samples been ordere clinical care?	d by your doctor as part of your regular PesNo
Date of blood draw (aaaa-mm-dd)	
Time of blood draw (hh :mm)	
Collected :	Ambulatory emergency
	Emergency stretchers
	Intensive Care Unit
	U Outpatient clinic
	Hospital floor (specify):
	Other (specify):
SECTION 2 : No sample collected for BQC	19
If no blood sample was taken for BQC19,	when was the clinical data collected (yyyy-mm-dd)?
Why not collected?	
	BQC19 Samples
Number of ACD tubes collected:	
Number of PAXgene tubes collected:	
Number of serum tubes collected:	
Other blood draw tube(s) collected:	
PEDIATRIC - stool collected:	☐ Yes ☐ No ☐ N/A
Were other biological samples collected?	☐ Yes ☐ No
Other sample #1	Quantity :
Other sample #2	Quantity :
Other sample #3	Quantity :

۷°	de	participa	nt Biol	panque
		Biobank	partici	pant ID



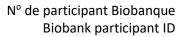
2:
:

Vitals signs				
Have vital signs been assessed?				
	ollection and near the time of venipuncture for BQC19  ympanic not available			
Systolic/Diastolic BP: /	mmHg resp/min batt/min % (at time of the collection, if available )			
AVPU Scale (lowest)  Alert  Verbal  Pain  Unresponsive  Indeterminate				
Glasgow Coma Scale(GCS/15) (lowest)	Indeterminate			
Urine output over 24h collected?	-			
Urine output over 24h	_ ml			
Arterial Gas Assessment (within the last 24)	hours			
Has an arterial gas assessment been performed?  Yes	No			
$PaO_2$ (lowest value on highest respiratory support)	mmHg			
SaO <sub>2</sub> (associated with previous PaO <sub>2</sub> )	%			
Arterial pH (associated with previous Pa02)				
PaCO <sub>2</sub> (associated with previous PaO <sub>2</sub> )	mmHg			
Arterial HCO <sub>3</sub> (associated with previous Pa02)	mEq/L			
Arterial base excess (associated with previous Pa02)	mmol/L			
Arterial lactate (associated with previous Pa02)	mmol/L			

۷°	de	participa	nt Biol	panque
		Biobank	partici	pant ID



Support And Therapy					
SECTION 1 : Ventilatory support					
Did or does the patient receive ventilatory so Ventilatory support (check all that apply):	Upport?				
	Mechanical ventilation				
$SpO_2$ (the lowest associated with the highest support)	% FiO <sub>2</sub> (associated with the previous SpO <sub>2</sub> ) % or L/min				
SECTION 2 : Adjunctive therapy					
Did or does the patient receive adjunctive th	erapy?				
If yes (check all that apply):	Vasopressor/inotropic support Prone positioning Inhaled nitric oxide (iNO) Extracorporeal membrane oxygenation (ECMO) High-frequency oscillatory ventilation Tracheostomy Blood transfusion Neuromuscular blocking agents Dialysis or hemofiltration Other, specify				
Have laboratory tests been done for this day	Labs *Please enter the first value of the day* ?				
Total WBC count	x 10 <sup>9</sup> /L Not measured				
Neutrophil count  Lymphocyte count  Monocyte count  Eosinophil count  Basophil count	% $x 10^9 / L$ Not measured% $x 10^9 / L$ Not measured				
Platelets	x $10^9$ /L				
Haemoglobin	g/L Not measured				
Urea _	mmol/L Not measured				
Creatinine	μmol/L				
NT-proBNP	ng/L Not measured				





BNP	_ ng/L	Not measured
Sodium Na+	_ mmol/L	Not measured
Potassium K+	_ mmol/L	Not measured
C-reactive protein (CRP)	_ mg/L	Not measured
LDH	_ U/L	Not measured
Creatine Phosphokinase (CPK)	_ U/L	Not measured
Albumin	_ g/L	Not measured
AST	_ U/L	Not measured
ALT	_ U/L	Not measured
Procalcitonin (PCT)	_ μg/L	Not measured
Troponin T hs (high sensitivity)	_ ng/L	Not measured
Troponin I hs (high sensitivity)	_ ng/L	Not measured
Troponin T	_ ng/L	Not measured
Troponin I	_ ng/L	Not measured
APTT (activated partial thromboplastin time)	sec	Not measured
International Normalized Ratio (INR)	_	Not measured
Triglycerides	_ mmol/L	Not measured
Total bilirubin	_ μmol/L	Not measured
Direct bilirubin (conjugated)	_ μmol/L	Not measured
Glucose	_ mmol/L	Not measured
Venous lactate	_ mmol/L	Not measured
D-Dimer Greater thant	_ μg/L	Not measured
Fibrinogen	_ g/L	Not measured
Ferritin	_ μg/L	Not measured
IL-6	_ ng/L	Not measured
CD4	_ x 10 <sup>9</sup> /L	Not measured
CD8	_ x 10 <sup>9</sup> /L	Not measured



Site:
-------

# Hospitalization visit (+/- 2 days)

	Description de la visite
Related visit :	<ul> <li>D0 − First blood sample collection</li> <li>D2 − Second blood sample collection</li> <li>D7 − Third blood sample collection</li> <li>D14 − Fourth blood sample collection</li> <li>D30 − Fifth blood collection</li> </ul>
Blood drawn for the BQC19?	Yes (go to section 1) No (go to section 2)
SECTION 1 : Samples taken for BQC19	
Have routine blood samples been ordered clinical care?	d by your doctor as part of your regular
Date of blood draw (aaaa-mm-dd)	
Time of blood draw (hh :mm)	
Collected :	Ambulatory emergency
	Emergency stretchers
	Intensive Care Unit
	Outpatient clinic
	Hospital floor (specify):
	Other (specify):
SECTION 2 : No sample collected for BQC	19
If no blood sample was taken for BQC19,	when was the clinical data collected (yyyy-mm-dd)?
Why not collected?	
,	
	BQC19 Samples
Number of ACD tubes collected:	
Number of PAXgene tubes collected:	
Number of serum tubes collected:	
Other blood draw tube(s) collected:	
PEDIATRIC - stool collected:	☐ Yes ☐ No ☐ N/A
Were other biological samples collected?	☐ Yes ☐ No
Other sample #1	Quantity:
Other sample #2	Quantity :
Other sample #3	Quantity :

V° d∈	participant Biobanque
	Biobank participant ID



CIP;	Site :	

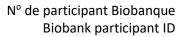
Vitals signs				
Have vital signs been assessed?				
	ollection and near the time of venipuncture for BQC19  ympanic not available			
Systolic/Diastolic BP:/	mmHg resp/min batt/min % (at time of the collection, if available )			
At the time of collection, SpO <sub>2</sub> on oxygen:  AVPU Scale (lowest)  Alert  Verbal  Pain  Unresponsive  Indeterminate				
Glasgow Coma Scale(GCS/15) (lowest)	Indeterminate			
Urine output over 24h collected?				
Urine output over 24h	ml _			
Arterial Gas Assessment (within the last 24 hours)  Has an arterial gas assessment been performed?  — Yes — No				
$PaO_2$ (lowest value on highest respiratory support)	mmHg			
SaO <sub>2</sub> (associated with previous PaO <sub>2</sub> )	%			
Arterial pH (associated with previous Pa02)				
PaCO <sub>2</sub> (associated with previous PaO2)	mmHg			
Arterial HCO <sub>3</sub> (associated with previous Pa02)	mEq/L			
Arterial base excess (associated with previous Pa02)	mmol/L			
Arterial lactate (associated with previous Pa02)	mmol/L			

۷°	de	participa	nt	Biol	banq	ue
		Biobank	ра	rtici	pant	ID



Site:	
-------	--

Support And Therapy				
SECTION 1 : Ventilatory support				
Did or does the patient receive ventilatory s	upport? Yes No (in the last 24 hours)			
Ventilatory support (check all that apply):	<ul> <li>Oxygen by cannula or mask</li> <li>High-flow nasal cannula</li> <li>CPAP/BIPAP</li> <li>Mechanical ventilation</li> </ul>			
SpO <sub>2</sub> (the lowest associated with the highest support)	% FiO <sub>2</sub> (associated with the previous SpO <sub>2</sub> ) % Or	r L/min		
SECTION 2 : Adjunctive therapy				
Did or does the patient receive adjunctive the	nerapy? Yes No (in the last 24 hours)			
If yes (check all that apply):	Vasopressor/inotropic support Prone positioning Inhaled nitric oxide (iNO) Extracorporeal membrane oxygenation (ECMO) High-frequency oscillatory ventilation Tracheostomy Blood transfusion Neuromuscular blocking agents Dialysis or hemofiltration Other, specify			
Have laboratory tests been done for this day	Labs  *Please enter the first value of the day*  /?			
Total WBC count	x 10 <sup>9</sup> /L Not me	asured		
Neutrophil count  Lymphocyte count  Monocyte count  Eosinophil count  Basophil count	%       x 10 <sup>9</sup> /L       □ Not me         %       x 10 <sup>9</sup> /L       □ Not me	easured easured easured		
Platelets	x 10 <sup>9</sup> /L Not measured			
Haemoglobin	g/L Not measured			
Urea _	mmol/L Not measured			
Creatinine	μmol/L Not measured			
NT-proBNP	ng/L Not measured			





30	CO	
OBANQUE Q	UÉBÉCOISE DE LA	

BNP	_ ng/L	Not measured
Sodium Na+	_ mmol/L	Not measured
Potassium K+	_ mmol/L	Not measured
C-reactive protein (CRP)	_ mg/L	Not measured
LDH	_ U/L	Not measured
Creatine Phosphokinase (CPK)	_ U/L	Not measured
Albumin	g/L	Not measured
AST	U/L	Not measured
ALT	U/L	Not measured
Procalcitonin (PCT)	_ μg/L	Not measured
Troponin T hs (high sensitivity)	ng/L	Not measured
Troponin I hs (high sensitivity)	ng/L	Not measured
Troponin T	ng/L	Not measured
Troponin I	ng/L	Not measured
APTT (activated partial thromboplastin time)	sec	Not measured
International Normalized Ratio (INR)	_	Not measured
Triglycerides	mmol/L	Not measured
Total bilirubin	_ μmol/L	Not measured
Direct bilirubin (conjugated)	_ μmol/L	Not measured
Glucose	_ mmol/L	Not measured
Venous lactate	_ mmol/L	Not measured
D-Dimer Greater thant	_ μg/L	Not measured
Fibrinogen	g/L	Not measured
Ferritin	_ μg/L	Not measured
IL-6	ng/L	Not measured
CD4	_ x 10 <sup>9</sup> /L	Not measured
CD8	_ x 10 <sup>9</sup> /L	Not measured



Site:
-------

# Hospitalization visit (+/- 2 days)

	Description de la visite
Related visit :	<ul> <li>D0 – First blood sample collection</li> <li>D2 – Second blood sample collection</li> <li>D7 – Third blood sample collection</li> <li>D14 – Fourth blood sample collection</li> <li>D30 – Fifth blood collection</li> </ul>
Blood drawn for the BQC19?	Yes (go to section 1) No (go to section 2)
SECTION 1 : Samples taken for BQC19	
Have routine blood samples been ordere clinical care?	d by your doctor as part of your regular PesNo
Date of blood draw (aaaa-mm-dd)	
Time of blood draw (hh :mm)	
Collected :	Ambulatory emergency
	☐ Emergency stretchers
	Intensive Care Unit
	U Outpatient clinic
	Hospital floor (specify):
	Other (specify):
SECTION 2 : No sample collected for BQC	19
If no blood sample was taken for BQC19,	when was the clinical data collected (yyyy-mm-dd)?
Why not collected?	
	BQC19 Samples
Number of ACD tubes collected:	
Number of PAXgene tubes collected:	
Number of serum tubes collected:	
Other blood draw tube(s) collected:	
PEDIATRIC - stool collected:	☐ Yes ☐ No ☐ N/A
Were other biological samples collected?	☐ Yes ☐ No
Other sample #1	Quantity :
Other sample #2	Quantity :
Other sample #3	Quantity :

V° d∈	participant Biobanque
	Biobank participant ID



CO	Site :	
OUÉBÉCOISE DE LA		

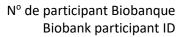
Vitals signs	
Have vital signs been assessed?	
	ollection and near the time of venipuncture for BQC19 cympanic not available
Systolic/Diastolic BP : //	mmHg
Respiratory rate (associated with BP above):	resp/min
Heart rate (associated with BP above):	_ batt/min
O <sub>2</sub> saturation at room air	% (at time of the collection, if available )
At the time of collection, is the participant receiving oxygen? $\ \square$ Yes $\ \square$ No	
At the time of collection, SpO <sub>2</sub> on oxygen: % And FiO <sub>2</sub>	
AVPU Scale (lowest)  Alert  Verbal  Pain  Unresponsive  Indeterminate	
Glasgow Coma Scale(GCS/15) (lowest)	☐ Indeterminate
Urine output over 24h collected?	-
Urine output over 24h	_ ml
Arterial Gas Assessment (within the last 24	hours)
Has an arterial gas assessment been performed?	No
PaO <sub>2</sub> (lowest value on highest respiratory support)	mmHg
SaO <sub>2</sub> (associated with previous PaO2)	%
Arterial pH (associated with previous Pa02)	
PaCO <sub>2</sub> (associated with previous PaO2)	mmHg
Arterial HCO <sub>3</sub> (associated with previous Pa02)	mEq/L
Arterial base excess (associated with previous Pa02)	mmol/L
Arterial lactate (associated with previous Pa02)	mmol/L

lo	de	participa	nt Biol	panque
		Biobank <sub>I</sub>	partici	pant ID



Support And Therapy			
SECTION 1 : Ventilatory support			
Did or does the patient receive ventilatory	support? Yes No (in the last 24 hours)		
Ventilatory support (check all that apply):	<ul> <li>Oxygen by cannula or mask</li> <li>High-flow nasal cannula</li> <li>CPAP/BIPAP</li> <li>Mechanical ventilation</li> </ul>		
$SpO_2$ (the lowest associated with the highest support)	% FiO <sub>2</sub> (associated with the previous SpO <sub>2</sub> ) % or L/min		
SECTION 2 : Adjunctive therapy			
Did or does the patient receive adjunctive t	therapy? Yes No (in the last 24 hours)		
If yes (check all that apply):	Vasopressor/inotropic support Prone positioning Inhaled nitric oxide (iNO) Extracorporeal membrane oxygenation (ECMO) High-frequency oscillatory ventilation Tracheostomy Blood transfusion Neuromuscular blocking agents Dialysis or hemofiltration Other, specify		

Labs *Please enter the <i>first</i> value of the day*			
Have laboratory tests been done for this da	ay? 🗌 Ye	es 🗌 No	
Total WBC count	x 10 <sup>9</sup> /L		Not measured
Neutrophil count	%		$\times 10^9 / L$ Not measured
Lymphocyte count	%		$\times 10^9 / L$ Not measured
Monocyte count	%		$\times 10^9 / L$ Not measured
Eosinophil count	%		$\times 10^9 / L$ Not measured
Basophil count	%		$\times 10^9 / L$ Not measured
Platelets		x 10 <sup>9</sup> /L	Not measured
Haemoglobin		g/L	Not measured
Urea		mmol/L	Not measured
Creatinine		μmol/L	Not measured
NT-proBNP		ng/L	Not measured





Sita	
JILE	

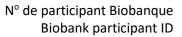
BNP	_ ng/L	Not measured
Sodium Na+	_ mmol/L	☐ Not measured
Potassium K+	_ mmol/L	☐ Not measured
C-reactive protein (CRP)	_ mg/L	☐ Not measured
LDH	_ U/L	☐ Not measured
Creatine Phosphokinase (CPK)	_ U/L	☐ Not measured
Albumin	_ g/L	Not measured
AST	_ U/L	Not measured
ALT	_ U/L	Not measured
Procalcitonin (PCT)	_ μg/L	Not measured
Troponin T hs (high sensitivity)	_ ng/L	Not measured
Troponin I hs (high sensitivity)	_ ng/L	Not measured
Troponin T	_ ng/L	Not measured
Troponin I	_ ng/L	Not measured
APTT (activated partial thromboplastin time)	sec	Not measured
International Normalized Ratio (INR)	_	Not measured
Triglycerides	_ mmol/L	Not measured
Total bilirubin	_ μmol/L	Not measured
Direct bilirubin (conjugated)	_ μmol/L	Not measured
Glucose	_ mmol/L	Not measured
Venous lactate	_ mmol/L	Not measured
D-Dimer Greater thant	_ μg/L	Not measured
Fibrinogen	_ g/L	Not measured
Ferritin	_ μg/L	Not measured
IL-6	_ ng/L	☐ Not measured
CD4	_ x 10 <sup>9</sup> /L	Not measured
CD8	_ x 10 <sup>9</sup> /L	Not measured

<b>B@</b> (	
BIOBANQUE QUÉ	BÉCOISE DE LA

۷° de	participa	nt Biobai	nque
	Biobank	participa	nt ID

## Discharge visit

Hospitalization Summary				
Date of arrival at this hospital	(yyyy-mm-dd):		Time (hh:mm):	
Emergency visit only?	☐ Yes ☐	No	<u> </u>	
Hospital admission?	☐ Yes ☐	□ No		
Date of admission at this hosp	ital (yyyy-mm-dd):		Time (hh :mm):	
Is it a transfer from another e	stablishment?	□ No		
If yes, name of facility:	-			
Date of arrival at referring fac	lity: (yyyy-mm-dd):		Unknown date	
ICU admission?	☐ Yes ☐	□ No		
Date of ICU admission (if applica	ole) (yyyy-mm-dd)			
Date of ICU discharge (if applical	le) (yyyy-mm-dd)			
Date of hospital discharge, or death if patient deceased during hospitalization(yyyy-mm-dd)				
		0		
Vital status at discharge:	☐ Alive ☐ Deceased			
Disposition :	Home			
	Transfert to other hospita	ıl		
	Transfert to rehab / conva	al facility		
	Transfert to long term car	facility		
Final diagnosis				
Ability to self-care at discharg	e versus pre-COVID			
,	□ Worse □ Same	☐ Better ☐ I	Inderterminate	
Level of care (final):	Prolong life with all neces	sary care (LOC1)		
	Prolong life with some lim	nitations to care (LOC	2)	
	Ensure comfort as a prior	ity over prolonging lif	e (LOC3)	
	Ensure comfort without p	rolonging life (LOC4)		
	☐ Not documented			





7	Ľ,	Site :	
_			

COVID tests and Severity					
Date of FIRST t	est for COVID (yyyy-mm-	-dd)			
Result :	Positive	Negative	Equivoo	al	
Sample type :	Nasal/NP swab	Throat swab	Sputum	Combined nasal/NP+throat swab	☐ BAL
	Endotracheal Asp	iration ETA	Urine	Feces/rectal swab	Blood
[Enter any othe	er tests performed for	COVID-19 below di	uring hospitalı	ization]	
Date of test #2	for COVID (yyyy-mm-dd)				
Result :	Positive	Negative	Equivoo	cal	
Sample type :	☐ Nasal/NP swab	☐ Throat swab	Sputum	Combined nasal/NP+throat swab	☐ BAL
	Endotracheal Asp	iration ETA	Urine	Feces/rectal swab	Blood
Date of test #3	for COVID (yyyy-mm-dd)				
Result :	Positive	Negative	Equivoo	ral	
Sample type :	☐ Nasal/NP swab	Throat swab	Sputum	Combined nasal/NP+throat swab	☐ BAL
	Endotracheal Asp	iration ETA	Urine	Feces/rectal swab	Blood
Date of test #4	for COVID (yyyy-mm-dd)				
Result :	Positive	☐ Negative	Equivoo	ral	
Sample type :	☐ Nasal/NP swab	☐ Throat swab	Sputum	Combined nasal/NP+throat swab	☐ BAL
	Endotracheal Asp	iration ETA	Urine	Feces/rectal swab	Blood
Date of test #5	for COVID (yyyy-mm-dd)				
Result :	Positive	Negative	Equivoo	ral	
Sample type :	☐ Nasal/NP swab	Throat swab	Sputum	Combined nasal/NP+throat swab	☐ BAL
	Endotracheal Asp	iration ETA	Urine	Feces/rectal swab	Blood
If more than 5 diagnostic tests for COVID					
Test #	Date (yyyy-mm-dd)	Resu	lt	Sample type	
6					
7					
8					
9 10					
το					

BOOLEGUE Site :	
-----------------	--

?	
Uninfe	cted
C	
Seve	erity of the COVID-19 episode
Degree of severity	Description
Unfinected	Not infected, no viral load detected
Mild	Asymptomatic, with detected viral load
	Symptomac, with detected viral load
	Symptomatic with need for assistance
a	*Inpatient hospitalized for isolation only
Moderate	Inpatient hospitalized without oxygen therapy
	Inpatient hospitalized with oxygen therapy by mask or nasal cannula
Severe	Inpatient hospitalized with CPAP, BPAP or High flow nasal cannula oxygen therapy
	Inpatient hospitalized, intubated with mechanical ventilation
	The state of the s

Complications during	hospitalization
TIA?	☐ Yes ☐ No
Anemia?	☐ Yes ☐ No
Cardiac arrest?	☐ Yes ☐ No
Other cardiac arrhythmia?	☐ Yes ☐ No
Stroke?	☐ Yes ☐ No
Bacteremia?	☐ Yes ☐ No
Bronchiolitis?	☐ Yes ☐ No
Seizure?	☐ Yes ☐ No
Liver dysfunction?	☐ Yes ☐ No
Pulmonary embolism (PE)?	☐ Yes ☐ No
Endocarditis?	☐ Yes ☐ No
Pleural effusion?	☐ Yes ☐ No
New atrial fibrillation or flutter (AF)?	☐ Yes ☐ No



c·.	
Cito	•
JILE	•

Ventricular tachycardia or fibrillation (VT/VF)?	☐ Yes ☐ No
Left ventricular function?	☐ Normal ☐ Reduced ☐ Not evaluated
	LVEF: %
Gastrointestinal haemorrhage?	☐ Yes ☐ No
Hyperglycemia?	☐ Yes ☐ No
Hypoglycemia?	☐ Yes ☐ No
Decompensated heart failure?	☐ Yes ☐ No
Acute kidney injury? (Increase in serum Cr by 1.5x or decrease in GFR by >25%)	☐ Yes ☐ No
Non-ST-elevation myocardial infarction (NSTEMI)?	☐ Yes ☐ No
ST-elevation myocardial infarction (STEMI)?	☐ Yes ☐ No
Meningitis or encephalitis?	☐ Yes ☐ No
Myocarditis?	☐ Yes ☐ No
Pancreatitis?	☐ Yes ☐ No
Pericarditis?	☐ Yes ☐ No
Bacterial pneumonia?	☐ Yes ☐ No
Cryptogenic organizing pneumonia (COP)?	☐ Yes ☐ No
Viral pneumonia/pneumonitis?	☐ Yes ☐ No
Pneumothorax?	☐ Yes ☐ No
Rhabdomyolysis or myositis?	☐ Yes ☐ No
Acute Respiratory Distress Syndrome (ARDS)?	☐ Yes ☐ No
	If yes, specify severity (Adult Berlin scale; ticked not
	documented for children because PALICC scale):  Mild Moderate Severe Indeterminate
Deep vein thrombosis (DVT)?	Yes No
Disseminated intravascular coagulation (DIC)?	☐ Yes ☐ No
Other complication(s)?	Yes No
Specify:	Specify:
Specify:	Specify:
Specify:	Specify:
- F1.	-11-

۷°	de	participant Biobanque
		Biobank participant ID



	•	
Treatment and Tests		
SECTION 1 : Other pathogen tests		
Positive viral infection documented during hospitalization	☐ Yes ☐ No	
If yes, specify the virus (ckeck all that apply):		
☐ Adenovirus ☐ Influenza ☐ RSV ☐ Parainfl	uenza   Rhinovirus/entérovirus   Metapneumovirus	
Other, specify		
Positive bacterial culture documented during hospitalization	n?	
If yes, specify pathogen(s) and site(s) of bacterial infection		
Location	Bacteria (database: drop-down list)	
SECTION 2 : Others tests performed during hospitalization		
Coronary angiography (Cardiac catheterization)?	☐ Yes ☐ No	
Point of care ultrasound (POCUS)?	☐ Yes ☐ No	
Echocardiogram?	☐ Yes ☐ No	
Electrocardiogram (EKG)?	☐ Yes ☐ No	
Percutaneous coronary intervention ("stented")?	☐ Yes ☐ No	
Chest x-ray?	☐ Yes ☐ No	
CT Abdomen?	☐ Yes ☐ No	
CT Thorax?	☐ Yes ☐ No	
CT Head?	☐ Yes ☐ No	
Other imaging test(s)?		
	☐ Yes ☐ No	

Nº d∈	e participa	nt Biol	panque
	Biobank	partici	pant ID



SECTION 3 : Treatment (at any time during hospitalisation)									
Ventilatory support :	☐ Yes ☐ No								
Oxygen therapy	Yes No	Number of days							
If yes (check all that apply):	☐ Non-invasive cannula/mask support	Number of days							
	Non-invasive ventilation CPAP/BPAP	Number of days							
	Non-invasive support via High-flow nasal cannula (HFNC)	Number of days							
	Invasive support with mechanical ventilation	Number of days							
SpO <sub>2</sub> (lowest associated with the highest support)  % FiO <sub>2</sub> (related to SpO <sub>2</sub> )			%	or L	/min				
Adjunctive therapy duri	ng hospitalization:								
If yes (check all that apply):	☐ Vasopressor/inotropic support	Number of days							
	☐ Prone positioning								
	☐ Inhaled nitric oxide (iNO)								
	Extracorporeal membrane oxygenation (ЕСМО)								
	High-frequency oscillatory ventilation (HFOV)								
	☐ Tracheostomy								
	Blood transfusion								
	<ul><li>Neuromuscular blocking agents</li><li>Dialysis/hemofiltration</li></ul>								
	Other(s), specify								
SECTION 4 - Madiestics									
	s during hospitalization								
Remdes									
	ir/Ritonavir ("Kaletra")								
	on alpha								
	on beta								
☐ Neuran	ninidase inh.								
☐ Other a	ntiviral :								
☐ Azithro	mycin ("Zithromax")								
☐ Other a	ntibiotic :								
☐ Antifun									
☐ System	atic corticosteroid								
☐ Hydrox	ychloroquine ("Plaquenil")								
☐ Chlorod	uine ("Aralen")								
☐ Ivermed	ctin ("Stromectol")								
☐ Tocilizu	mab ("Actemra")								



Site :	N° de participant Biobanque	N° de participant Biobanque				
Site .	Biobank participant ID					

Sarilumab ("Kevzara")
Kineret ("Anakinra")
Other immunomodulator:
Colchicine
Plasma convalescent
Cellules souches / cellules T éduquées
IVIG
Other COVID-19 treatments:



. 7	11 -	

	ummary			
*** Use the highest or lowest value of the hospitalization, as indicated in parenthesis***  Date (yyyy-mm-dd)				
WBC count (HIGHEST value)	- 0.00 (177) ······ 207	x 10 <sup>9</sup> /L	Not measured	
Neutrophil count (ніднеят value)		- Relative value	☐ Not measured	
Lymphocyte count (LOWEST value)		Relative value	Not measured	
Monocyte count (HIGHEST value)		Relative value	Not measured	
Eosinophil count (ніснест value)		Relative value	☐ Not measured	
Basophil count (ніднеят value)		Relative value	☐ Not measured	
Platelet (LOWEST value)		x 10 <sup>9</sup> /L	Not measured	
Haemoglobin (Lowest value)		g/L	☐ Not measured	
Urea (ніднеsт value)		mmol/L	Not measured	
Creatinine (ніднест value)		_ μmol/L	Not measured	
NT-proBNP (HIGHEST value)		ng/L	Not measured	
BNP (HIGHEST value)		ng/L	Not measured	
Sodium Na+ (HIGHEST value)		mmol/L	Not measured	
Potassium K+ (HIGHEST value)		mmol/L	Not measured	
C-reactive protein (CRP) (ніднест value)		mg/L	Not measured	
LDH (HIGHEST value))		U/L	Not measured	
Creatine Phosphokinase (СРК) (нюнест value)		U/L	Not measured	
Albumin (Lowest value)		g/L	Not measured	
AST (HIGHEST value)		U/L	Not measured	
ALT (HIGHEST value)		U/L	Not measured	
Procalcitonin (PCT) (HIGHEST Value)		μg/L	Not measured	
Troponin T hs (high sensitivity) (нюнест value)	· ·	ng/L	Not measured	



c	it۵	•	
J	ıιc		

		Date (yyyy-mm-dd)		
Troponin I hs (high sensitivity) (нібнест value)			 ng/L	Not measured
Troponin T (нібнеят value)			 ng/L	Not measured
Troponin I (ніднест value)			 ng/L	Not measured
APTT (activated partial thromboplastin time) (ніснест value)			 sec	Not measured
International Normalized Ratio (INR) (нібнеят value)			 _	Not measured
Triglycerides (нібнест value)			mmol/L	Not measured
Total bilirubin (нюнест value)			 μmol/L	Not measured
Direct bilirubin (conjugated) (нюнест value)			 μmol/L	Not measured
Glucose (ніднест value)			 mmol/L	Not measured
Venous lactate (ніднест value)			 mmol/L	Not measured
D-Dimer (нібнеят value)	Greater than		 μg/L	Not measured
Fibrinogen (ніснест value)			g/L	Not measured
Ferritin (ніднеят value)			 μg/L	Not measured
IL-6 (HIGHEST Value)			 ng/L	Not measured
CD4 (LOWEST value)			x 10 <sup>9</sup> /L	Not measured
CD8 (Lowest value)			 x 10 <sup>9</sup> /L	Not measured





#### **CASE REPORT FORM (CRF)**

English version 03,

# **Hospitalized participants**

#### POST-HOSPITALIZATION FOLLOW-UP

(These visits are made x days following hospital discharge)

VERSION 03, JANUARY 18TH, 2021



V° de	participa	nt Biol	oanqu	e
	Biobank	partici	pant I	D

#### **FOLLOW-UP VISIT 30 DAYS**

Visit Description					
Planet de la facilità POCACA					
Blood drawn for the BQC19?	Yes (g	o to section 1)	NO (go to se	ction 2)	
SECTION 1 : Samples taken for BQC19					
Date of blood draw (aaaa-mm-dd)				_	
Time of blood draw (hh:mm)				_	
Delay between the diagnosis and the draw	blood			Automatic calculation in REDCap (do not complete)	
Collected :	Ambı	ılatory eme	ergency		
	Emer	gency stret	chers		
	Inten	sive Care U	nit		
	Outpa	atient clinic			
	☐ Hospi	ital floor (sp	ecify):		
	Other	(specify):			
SECTION 2 : No samples taken for BQC19					
If no blood sample was taken for BQC19, w	hen was th	e clinical d	ata collected? (y)	ryy-mm-dd)?	
Why not collected?					
	ВС	C19 San	nples		
Number of ACD tubes collected:					
Number of PAXgene tubes collected:					
Number of serum tubes collected:					
Other blood draw tube(s) collected:					
PEDIATRIC - stool collected:				N/A	
Were other biological samples collected?		Yes	☐ No		
Other sample #1			Quantity:		
Other sample #2 Quantity :					
Other sample #3			Quantity :		

<b>BQC</b>	4
BIOBANQUE QUÉBÉCOISE DE L	A

Site:
-------

Essential Follow-up				
Was this follow-up visit completed?	☐ Yes ☐ No			
Date of follow-up (yyyy-mm-dd):				
Delay between the diagnosis and the follow-up visit	Automatic calculation in REDCap (do not complete)			
How was this follow-up completed?	By phone In person			
Who answered the questions? Check all that apply.	<ul><li>□ Patient</li><li>□ Surrogate</li><li>□ Health-care professional</li></ul>			
Name of interviewer				
SECTION 1 : Ongoing Consent				
Ongoing consent status:	<ul> <li>Withdrawal from the study</li> <li>Partial withdrawal - consent to blood draws only</li> <li>Partial withdrawal - consent to follow-up only</li> <li>Consent to all study procedures</li> </ul>			
SECTION 2 : Vital Status Update				
Date of last known vital status (yyyy-mm-dd):				
Vital status	Alive Deceased Unknown			
	Fallowing			
Have you been dispressed with a new or recurrent see	Follow up			
Have you been diagnosed with a new or recurrent cas since your last follow-up (based on PCR testing)?	Yes (If the participant has had a new positive VIDOC test - please complete the End of Participation form and start a new BQC19 registration for this patient).			
	□ No			
Have you been re-hospitalized since your initial vis				
excluding outpatient clinic visits and planned follow-up visits?  No (go to section 2)				
SECTION 1 : Medical follow-up				
Have you been re-hospitalized since your initial visit for excluding outpatient clinic visit and planned follow-up multiple re-hospitalization, enter the most significant one and describe the additional comments fields at the end of the form)	tp visit? (If the other ones in the			
Type of repeat hospital visit? Check all that apply.	<ul><li>Emergency room visit</li><li>Hospital admission</li></ul>			
	Not sure			



Site	:	
------	---	--

If emergency or re-hospitalization, date of admission (yyyy-	-mm-dd) :
Facility:	
Cause :	
Ware additional modical examinations requestes as next	of this Vos. ( )
Were additionnal medical examinations requestes as part follow-up? (OPTIONAL – For clinical purpose)	Yes (complete the section 5)  No (go to next)
·	
Have laboratory tes been done for this day? (OPTIONAL – For a purpose)	
	No (go to next)
Does the participant report pesisitant symptomes related	
CoV-2 infection?	No (go to next)
Has the participant had any new disease and/or worsenin	g and/or Yes (complete the section 4)
deterioration of a pre-existing disease?	No (go to next)
SECTION 2 : Current symptoms	
Joint pain (Arthralgia)?	☐ Yes ☐ No
Confusion / altered mental status?	☐ Yes ☐ No
Red eye (Conjunctivitis)?	☐ Yes ☐ No
Seizure?	☐ Yes ☐ No
Diarrhea?	☐ Yes ☐ No
Abdominal pain?	☐ Yes ☐ No
Chest pain?	☐ Yes ☐ No
Shortness of breath (Dyspnea)?	☐ Yes ☐ No
Dizziness?	☐ Yes ☐ No
Extremity weakness or numbness?	☐ Yes ☐ No
Fatigue?	☐ Yes ☐ No
Fever (≥38.0°C)?	☐ Yes ☐ No
Hemoptysis / Bloody sputum?	☐ Yes ☐ No
Loss of appetite?	☐ Yes ☐ No
Ear pain?	☐ Yes ☐ No
Sore throat?	☐ Yes ☐ No
Headache?	☐ Yes ☐ No
Muscle aches (Myalgia)?	☐ Yes ☐ No
Nausea / vomiting ?	☐ Yes ☐ No
Leg swelling (Edema) ?	☐ Yes ☐ No
Loss of taste / lost of smell?	☐ Yes ☐ No



Site:	N° de participant Biobanque
	Biobank participant ID

Skin rash?	☐ Yes ☐ No
Runny nose (Rhinorrhea)?	☐ Yes ☐ No
Wheezing or stridor?	☐ Yes ☐ No
Cough?	☐ Yes ☐ No
Trouble speaking (Aphasia / Dysphasia)?	☐ Yes ☐ No

	Functional status
Circle the correct answers	
Mobility	1. I have no problems in walking about
	2. I have slight problems in walking about
	3. I have moderate problems in walking about
	4. I have severe problems in walking about 5, I am unable to walk about
Self-care	1. I have no problem washing or dressing myself
	2. I have slight problems washing or dressing myself
	3. I have moderate problems washing or dressing myself
	4. I have severe problems washing or dressing myself
	5. am unable to wash or dress myself
Usual activities (i.e. work,	1. I have no problems doing my usual activities
study, housework, family or	2. I have slight problems doing my usual activities
leisure activities)	3. I have moderate problems doing my usual activities
	4. I have severe problems doing my usual activities
	5. I am unable to do my usual activities
Pain and discomfort	1. I have no pain or discomfort
	2. I have slight pain or discomfort
	3. I have moderate pain or discomfort
	4. I have severe pain or discomfort
	5. I have extreme pain or discomfort
Anxiety and depression	1. I am not anxious or depressed
	2. I am slightly anxious or depressed
	3. I am moderately anxious or depressed
	4. I am severely anxious or depressed
	5. I am extremely anxious or depressed
Breathlessness	1. I am breathless only with strenuous exercise
bi cathlessness	2. I am short of breath when hurrying or going up a slight hill
	3. I am slower than most people of the same age on level ground
	4. I stop for breath walking 100m or few minutes on level ground
	5. I am too breathless to leave the house
2 1 11 6	
Rate your health from 0	0 (worst / pire)   100 (best / meilleur)
(worst) to 100 (best)	
	%
How much difficulty do you	1. Noe
have lifting or carrying 10	2. Some
lbs?	3. A lot or unable



C:T-
311 E

How much difficulty do you	1. Noe
have walking across a	2. Some
room?	3. A lot or unable
How much difficulty do you	1. Noe
have transferring from a	2.Some
chair to a bed?	3.A lot or unable
How much difficulty do you	1, Noe
have climbing a flight of 10	2, Some
stairs?	3, A lot or unable
How many times have you	0. Noe
fallen in the past year?	1. 1-3 falls
	2. 4 or more falls

EuroQol Group. (2011). EQ-5D-5L User Guide. Rotterdam: EuroQol Group. Available at <a href="http://www.euroqol.org/eq-5d/publications/user-quide.html">http://www.euroqol.org/eq-5d/publications/user-quide.html</a>; Nerys Williams, The MRC breathlessness scale, Occupational Medicine, 2017; 67(6): 496-497; Malmstrom TK, Morley JE. SARC-F: a simple questionnaire to rapidly diagnose sarcopenia. J Am Med Dir Assoc. 2013;14(8):531-532.

SECTION 4 : Complications Post-COVID						
Cardiovascular complications?			Yes (complete the section) No (go to next)			
Connection with SARS-CoV-2 infection			Recently appeared and directly link Pathology already present but wor Note related to SARS-CoV-2 infection Undetermined	<del>-</del> '		
				No	Yes	
	Cardiac arrest?					
	Other cardiac arrhythmia	a?				
Endocarditis? Myocarditis? Pericarditis?  New atrial fibrillation or flutter (FA)?			icarditis?			
			(FA)?			
	Ventricular tachycardia of Left ventricular fonction Decompensated heart for		lation (VT/VF)?			
			)			
Non-ST-elevation myoca myocardial infaction (ST			faction (NSTEMI)? ST-elevation			
	Deep vein throbosis (DV	Γ)?				
	Dissiminated intravascula	Dissiminated intravascular coagulation?				
Respiratory complication	ns?		Yes (complete the section) No (go to next)			
Connection with SARS-CoV-2 infection			Recently appeared and directly linked to COVID-19 episode) Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined			



Site:		

Asthma?					No	Yes	
Pulmonary embolism (PE)? Pleural effusion? Interstitial lung disease? COPD? Bacterial, viral or cryptogenic organizing pneumonia? Pneumothorax? Acute Respiratory Distress Syndrome (ARDS)?  Renal complications?    Yes (complete the section)   No (go to next)   Pathology already present but worsening / deterioration   Note related to SARS-CoV-2 infection   Undetermined   No Yes		Asthma?					
Pleural effusion?		Bronchiolitis?					
Interstitial lung disease?  COPD?  Bacterial, viral or cryptogenic organizing pneumonia?  Pneumothorax?  Acute Respiratory Distress Syndrome (ARDS)?  Renal complications?  Recently appeared and directly linked to COVID-19 episode) Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined  No Yes  Acute kidneay injury?  Neurologic complications?  Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined  No Yes  TIA? Stroke? Selzure? Méningitis / encephalitis? Insomia? Difficulty with concentration? Memory problem? Brain Frog?  Psychiatric complications?  Yes (complete the section) Note related to SARS-CoV-2 infection Undetermined  No Yes  TIA? Stroke? Selzure? Méningitis / encephalitis? Insomia? Difficulty with concentration? No (go to next)  Connection with SARS-CoV-2 infection Undetermined  Psychiatric complications?  Yes (complete the section) No (go to next)  Connection with SARS-CoV-2 infection Undetermined  No Yes  Depression? Anxiety?		Pulmonary embolism (PE)?	?				
COPD?   Bacterial, viral or cryptogenic organizing pneumonia?		Pleural effusion?					
Bacterial, viral or cryptogenic organizing pneumonia?		Interstitial lung disease?					
Pneumothorax?   Acute Respiratory Distress Syndrome (ARDS)?		COPD?					
Acute Respiratory Distress Syndrome (ARDS)?		Bacterial, viral or cryptoge	nic o	rganizing pneumonia?			
Renal complications?    Yes (complete the section)   No (go to next)		Pneumothorax?					
Renal complications?    Yes (complete the section)   No (go to next)		Acute Respiratory Distress	Synd	Irome (ARDS)?			
Connection with SARS-CoV-2 infection Recently appeared and directly linked to COVID-19 episode) Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined    No							
Pathology already present but worsening / deterioration   Note related to SARS-CoV-2 infection   Undetermined   No Yes	Renal complications?						
Acute kidneay injury?	Connection with SARS-CoV-2 infection			Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection			de)
Neurologic complications?  Yes (complete the section) No (go to next)  Connection with SARS-CoV-2 infection  Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined  No Yes TIA? Stroke? Seizure? Méningitis / encephalitis? Insomia? Difficulty with concentration? Memory problem? Brain Frog?  Psychiatric complications?  Yes (complete the section) No (go to next)  Connection with SARS-CoV-2 infection  Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined  No Yes Depression? Anxiety?					No	Yes	
Connection with SARS-CoV-2 infection  Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined  No Yes  TIA? Stroke? Seizure? Méningitis / encephalitis? Insomia? Difficulty with concentration? Memory problem? Brain Frog?  Psychiatric complications?  No (go to next)  Connection with SARS-CoV-2 infection  Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined  No Yes  Depression? Anxiety?		Acute kidneay injury?					
Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined    No Yes	Neurologic complication	is?					
TIA? Stroke?  Seizure?  Méningitis / encephalitis?  Insomia?  Difficulty with concentration?  Memory problem? Brain Frog?  Psychiatric complications?  Yes (complete the section)  No (go to next)  Connection with SARS-CoV-2 infection  Recently appeared and directly linked to COVID-19 episode  Pathology already present but worsening / deterioration  Note related to SARS-CoV-2 infection  Undetermined  No Yes  Depression?  Anxiety?	Connection with SARS-C	oV-2 infection		Pathology already present but wors Note related to SARS-CoV-2 infection	sening / det		de
Seizure?  Méningitis / encephalitis?  Insomia?  Difficulty with concentration?  Memory problem? Brain Frog?  Psychiatric complications?  Yes (complete the section)  No (go to next)  Connection with SARS-CoV-2 infection  Recently appeared and directly linked to COVID-19 episode  Pathology already present but worsening / deterioration  Note related to SARS-CoV-2 infection  Undetermined  No Yes  Depression?  Anxiety?					No	Yes	
Méningitis / encephalitis?  Insomia?  Difficulty with concentration?  Memory problem? Brain Frog?  Psychiatric complications?  Yes (complete the section)  No (go to next)  Connection with SARS-CoV-2 infection  Recently appeared and directly linked to COVID-19 episode  Pathology already present but worsening / deterioration  Note related to SARS-CoV-2 infection  Undetermined  No Yes  Depression?  Anxiety?		TIA? Stroke?					
Insomia?  Difficulty with concentration?  Memory problem? Brain Frog?  Psychiatric complications?  Yes (complete the section) No (go to next)  Connection with SARS-CoV-2 infection  Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined  No Yes  Depression? Anxiety?		Seizure?					
Difficulty with concentration?  Memory problem? Brain Frog?  Yes (complete the section) No (go to next)  Connection with SARS-CoV-2 infection  Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined  No Yes  Depression?  Anxiety?		Méningitis / encephalitis?					
Psychiatric complications?  Yes (complete the section) No (go to next)  Connection with SARS-CoV-2 infection Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined  Depression? Anxiety?		Insomia?					
Psychiatric complications?  Yes (complete the section) No (go to next)  Connection with SARS-CoV-2 infection Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined  No Yes  Depression? Anxiety?		Difficulty with concentration	on?				
Connection with SARS-CoV-2 infection  Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined  No Yes Depression? Anxiety?		Memory problem? Brain Fr	rog?				
Connection with SARS-CoV-2 infection  Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined  Depression?  Anxiety?	<b>-</b>	2					
Pathology already present but worsening / deterioration  Note related to SARS-CoV-2 infection  Undetermined  No Yes  Depression?  Anxiety?	Psychiatric complication	S?					
Note related to SARS-CoV-2 infection Undetermined  No Yes  Depression?  Anxiety?	Connection with SARS-C	oV-2 infection		Recently appeared and directly link	ed to COVI	D-19 episod	de
☐         Undetermined           No         Yes           Depression?         ☐           Anxiety?         ☐				Pathology already present but wors	sening / det	terioration	
Depression?				Note related to SARS-CoV-2 infection	on		
Depression?				Undetermined			
Anxiety?					No	Yes	
		Depression?					
Mood change?		Anxiety?					
wide change:		Mood change?					



Site				
once	•			

Gastrointestinal compli	cations?		Yes (complete the section) No (go to next)			
Connection with SARS-CoV-2 infection			Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined			de
				No	Yes	
	Liver dysfunction?					
	Gastrointestinal heamor	rhage?				
	Pancreatitis?					
Complications of the en	docrine system?		Yes (complete the section) No (go to next)			
Connection with SARS-CoV-2 infection			Recently appeared and directly link Pathology already present but wor Note related to SARS-CoV-2 infection Undetermined	sening / det		de
				No	Yes	
	Hyperglycemia?					
	Hypoglycemia?					
Others complications?  Connection with SARS-C	Anemia?  Bacteriemia?  Rhabdomyolysis or myos		Yes (complete the section) No (go to next) Recently appeared and directly link Pathology already present but wor Note related to SARS-CoV-2 infection	sening / det		de
SECTION 5 : Tests						
Medical context of the	requested follow-up exam	inations				
Cardiac assessment						
Coronary angiography (	Cardiac catheterization)?		☐ Yes ☐ No			
Point of care ultrasound	I (POCUS)?		☐ Yes ☐ No			
Echocardiogram?			☐ Yes ☐ No			



· · ·	
\ıt△	
JILE	

Electrocardiogram (EKG)?	☐ Yes	□ No	
Percutaneous coronary intervention ("stented")?	☐ Yes	□ No	
Medical imaging			
Chest X-ray?	☐ Yes	□ No	
CT Abdomen?	☐ Yes	☐ No	
CT Thorax?	☐ Yes	□ No	
CT Head?	☐ Yes	□ No	
Other imaging test(s)?			
Respiratory founction tests			
Spirometry?	Yes	□ No	
Metacholine?	Yes		
Lung founction test?	└ Yes	□ No	
SECTION 6: Labs Follow up OPTIONAL - To be completed if the participant had routine lab	poratories as part of the	eir follow-up. These	tests are MANDATORY.
lgG			
Total WBC count	x 10 <sup>9</sup> /L		Not measured
Neutrophil count	%		x 10 <sup>9</sup> /L Not measured
Lymphocyte count	%		x 10 <sup>9</sup> /L Not measured
Monocyte count	%		x 10 <sup>9</sup> /L Not measured
Eosinophil count	%		$\times 10^9$ /L Not measured
Basophil count	%		x 10 <sup>9</sup> /L Not measured
Platelets		x 10 <sup>9</sup> /L	Not measured
Haemoglobin		g/L	Not measured
Urea		mmol/L	Not measured
Creatinine		μmol/L	Not measured
NT-proBNP		ng/L	Not measured
BNP		ng/L	Not measured
Sodium Na+		mmol/L	Not measured
Potassium K+		mmol/L	Not measured
C-reactive protein (CRP)		mg/L	Not measured
LDH		U/L	Not measured
Creatine Phosphokinase (CPK)		U/L	Not measured
Albumin		g/L	Not measured

B	CO
BIOBANQUE QU	ÉBÉCOISE DE LA

Site:

AST					U/L			□ No	t measu	red		
ALT				U/L			□ No	t measu	red			
Procalcitonin (PCT)					μg/L			□ No	t measu	red		
Troponin T hs (high sensitivity)					ng/L			□ No	t measu	red		
Troponin I hs (high sensitivity)					ng/L			□ No	t measu	red		
Troponin T					ng/L			□ No	t measu	red		
Troponin I					ng/L			□ No	t measu	red		
APTT (activated partial thromboplasti	n time)				sec			□ No	t measu	red		
International Normalized Rat	io (INR)							□ No	t measu	red		
Triglycerides					mmol/	'L		□ No	t measu	red		
Total bilirubin					μmol/	L		□ No	t measu	red		
Direct bilirubin (conjugated)					μmol/	L		□ No	t measu	red		
Glucose					mmol/	'L		□ No	t measu	red		
Fibrinogen					g/L	g/L Not measured						
Ferritin					μg/L			□ No	t measu	red		
IL-6				ng/L Not measured								
CD4					x 10 <sup>9</sup> /l	-		□ No	t measu	red		
CD8				x 10 <sup>9</sup> /I	_		□ No	t measu	red			
SECTION 7 : Clinical frailty so												
Frailty scale (clinical frailty sc	:ale) (circle)	1	2	3	4	5	6	7	8	9		n/d
	Clinical Frailty Sca  I Very Fit – People who are rob and motivated. These people comr regularly. They are among the fitte  2 Well – People who have no ac symptoms but are less fit than cate exercise or are very active occasion  3 Managing Well – People whose are well controlled, but are not re beyond routine walking.  4 Vulnerable – While not depend daily help, often symptoms limit ac complaint is being "slowed up", and during the day.  5 Mildly Frail – These people of evident slowing, and need help in (finances, transportation, heavy hou tions). Typically, mild frailty progres shopping and walking outside alone and housework.	ust, active, energy monly exercise st for their age.  tive disease egory I. Often, translly, e.g. season er medical proble gularly active  dent on others for their age.  A common distribution of the season with the season of t	ney ally.  Dornon	Scoring for The degrammer details of repetitional through the They can In severe	7 Severely F personal care cognitive). Evhigh risk of dy 8 Very Seve approaching the not recover end of the severe severe approaching the severe seve	from whatever on so, they se in se in so, they se in s	ver cause (prem stable a 6 months).  completely of complet	hysical or nd not at dependent, ey could of life. This expectancy idently frail.				
	6 Moderately Frail – People need outside activities and with keeping often have problems with stairs an bathing and might need minimal as	<b>g house</b> . Inside, th d need <b>help witl</b>	ney h	<ol><li>K. Rockwo frailty in elde</li></ol>	n Study on Health & / cod et al. A global clini erly people, CMAJ 200 on 1.2_EN, All rights reser ousle University Halifox, Car	cal measure of fitne 05;173:489-495.	ss and	HOUSIE				



۷° d	e partic	ipant	Bioba	nque
	Bioba	nk pa	rticipa	nt ID

#### **FOLLOW-UP VISIT 90 DAYS**

Visit Description							
Blood drawn for the BQC19?		Yes (g	o to sect	ion 1)		No (go to sect	ion 2)
SECTION 1 : Samples taken for BQC19							
Date of blood draw (aaaa-mm-dd) Time of blood draw (hh:mm) Delay between the diagnosis and the draw Collected:	bloc	Ambu Emer	ulatory gency sive Ca	stret	chers	cy	Automatic calculation in REDCap (do not complete)
		Outpa Hospi	atient ital floo	clinic or (spe			
SECTION 2 : No samples taken for BQC19							
If no blood sample was taken for BQC19, w	hen	was th	e clini	cal da	ata co	llected? (yyy	y-mm-dd)?
Why not collected?							
		ВС	QC19	Sam	ples	5	
Number of ACD tubes collected:							
Number of PAXgene tubes collected:							
Number of serum tubes collected:							
Other blood draw tube(s) collected:							
PEDIATRIC - stool collected:				Yes		No $\square$ N	N/A
Were other biological samples collected?				Yes		No	
Other sample #1					Qua	ntity :	
Other sample #2					Qua	ntity :	
Other sample #3					Qua	ntity :	



Esse	ential Follow-up
Was this follow-up visit completed?	☐ Yes ☐ No
Date of follow-up (yyyy-mm-dd):	
Delay between the diagnosis and the follow-up visit	Automatic calculation in REDCap (do not complete)
How was this follow-up completed?	☐ By phone ☐ In person
Who answered the questions? Check all that apply.	<ul><li>□ Patient</li><li>□ Surrogate</li><li>□ Health-care professional</li></ul>
Name of interviewer	
SECTION 1 : Ongoing Consent	
Ongoing consent status:	<ul> <li>Withdrawal from the study</li> <li>Partial withdrawal - consent to blood draws only</li> <li>Partial withdrawal - consent to follow-up only</li> <li>Consent to all study procedures</li> </ul>
SECTION 2 : Vital Status Update	
Date of last known vital status (yyyy-mm-dd):	
Vital status	Alive Deceased Unknown
	Follow up
Have you been diagnosed with a new or recurrent cas since your last follow-up (based on PCR testing)?	
Have you been re-hospitalized since your initial vis	isit for COVID, Yes (go to section 1)
excluding outpatient clinic visits and planned follow-u	up visits? No (go to section 2)
SECTION 1 : Medical follow-up	
Have you been re-hospitalized since your initial visit for excluding outpatient clinic visit and planned follow-up multiple re-hospitalization, enter the most significant one and describe the additional comments fields at the end of the form)	p visit? (If he other ones in the
Type of repeat hospital visit? Check all that apply.	<ul><li>Emergency room visit</li><li>Hospital admission</li></ul>
	☐ Not sure



If emergency or re-hospitalization, date of admission (yyyy-mm-dd):					
Facility:					
Cause :					
Were additionnal medical examinations requestes as part of this follow-up? (OPTIONAL – For clinical purpose)  Yes (complete the section 5)  No (go to next)					
Have laboratory tes been done for this day? (OPTIONAL – For a purpose)	linical	Yes (complete the section 6) No (go to next)			
Does the participant report pesisitant symptomes related CoV-2 infection?	to SARS-	Yes (complete the section 2) No (go to next)			
Has the participant had any new disease and/or worsenin deterioration of a pre-existing disease?	g and/or 🔲	Yes (complete the section 4) No (go to next)			
SECTION 2 : Current symptoms					
Joint pain (Arthralgia)?	Yes	No			
Confusion / altered mental status?	☐ Yes ☐	No			
Red eye (Conjunctivitis)?	☐ Yes ☐	No			
Seizure?	Yes	No			
Diarrhea?	☐ Yes ☐	No			
Abdominal pain?	☐ Yes ☐	No			
Chest pain?	Yes	No			
Shortness of breath (Dyspnea)?	☐ Yes ☐	No			
Dizziness?	☐ Yes ☐	No			
Extremity weakness or numbness?	Yes	No			
Fatigue?	☐ Yes ☐	No			
Fever (≥38.0°C)?	Yes	No			
Hemoptysis / Bloody sputum?	Yes	No			
Loss of appetite?	☐ Yes ☐	No			
Ear pain?	☐ Yes ☐	No			
Sore throat?	Yes	No			
Headache?	☐ Yes ☐	No			
Muscle aches (Myalgia)?	☐ Yes ☐	No			
Nausea / vomiting ?	☐ Yes ☐	No			
Leg swelling (Edema) ?	☐ Yes ☐	No			
Loss of taste / lost of smell?	☐ Yes ☐	No			



Cito.	N° de participant Biobanque
Site:	Biobank participant ID

Skin rash?	☐ Yes ☐ No
Runny nose (Rhinorrhea)?	☐ Yes ☐ No
Wheezing or stridor?	☐ Yes ☐ No
Cough?	☐ Yes ☐ No
Trouble speaking (Aphasia / Dysphasia)?	☐ Yes ☐ No

	Functional status
Circle the correct answers	
Mobility	1. I have no problems in walking about
	2. I have slight problems in walking about
	3. I have moderate problems in walking about
	4. I have severe problems in walking about 5, I am unable to walk about
Self-care	1. I have no problem washing or dressing myself
	2. I have slight problems washing or dressing myself
	3. I have moderate problems washing or dressing myself
	4. I have severe problems washing or dressing myself
	5. am unable to wash or dress myself
Usual activities (i.e. work,	1. I have no problems doing my usual activities
study, housework, family or	2. I have slight problems doing my usual activities
leisure activities)	3. I have moderate problems doing my usual activities
	4. I have severe problems doing my usual activities
	5. I am unable to do my usual activities
Pain and discomfort	1. I have no pain or discomfort
	2. I have slight pain or discomfort
	3. I have moderate pain or discomfort
	4. I have severe pain or discomfort
	5. I have extreme pain or discomfort
Anxiety and depression	1. I am not anxious or depressed
	2. I am slightly anxious or depressed
	3. I am moderately anxious or depressed
	4. I am severely anxious or depressed
	5. I am extremely anxious or depressed
Breathlessness	1. I am breathless only with strenuous exercise
bi cathlessness	2. I am short of breath when hurrying or going up a slight hill
	3. I am slower than most people of the same age on level ground
	4. I stop for breath walking 100m or few minutes on level ground
	5. I am too breathless to leave the house
2 1 11 6	
Rate your health from 0	0 (worst / pire)   100 (best / meilleur)
(worst) to 100 (best)	
	%
How much difficulty do you	1. Noe
have lifting or carrying 10	2. Some
lbs?	3. A lot or unable



_	٠.	
•	ıtΔ	
J	110	

How much difficulty do you	1. Noe
have walking across a	2. Some
room?	3. A lot or unable
How much difficulty do you	1. Noe
have transferring from a	2.Some
chair to a bed?	3.A lot or unable
How much difficulty do you	1, Noe
riow inacii airiicaity ao you	1, NOE
have climbing a flight of 10	2, Some
• •	
have climbing a flight of 10	2, Some
have climbing a flight of 10 stairs?	2, Some 3, A lot or unable
have climbing a flight of 10 stairs?  How many times have you	2, Some 3, A lot or unable 0. Noe

EuroQol Group. (2011). EQ-5D-5L User Guide. Rotterdam: EuroQol Group. Available at <a href="http://www.euroqol.org/eq-5d/publications/user-quide.html">http://www.euroqol.org/eq-5d/publications/user-quide.html</a>; Nerys Williams, The MRC breathlessness scale, Occupational Medicine, 2017; 67(6): 496-497; Malmstrom TK, Morley JE. SARC-F: a simple questionnaire to rapidly diagnose sarcopenia. J Am Med Dir Assoc. 2013;14(8):531-532.

SECTION 4 : Complications Post-COVID						
Cardiovascular complications?			Yes (complete the section) No (go to next)			
Connection with SARS-CoV-2 infection		<ul> <li>Recently appeared and directly linked to COVID-19 episode</li> <li>Pathology already present but worsening / deterioration</li> <li>Note related to SARS-CoV-2 infection</li> <li>Undetermined</li> </ul>				
				No	Yes	
	Cardiac arrest?					
	Other cardiac arrhythmia	a?				
	Endocarditis? Myocardit	s? Peri	icarditis?			
	New atrial fibrillation or					
	Ventricular tachycardia o					
Left ventricular fonction		n?				
	Decompensated heart fa Non-ST-elevation myoca myocardial infaction (ST		failure??			
			faction (NSTEMI)? ST-elevation			
	Deep vein throbosis (DV	Γ)?				
Dissiminated intravascul		ar coag	gulation?			
Respiratory complication	ns?		Yes (complete the section) No (go to next)			
Connection with SARS-CoV-2 infection			Recently appeared and directly link Pathology already present but wor Note related to SARS-CoV-2 infection Undetermined	sening / de	•	



				No	Yes	
	Asthma?					
	Bronchiolitis?					
	Pulmonary embolism (PE)?					
	Pleural effusion?					
	Interstitial lung disease?					
	COPD?					
	Bacterial, viral or cryptogenic organizing pneumonia?					
	Pneumothorax?					
	Acute Respiratory Distress	Sync	drome (ARDS)?			
Renal complications?			Yes (complete the section)			
			No (go to next)			
Connection with SARS-C	oV-2 infection		Recently appeared and directly link	ed to COVI	D-19 episod	de)
			Pathology already present but wors	sening / det	terioration	
			Note related to SARS-CoV-2 infection	on		
			Undetermined			1
				No	Yes	
	Acute kidneay injury?					
Neurologic complication	nc?	$\Box$	Yes (complete the section)			
recurologic complication	13:		No (go to next)			
	V 0 : f .:				D 40 '	
Connection with SARS-C	ov-2 intection	<ul><li>Recently appeared and directly linked to COVID-19 episode</li><li>Pathology already present but worsening / deterioration</li></ul>				
			Note related to SARS-CoV-2 infection		terioration	
			Undetermined	ווכ		
			Ondetermined	No	Yes	]
	TIA? Stroke?					
	Seizure?					
	Méningitis / encephalitis?					
	Insomia?					
	Difficulty with concentration	on?				
	Memory problem? Brain F	rog:				
Psychiatric complication	ıs?		Yes (complete the section)			
			No (go to next)			
Connection with SARS-C	oV-2 infection		Recently appeared and directly link	ed to COVII	D-19 enisor	de
Co.miccion with 5/110 C	5. 2 micodon		Pathology already present but wors		•	
			Note related to SARS-CoV-2 infection	_		
			Undetermined	-		
				No	Yes	
	Depression?					
	Anxiety?					
	Mood change?					
						1



ite	:			
iice	٠			

Gastrointestinal compli	cations?	Y€	es (complete the section)				
		□ N	O (go to next)				
Connection with SARS-CoV-2 infection		<ul> <li>Recently appeared and directly linked to COVID-19 episode</li> <li>Pathology already present but worsening / deterioration</li> <li>Note related to SARS-CoV-2 infection</li> </ul>					
_			Undetermined				
			ndetermined	No	Yes		
	Liver dysfunction?						
	Gastrointestinal heamorrhage?						
	Pancreatitis?	irriage:					
	rancieatitis:						
Complications of the en	docrine system?		2S (complete the section) O (go to next)				
Connection with SARS-C	CoV-2 infection	☐ Pa	ecently appeared and directly link athology already present but wors ote related to SARS-CoV-2 infection andetermined	sening / det	-	de	
				No	Yes		
	Hyperglycemia?						
	Hypoglycemia?						
Others complications?	_	□ N	es (complete the section) O (go to next)				
Connection with SARS-C	Anemia?	☐ Pa	ecently appeared and directly link athology already present but wors ote related to SARS-CoV-2 infection and termined	sening / det	-	de	
Connection with SARS-C	Anemia? Bacteriemia?	☐ Pa	athology already present but worsote related to SARS-CoV-2 infection	sening / det on	erioration	de	
Connection with SARS-C	Anemia? Bacteriemia? Rhabdomyolysis or myo	☐ Pa	athology already present but worsote related to SARS-CoV-2 infection	sening / det on	erioration	de	
Connection with SARS-C	Anemia? Bacteriemia?	☐ Pa	athology already present but worsote related to SARS-CoV-2 infection	sening / det on	erioration	de	
Connection with SARS-C	Anemia? Bacteriemia? Rhabdomyolysis or myo	☐ Pa	athology already present but worsote related to SARS-CoV-2 infection	sening / det on	erioration	de	
SECTION 5 : Tests	Anemia? Bacteriemia? Rhabdomyolysis or myo	☐ Pa	athology already present but worsote related to SARS-CoV-2 infection	sening / det on	erioration	de	
SECTION 5 : Tests	Anemia? Bacteriemia? Rhabdomyolysis or myo	Pa	athology already present but worsote related to SARS-CoV-2 infection	sening / det on	erioration	de	
SECTION 5 : Tests	Anemia? Bacteriemia? Rhabdomyolysis or myo	Pa	athology already present but worsote related to SARS-CoV-2 infection	sening / det on	erioration	de	
SECTION 5 : Tests  Medical context of the	Anemia? Bacteriemia? Rhabdomyolysis or myo	Pa	athology already present but worsote related to SARS-CoV-2 infection	sening / det on	erioration	de	
SECTION 5 : Tests  Medical context of the reconstruction of the re	Anemia?  Bacteriemia?  Rhabdomyolysis or myo Others  requested follow-up exan	Desitis?	athology already present but worsote related to SARS-CoV-2 infection determined	sening / det on	erioration	de	
SECTION 5 : Tests  Medical context of the reconstruction of the re	Anemia?  Bacteriemia?  Rhabdomyolysis or myo Others  requested follow-up exan	Desitis?	athology already present but worsote related to SARS-CoV-2 infection	sening / det on	erioration	de	



c · ·	
Cito	٠
JILE	

Electrocardiogram (EKG)?	∟ Yes	□ No	
Percutaneous coronary intervention ("stented")?	□ No		
Medical imaging			
Chest X-ray?	☐ Yes	□ No	
CT Abdomen?	☐ Yes	☐ No	
CT Thorax?	☐ Yes	□ No	
CT Head?	☐ Yes	☐ No	
Other imaging test(s)?			
Respiratory founction tests			
Spirometry?	☐ Yes	☐ No	
Metacholine?	☐ Yes	□ No	
Lung founction test?	☐ Yes	☐ No	
SECTION C. Laba Fallow wa			
SECTION 6 : Labs Follow up OPTIONAL - To be completed if the participant had routine laborate	tories as part of the	ir follow-up. Thes	e tests are MANDATORY.
lgG			
Total WBC count	x 10 <sup>9</sup> /L		Not measured
Neutrophil count	%		$\times 10^9 / L$ Not measured
Lymphocyte count	%		$\times 10^9 / L$ Not measured
Monocyte count	%		$\times 10^9 / L$ Not measured
Eosinophil count	%		$\times 10^9 / L$ Not measured
Basophil count	%		$\times 10^9 / L$ Not measured
Platelets		x 10 <sup>9</sup> /L	Not measured
Haemoglobin		g/L	Not measured
Urea		mmol/L	☐ Not measured
Creatinine		μmol/L	Not measured
NT-proBNP		ng/L	Not measured
BNP		ng/L	Not measured
Sodium Na+		mmol/L	Not measured
Potassium K+		mmol/L	Not measured
C-reactive protein (CRP)		mg/L	Not measured
LDH		U/L	Not measured
Creatine Phosphokinase (CPK)		U/L	Not measured
Albumin		g/L	Not measured

<b>BQC</b>	
BIOBANQUE QUÉBÉCOISE DE LA	

Site:

#### N° de participant Biobanque Biobank participant ID

			_ U/L				Not measu	red	
			_ U/L				Not measu	red	
			_ μg/L				Not measu	red	
			_ ng/L				Not measu	red	
			_ ng/L				Not measu	red	
			ng/L				Not measu	red	
			_ ng/L				Not measu	red	
			sec				Not measu	red	
			_				Not measu	red	
			mmo	I/L			Not measu	red	
			_ μmol,	/L			Not measu	red	
			_ μmol,	/L			Not measu	red	
			mmo	l/L			Not measu	red	
			_ g/L				Not measu	red	
			_ μg/L				Not measu	red	
			_ ng/L				Not measu	red	
			_ x 10 <sup>9</sup> /	L/L			Not measu	red	
			_ x 10 <sup>9</sup> /	L/L			Not measu	red	
1	2	3	4	5	6	7	8	9	☐ n/d
ople commonly exercise ag the fittest for their age have <b>no active disease</b> t than category I. Often, <b>ve occasionally</b> , e.g. seaso	, they onally.		personal car cognitive). E high risk of c 8 Very Sev approaching not recover	re, from what even so, they s dying (within verely Frail — the end of lit even from a	ever cause ( seem stable ~ 6 months  Completely fe. Typically, t minor illness	(physical or and not at ). dependent, hey could			
	ilty Scale* no are robust, active, ene ople commonly exercise g the fittest for their age nave no active disease t than category I. Often ve occasionally, e.g. seasopple whose medical pro	ilty Scale* no are robust, active, energetic opple commonly exercise g the fittest for their age. nave no active disease t than category 1. Often, they we occasionally, e.g. seasonally, opple whose medical problems	ilty Scale* no are robust, active, energetic opple commonly exercise g the fittest for their age.  have no active disease than category 1. Often, they we occasionally, e.g. seasonally, opple whose medical problems	U/L  μg/L  ng/L  ng/L  ng/L  ng/L  ng/L  ng/L  sec  mmo  μmol,  μmol,  μmol,  μmol,  χ 10 <sup>9</sup> /  x 10 <sup>9</sup> /  seple whose medical problems	U/L  µg/L  ng/L  ng/L  ng/L  ng/L  ng/L  ng/L  sec  mmol/L  µmol/L  µmol/L  µmol/L  µmol/L  µmol/L  x 109/L  x	U/L  μg/L  ng/L  ng/L  ng/L  ng/L  ng/L  sec  mmol/L  μmol/L  μmol/L  μμσ/L  κ 10 <sup>9</sup> /L  κ	U/L  µg/L  µg/L  ng/L  ng/L  ng/L  ng/L  ng/L  ng/L  sec  mmol/L  µmol/L  µmol/L  µmol/L  µmol/L  µmol/L  µg/L  ng/L  ng	U/L Not measured by the second of the present of the second of the secon	U/L Not measured  µg/L Not measured  ng/L Not measured  provided the prov



during the day.

5 Mildly Frail — These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired



6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing standby) with dressing.

#### Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

- In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.
- In severe dementia, they cannot do personal care without help.
- \* I. Canadian Study on Health & Aging, Revised 2008.
  2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CIMAJ 2005;173:489-495.





۷º	de	participa	nt Biobanq	ue
		Biobank	participant	ID

#### **FOLLOW-UP VISIT 180 DAYS**

Visit Description					
Disconditions for the DOCAGO					
Blood drawn for the BQC19?	Yes (go	to section 1)	NO (go to sect	tion 2)	
SECTION 1 : Samples taken for BQC19					
Date of blood draw (aaaa-mm-dd)				_	
Time of blood draw (hh :mm)					
Delay between the diagnosis and the draw	olood			Automatic calculation in REDCap (do not complete	e)
Collected :	Ambul	atory eme	rgency		
	Emerge	ency stret	chers		
	Intensi	ve Care U	nit		
	Outpat	tient clinic	:		
	Hospita	al floor (spe	ecify):		
	Other	(specify):			
SECTION 2 : No samples taken for BQC19					
If no blood sample was taken for BQC19, w	nen was the	clinical da	ata collected? (yyy	y-mm-dd)?	
Why not collected?					
	BQ	C19 Sam	ples		
Number of ACD tubes collected:					
Number of PAXgene tubes collected:	<del>-</del>				
Number of serum tubes collected:	_				
Other blood draw tube(s) collected:	_				
PEDIATRIC - stool collected:	_	Yes	□ No □ N	N/A	
Were other biological samples collected?		☐ Yes	□ No		
Other sample #1			Quantity:		
Other sample #2			Quantity :		
Other sample #3			Quantity :		



C'1			
Site	:		

Esse	ential Follow-up
Was this follow-up visit completed?	☐ Yes ☐ No
Date of follow-up (yyyy-mm-dd):	
Delay between the diagnosis and the follow-up visit	Automatic calculation in REDCap (do not complete)
How was this follow-up completed?	By phone
	☐ In person
Who answered the questions?	Patient
Check all that apply.	<ul><li>☐ Surrogate</li><li>☐ Health-care professional</li></ul>
Name of interviewer	
SECTION 1 : Ongoing Consent	
Ongoing consent status:	<ul><li>☐ Withdrawal from the study</li><li>☐ Partial withdrawal - consent to blood draws only</li></ul>
	Partial withdrawal - consent to blood draws only  Partial withdrawal - consent to follow-up only
	☐ Consent to all study procedures
SECTION 2 : Vital Status Update	
Date of last known vital status (yyyy-mm-dd):	
Vital status	Alive
	Deceased
	Unknown
	Fallowing
Have you been disapposed with a new or recurrent ass	Follow up
Have you been diagnosed with a new or recurrent cas since your last follow-up (based on PCR testing)?	complete the End of Participation form and start a new
, , , , , , , , , , , , , , , , , , , ,	BQC19 registration for this patient).  No
Have you been re-hospitalized since your initial vis	
excluding outpatient clinic visits and planned follow-u	
SECTION 1 : Medical follow-up	
Have you been re-hospitalized since your initial visit fo	for COVID-19,
excluding outpatient clinic visit and planned follow-up multiple re-hospitalization, enter the most significant one and describe the	•
additional comments fields at the end of the form)	_
Type of repeat hospital visit? Check all that apply.	<ul><li>Emergency room visit</li><li>Hospital admission</li></ul>
	Not sure



Site	:	
------	---	--

If emergency or re-hospitalization, date of admission (yyyy-mm-dd):			
Facility:			
Cause :			
Were additionnal medical examinations requestes as part follow-up? (OPTIONAL – For clinical purpose)	of this	Yes (complete the section 5) No (go to next)	
Have laboratory tes been done for this day? (OPTIONAL – For a purpose)	linical	Yes (complete the section 6) No (go to next)	
Does the participant report pesisitant symptomes related CoV-2 infection?	to SARS-	Yes (complete the section 2) No (go to next)	
Has the participant had any new disease and/or worsenin deterioration of a pre-existing disease?	g and/or 🔲	Yes (complete the section 4) No (go to next)	
SECTION 2 : Current symptoms			
Joint pain (Arthralgia)?	Yes	No	
Confusion / altered mental status?	☐ Yes ☐	No	
Red eye (Conjunctivitis)?	☐ Yes ☐	No	
Seizure?	Yes	No	
Diarrhea?	☐ Yes ☐	No	
Abdominal pain?	☐ Yes ☐	No	
Chest pain?	Yes	No	
Shortness of breath (Dyspnea)?	☐ Yes ☐	No	
Dizziness?	☐ Yes ☐	No	
Extremity weakness or numbness?	Yes	No	
Fatigue?	☐ Yes ☐	No	
Fever (≥38.0°C)?	Yes	No	
Hemoptysis / Bloody sputum?	Yes	No	
Loss of appetite?	☐ Yes ☐	No	
Ear pain?	☐ Yes ☐	No	
Sore throat?	Yes	No	
Headache?	☐ Yes ☐	No	
Muscle aches (Myalgia)?	☐ Yes ☐	No	
Nausea / vomiting ?	☐ Yes ☐	No	
Leg swelling (Edema) ?	☐ Yes ☐	No	
Loss of taste / lost of smell?	☐ Yes ☐	No	



Site:	Nº de participant Biobanque
site.	Biobank participant II

Skin rash?	☐ Yes ☐ No
Runny nose (Rhinorrhea)?	☐ Yes ☐ No
Wheezing or stridor?	☐ Yes ☐ No
Cough?	☐ Yes ☐ No
Trouble speaking (Aphasia / Dysphasia)?	☐ Yes ☐ No

Circle the correct answers
n a contract of the contract o
Mobility  1. I have no problems in walking about  2. I have slight problems in walking about
3. I have moderate problems in walking about
4. I have severe problems in walking about 5, I am unable to walk about
Self-care  1. I have no problem washing or dressing myself
2. I have slight problems washing or dressing myself
3. I have moderate problems washing or dressing myself 4. I have severe problems washing or dressing myself
5. am unable to wash or dress myself
Usual activities (i.e. work,  1. I have no problems doing my usual activities
study, housework, family or 2. I have slight problems doing my usual activities
leisure activities)  3. I have moderate problems doing my usual activities
4. I have severe problems doing my usual activities
5. I am unable to do my usual activities
Pain and discomfort 1. I have no pain or discomfort
2. I have slight pain or discomfort
3. I have moderate pain or discomfort
4. I have severe pain or discomfort
5. I have extreme pain or discomfort
Anxiety and depression 1. I am not anxious or depressed
2. I am slightly anxious or depressed
3. I am moderately anxious or depressed
4. I am severely anxious or depressed
5. I am extremely anxious or depressed
Breathlessness 1. I am breathless only with strenuous exercise
2. I am short of breath when hurrying or going up a slight hill
3. I am slower than most people of the same age on level ground
4. I stop for breath walking 100m or few minutes on level ground
5. I am too breathless to leave the house
Rate your health from 0 0 (worst / pire)   100 (best / meilleur)
(worst) to 100 (best)
%
How much difficulty do you 1. Noe
have lifting or carrying 10 2. Some
lbs? 3. A lot or unable



·	
_ \ i¹	ם
J	ιc

Nº de	participant Biobanque
	Biobank participant ID

How much difficulty do you	1. Noe
have walking across a	2. Some
room?	3. A lot or unable
How much difficulty do you	1. Noe
have transferring from a	2.Some
chair to a bed?	3.A lot or unable
How much difficulty do you	1, Noe
have climbing a flight of 10	2, Some
stairs?	3, A lot or unable
How many times have you	0. Noe
fallen in the past year?	1. 1-3 falls
	2. 4 or more falls

EuroQol Group. (2011). EQ-5D-5L User Guide. Rotterdam: EuroQol Group. Available at <a href="http://www.euroqol.org/eq-5d/publications/user-quide.html">http://www.euroqol.org/eq-5d/publications/user-quide.html</a>; Nerys Williams, The MRC breathlessness scale, Occupational Medicine, 2017; 67(6): 496-497; Malmstrom TK, Morley JE. SARC-F: a simple questionnaire to rapidly diagnose sarcopenia. J Am Med Dir Assoc. 2013;14(8):531-532.

SECTION 4 : Complications Post-COVID							
Cardiovascular complications?			Yes (complete the section) No (go to next)				
Connection with SARS-CoV-2 infection		<ul> <li>Recently appeared and directly linked to COVID-19 episode</li> <li>Pathology already present but worsening / deterioration</li> <li>Note related to SARS-CoV-2 infection</li> <li>Undetermined</li> </ul>					
				No	Yes		
	Cardiac arrest?						
	Other cardiac arrhythmi	a?					
	Endocarditis? Myocardit	is? Per	icarditis?				
	New atrial fibrillation or	flutter	(FA)?				
	Ventricular tachycardia	or fibril	lation (VT/VF)?				
	Left ventricular fonction	?					
	Decompensated heart fa	ilure?	?				
·			faction (NSTEMI)? ST-elevation				
	Deep vein throbosis (DV	T)?					
	Dissiminated intravascul	ar coag	gulation?				
Respiratory complications?  Yes (complete the section)  No (go to next)							
Connection with SARS-CoV-2 infection			Recently appeared and directly link Pathology already present but wors Note related to SARS-CoV-2 infection Undetermined	sening / det	•		



				No	Yes		
	Asthma?						
	Bronchiolitis?						
	Pulmonary embolism (PE)?						
	Pleural effusion?						
	Interstitial lung disease?						
	COPD?						
	Bacterial, viral or cryptoger	nic o	rganizing pneumonia?				
	Pneumothorax?		<u> </u>				
	Acute Respiratory Distress	Sync	frome (ARDS)?				
Danal samulisations?			V				
Renal complications?			Yes (complete the section)				
			No (go to next)				
Connection with SARS-C	oV-2 infection		Recently appeared and directly link			de)	
			Pathology already present but wors		erioration		
			Note related to SARS-CoV-2 infection	on			
			Undetermined	<b>N</b> 1 -		1	
	A . I.I			No	Yes		
	Acute kidneay injury?						
Neurologic complication	ns?		Yes (complete the section)				
			No (go to next)				
Connection with SARS-C	oV-2 infection			and directly linked to COVID-19 episode present but worsening / deterioration RS-CoV-2 infection			
			Undetermined				
				No	Yes		
	TIA? Stroke?						
	Seizure?						
	Méningitis / encephalitis?						
	Insomia?						
	Difficulty with concentration	n?					
	Memory problem? Brain Fr	og?					
Psychiatric complication	ic?		Yes (complete the section)				
1 Sychiatric complication			No (go to next)				
Connection with SARS-CoV-2 infection			Recently appeared and directly linked to COVID-19 episode				
			Pathology already present but wors	sening / det	erioration		
			Note related to SARS-CoV-2 infection	on			
			Undetermined			1	
				No	Yes		
	Depression?						
	Anxiety?						
	Mood change?	_					



ite		
iice	٠	

Gastrointestinal complications?			'es (complete the section) lo (go to next)				
Connection with SARS-CoV-2 infection		□ R □ P □ N	Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined				
				No	Yes		
	Liver dysfunction?						
	Gastrointestinal heamor	rhage?					
	Pancreatitis?						
Complications of the er	idocrine system?		'es (complete the section)  lo (go to next)				
Connection with SARS-CoV-2 infection		<ul> <li>Recently appeared and directly linked to COVID-19 epis</li> <li>Pathology already present but worsening / deterioration</li> <li>Note related to SARS-CoV-2 infection</li> <li>Undetermined</li> </ul>					
				No	Yes		
	Hyperglycemia?						
	Hypoglycemia?						
Others complications?  Connection with SARS-0	Anemia?  Bacteriemia?  Rhabdomyolysis or myo	□ N □ R □ P □ N □ U	'es (complete the section)  Jo (go to next)  Recently appeared and directly link Pathology already present but wor  Jote related to SARS-CoV-2 infection	sening / det		de	
SECTION 5 : Tests							
Medical context of the	requested follow-up exam	inations					
Cardiac assessment							
	Cardiac catheterization)?		☐ Yes ☐ No				
	Cardiac catheterization)?		☐ Yes ☐ No ☐ Yes ☐ No				



Site	•	
שונכ		

Electrocardiogram (EKG)?	☐ Yes ☐ No	
Percutaneous coronary intervention ("stented")?	☐ Yes ☐ No	
Medical imaging		
Chest X-ray?	☐ Yes ☐ No	
CT Abdomen?	☐ Yes ☐ No	
CT Thorax?	☐ Yes ☐ No	
CT Head?	☐ Yes ☐ No	
Other imaging test(s)?		
Respiratory founction tests		
Spirometry?	☐ Yes ☐ No	
Metacholine?	☐ Yes ☐ No	
Lung founction test?	☐ Yes ☐ No	
SECTION 6 : Labs Follow up  OPTIONAL - To be completed if the participant had routine labe	oratories as part of their follow-up. The	se tests are MANDATORY.
IgG		
Total WBC count	x 10 <sup>9</sup> /L	Not measured
Neutrophil count	%	x 10 <sup>9</sup> /L Not measured
Lymphocyte count	%	x 10 <sup>9</sup> /L Not measured
Monocyte count	<u>%</u> %	x 10 <sup>9</sup> /L Not measured
Eosinophil count	<del>%</del> %	x 10 <sup>9</sup> /L Not measured
Basophil count Platelets	x 10 <sup>9</sup> /L	x 10 <sup>9</sup> /L Not measured
Haemoglobin	x 10 /L g/L	Not measured
Urea	g/L mmol/L	<ul><li>✓ Not measured</li><li>✓ Not measured</li></ul>
		_
Creatinine	μmol/L	Not measured
NT-proBNP	ng/L	Not measured
BNP	ng/L	Not measured
Sodium Na+	mmol/L	Not measured
Potassium K+	mmol/L	Not measured
C-reactive protein (CRP)	mg/L	Not measured
LDH	U/L	☐ Not measured
Creatine Phosphokinase (CPK)	U/L	Not measured
Albumin	 g/L	Not measured

<b>B@</b>	CO
BIOBANQUE QI	UÉBÉCOISE DE LA

Site:

#### N° de participant Biobanque Biobank participant ID

AST					U/L				ot measu	red	
ALT					U/L			□ No	ot measu	red	
Procalcitonin (PCT)					μg/L				ot measu	red	
Troponin T hs (high sensitive	vity)				ng/L				ot measu	red	
Troponin I hs (high sensitive	ty)				ng/L			□ No	ot measu	red	
Troponin T					ng/L			□ No	ot measu	red	
Troponin I					ng/L				ot measu	red	
APTT (activated partial thromb	ooplastin time)				sec			□ No	ot measu	red	
International Normalize	ed Ratio (INR)				_			□ No	ot measu	red	
Triglycerides					mmol	/L		□ No	ot measu	red	
Total bilirubin					μmol/	L		□ No	ot measu	red	
Direct bilirubin (conjuga	ated)				μmol/	L		□ No	ot measu	red	
Glucose					mmol	/L		□ No	ot measu	red	
Fibrinogen					g/L			□ No	ot measu	red	
Ferritin					μg/L			□ No	ot measu	red	
IL-6					ng/L				ot measu	red	
CD4					x 10 <sup>9</sup> /	L			ot measu	red	
CD8					x 10 <sup>9</sup> /	L		□ No	ot measu	red	
SECTION 7 : Clinical fra	ilty score										
Frailty scale (clinical fra	ilty scale) (circle)	1	2	3	4	5	6	7	8	9	☐ n/d
	I Very Fit — People what motivated. These pergularly. They are amor  2 Well — People who I symptoms but are less fi exercise or are very action.  3 Managing Well — Peare well controlled, but beyond routine walking.  4 Vulnerable — While redaily help, often symptom complaint is being "slow.	on are robust, active, ene oppe commonly exercise to the fittest for their age have no active disease it than category I. Ofter ve occasionally, e.g. seas upple whose medical proare not regularly active not dependent on otherms limit activities. A corms limit activities.	e e	77	8 Very Sevi approaching a not recover of 9.Terminally category app <6 months, v	a, from whate yen so, they so ying (within a erely Frail — ( the end of life even from a n erely from a rely from a r	ever cause (peem stable a 6 months).  Completely e. Typically, thininor illness.  Ining the end a with a life otherwise even	ohysical or and not at dependent, ney could of life. This expectancy widently frail.			
	during the day.  5 Mildly Frail – These	people often have more	e	The degree of frailty corresponds to the degree of dementia. Common <b>symptoms in mild dementia</b> include forgetting the details of a recent event, though still remembering the event itself repeating the same question/story and social withdrawal.				ting the e event itself,			

5 Mildly Frail — These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

\* I. Canadian Study on Health & Aging Revised 2008.
2. K. Rodowood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In severe dementia, they cannot do personal care without help.

© 2009. Version 1.2\_EN. All rights reserved, Genatric Medicin Research, Dalhousie University Halifox, Canada. Permission granted to copy for research and educational purposes only.





۷° d	e partic	ipant	Bioba	nque
	Bioba	nk pa	rticipa	nt ID

#### **FOLLOW-UP VISIT 365 DAYS**

Visit Description							
Blood drawn for the BQC19?							
·		Yes (go	to section	on 1)		) (go to sec	tion 2)
SECTION 1 : Samples taken for BQC19							
Date of blood draw (aaaa-mm-dd) Time of blood draw (hh:mm) Delay between the diagnosis and the draw Collected:	/ bloo	d Ambul Emergo Intensi Outpat	ency s ive Car tient c	streto re Ui clinic	chers		Automatic calculation in REDCap (do not complete)
		Other			<u> </u>		
		Other	(specify)				
SECTION 2 : No samples taken for BQC19							
If no blood sample was taken for BQC19, v	vhen	was the	clinic	al da	ita collec	ted? (yyy	y-mm-dd)?
Why not collected?							
		BQ	C19 S	Sam	ples		
Number of ACD tubes collected:							
Number of PAXgene tubes collected:		_					
Number of serum tubes collected:							
Other blood draw tube(s) collected:		_					
PEDIATRIC - stool collected:	PEDIATRIC - stool collected:  Yes No N/A					N/A	
Were other biological samples collected?	Were other biological samples collected?						
Other sample #1					Quanti	ty :	
Other sample #2 Quantity :							
Other sample #3			· <u></u>		Ouanti	- <u>-</u>	



<b>~</b>				
Site	•			
JILE	•			

Essential Follow-up					
Was this follow-up visit completed?	☐ Yes ☐ No				
Date of follow-up (yyyy-mm-dd):					
Delay between the diagnosis and the follow-up visit	Automatic calculation in REDCap (do not complete)				
How was this follow-up completed?	By phone In person				
Who answered the questions? Check all that apply.	<ul><li>□ Patient</li><li>□ Surrogate</li><li>□ Health-care professional</li></ul>				
Name of interviewer					
SECTION 1 : Ongoing Consent					
Ongoing consent status:	<ul> <li>Withdrawal from the study</li> <li>Partial withdrawal - consent to blood draws only</li> <li>Partial withdrawal - consent to follow-up only</li> <li>Consent to all study procedures</li> </ul>				
SECTION 2 : Vital Status Update					
Date of last known vital status (yyyy-mm-dd):					
Vital status	Alive Deceased Unknown				
	Following				
Have you been dispressed with a new or wear week	Follow up				
Have you been diagnosed with a new or recurrent cas since your last follow-up (based on PCR testing)?	Yes (If the participant has had a new positive VIDOC test - please complete the End of Participation form and start a new BQC19 registration for this patient).				
	□ No				
Have you been re-hospitalized since your initial vis					
excluding outpatient clinic visits and planned follow-u	up visits? No (go to section 2)				
SECTION 1 : Medical follow-up					
Have you been re-hospitalized since your initial visit for excluding outpatient clinic visit and planned follow-up multiple re-hospitalization, enter the most significant one and describe the additional comments fields at the end of the form)	ip visit? (If the other ones in the				
Type of repeat hospital visit? Check all that apply.	Emergency room visit				
	<ul><li>☐ Hospital admission</li><li>☐ Not sure</li></ul>				



If emergency or re-hospitalization, date of admission (yyyy-mm-dd):				
Facility:				
Cause :				
Were additionnal medical examinations requestes as part follow-up? (OPTIONAL – For clinical purpose)	of this	Yes (complete the section 5) No (go to next)		
Have laboratory tes been done for this day? (OPTIONAL – For a purpose)	linical	Yes (complete the section 6) No (go to next)		
Does the participant report pesisitant symptomes related CoV-2 infection?	to SARS-	Yes (complete the section 2) No (go to next)		
Has the participant had any new disease and/or worsenin deterioration of a pre-existing disease?	g and/or $\Box$	Yes (complete the section 4) No (go to next)		
SECTION 2 : Current symptoms				
Joint pain (Arthralgia)?	☐ Yes ☐	No		
Confusion / altered mental status?	☐ Yes ☐	No		
Red eye (Conjunctivitis)?	☐ Yes ☐	No		
Seizure?	☐ Yes ☐	No		
Diarrhea?	☐ Yes ☐	No		
Abdominal pain?	☐ Yes ☐	No		
Chest pain?	☐ Yes ☐	No		
Shortness of breath (Dyspnea)?	☐ Yes ☐	No		
Dizziness?	☐ Yes ☐	No		
Extremity weakness or numbness?	☐ Yes ☐	No		
Fatigue?	☐ Yes ☐	No		
Fever (≥38.0°C)?	☐ Yes ☐	No		
Hemoptysis / Bloody sputum?	☐ Yes ☐	No		
Loss of appetite?	☐ Yes ☐	No		
Ear pain?	☐ Yes ☐	No		
Sore throat?	☐ Yes ☐	No		
Headache?		No		
Muscle aches (Myalgia)?		No		
Nausea / vomiting ?	☐ Yes ☐	No		
Leg swelling (Edema) ?	☐ Yes ☐	No		
Loss of taste / lost of smell?	☐ Yes ☐	No		



Cito.	N° de participant Biobanque
Site:	Biobank participant ID

Skin rash?	☐ Yes ☐ No
Runny nose (Rhinorrhea)?	☐ Yes ☐ No
Wheezing or stridor?	☐ Yes ☐ No
Cough?	☐ Yes ☐ No
Trouble speaking (Aphasia / Dysphasia)?	☐ Yes ☐ No

	Functional status
Circle the correct answers	
Mobility	1. I have no problems in walking about
	2. I have slight problems in walking about
	3. I have moderate problems in walking about
	4. I have severe problems in walking about 5, I am unable to walk about
Self-care	1. I have no problem washing or dressing myself
	2. I have slight problems washing or dressing myself
	3. I have moderate problems washing or dressing myself
	4. I have severe problems washing or dressing myself
	5. am unable to wash or dress myself
Usual activities (i.e. work,	1. I have no problems doing my usual activities
study, housework, family or	2. I have slight problems doing my usual activities
leisure activities)	3. I have moderate problems doing my usual activities
	4. I have severe problems doing my usual activities
	5. I am unable to do my usual activities
Pain and discomfort	1. I have no pain or discomfort
	2. I have slight pain or discomfort
	3. I have moderate pain or discomfort
	4. I have severe pain or discomfort
	5. I have extreme pain or discomfort
Anxiety and depression	1. I am not anxious or depressed
	2. I am slightly anxious or depressed
	3. I am moderately anxious or depressed
	4. I am severely anxious or depressed
	5. I am extremely anxious or depressed
Breathlessness	1. I am breathless only with strenuous exercise
	2. I am short of breath when hurrying or going up a slight hill
	3. I am slower than most people of the same age on level ground
	4. I stop for breath walking 100m or few minutes on level ground
	5. I am too breathless to leave the house
Rate your health from 0	0 (worst / pire)   100 (best / meilleur)
(worst) to 100 (best)	
	%
How much difficulty do you	1. Noe
have lifting or carrying 10	2. Some
lbs?	3. A lot or unable



·	
_ \ i¹	ם
J	ιc

Nº de	participant Bioban	que
	Biobank participar	nt ID

How much difficulty do you	1. Noe
have walking across a	2. Some
room?	3. A lot or unable
How much difficulty do you	1. Noe
have transferring from a	2.Some
chair to a bed?	3.A lot or unable
How much difficulty do you	1, Noe
have climbing a flight of 10	2, Some
stairs?	3, A lot or unable
How many times have you	0. Noe
fallen in the past year?	1. 1-3 falls
	2. 4 or more falls

EuroQol Group. (2011). EQ-5D-5L User Guide. Rotterdam: EuroQol Group. Available at <a href="http://www.euroqol.org/eq-5d/publications/user-quide.html">http://www.euroqol.org/eq-5d/publications/user-quide.html</a>; Nerys Williams, The MRC breathlessness scale, Occupational Medicine, 2017; 67(6): 496-497; Malmstrom TK, Morley JE. SARC-F: a simple questionnaire to rapidly diagnose sarcopenia. J Am Med Dir Assoc. 2013;14(8):531-532.

SECTION 4 : Complications Post-COVID						
Cardiovascular complications?			Yes (complete the section) No (go to next)			
Connection with SARS-CoV-2 infection			Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined			
				No	Yes	
	Cardiac arrest?					
	Other cardiac arrhythmia?					
Endocarditis? Myocarditis? Pericarditis?			icarditis?			
New atrial fibrillation or flutton		flutter	(FA)?			
	Ventricular tachycardia or fibrillation (VT/VF)?  Left ventricular fonction?  Decompensated heart failure??  Non-ST-elevation myocardial infaction (NSTEMI)? ST-elevation myocardial infaction (STEMI)?  Deep vein throbosis (DVT)?		lation (VT/VF)?			
			)			
	Dissiminated intravascular coagulation?					
Respiratory complications?			Yes (complete the section) No (go to next)			
Connection with SARS-CoV-2 infection			Recently appeared and directly linked to COVID-19 episode) Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined			



Site:
JILE .

				No	Yes	
	Asthma?					
	Bronchiolitis?					
	Pulmonary embolism (PE)?					
	Pleural effusion?					
	Interstitial lung disease?					
	COPD?					
	Bacterial, viral or cryptoge	nic o	rganizing pneumonia?			
	Pneumothorax?					
	Acute Respiratory Distress	Sync	drome (ARDS)?			
Renal complications?			Yes (complete the section)			
			No (go to next)			
Connection with SARS-C	oV-2 infection		Recently appeared and directly link	ed to COVI	D-19 episod	de)
			Pathology already present but wors	sening / det	terioration	
			Note related to SARS-CoV-2 infection	on		
			Undetermined			1
				No	Yes	
	Acute kidneay injury?					
Neurologic complication	nc?	$\Box$	Yes (complete the section)			
recurologic complication	13:		No (go to next)			
	V 0 : f .:				D 40 '	
Connection with SARS-C	ov-2 intection	Н	Recently appeared and directly link			ae
			Pathology already present but wors Note related to SARS-CoV-2 infection		terioration	
			Undetermined	ווכ		
			Ondetermined	No	Yes	]
	TIA? Stroke?					
	Seizure?					
	Méningitis / encephalitis?					
	Insomia?					
	Difficulty with concentration	on?				
	Memory problem? Brain F	rog:				
Psychiatric complication	ıs?		Yes (complete the section)			
			No (go to next)			
Connection with SARS-C	oV-2 infection		Recently appeared and directly link	ed to COVII	D-19 enisor	de
Connection with SARS COV-2 Infection			Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration			
			Note related to SARS-CoV-2 infection	_		
			Undetermined	-		
				No	Yes	
	Depression?					
	Anxiety?					
	Mood change?					
						1



Site	•			
JILE	•			

Gastrointestinal compli	ications?	Yes (complete the section)					
		No (go to next)					
Connection with SARS-0	CoV-2 infection		Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration				
		Note related to SARS-CoV-2		enoration			
		Undetermined					
			No	Yes			
	Liver dysfunction?						
	Gastrointestinal heam	norrhage?					
	Pancreatitis?						
Complications of the en	adocrino system?	Vos (constata the continu)					
Complications of the en	idocinie system:	Yes (complete the section) No (go to next)					
Constitution the CARC (	0.14.0 (0.4)			2.40			
Connection with SARS-0	Lov-2 intection	Recently appeared and direct Pathology already present by	•	•			
		Note related to SARS-CoV-2	<u> </u>	enoration			
		Undetermined	meetion				
			No	Yes			
	Hyperglycemia?						
	Hypoglycemia?						
Others complications?		Yes (complete the section)					
Others complications:		No (go to next)					
Connection with SARS-0	CoV-2 infection	Recently appeared and direct Pathology already present by Note related to SARS-CoV-2 Undetermined	ut worsening / det				
			No	Yes			
	Anemia?						
	Bacteriemia?						
	Rhabdomyolysis or m	vocitic?					
		yositis:					
	Others	yosius:					
		yosius:					
		yUsitis:					
		yUsitis:					
SECTION 5 : Tests		yUsitis:					
SECTION 5 : Tests  Medical context of the	Others						
	Others						
	Others						
	Others						
Medical context of the	Others requested follow-up exa	aminations					
Medical context of the	Others  requested follow-up exactly continuous continuo	aminations					



3166
------

Electrocardiogram (EKG)?	∟ Yes	□ No	
Percutaneous coronary intervention ("stented")?	☐ Yes	□ No	
Medical imaging			
Chest X-ray?	☐ Yes	□ No	
CT Abdomen?	☐ Yes	☐ No	
CT Thorax?	☐ Yes	□ No	
CT Head?	☐ Yes	☐ No	
Other imaging test(s)?			
Respiratory founction tests			
Spirometry?	☐ Yes	☐ No	
Metacholine?	☐ Yes	□ No	
Lung founction test?	☐ Yes	☐ No	
SECTION C. Laba Fallow wa			
SECTION 6 : Labs Follow up OPTIONAL - To be completed if the participant had routine laborate	tories as part of the	ir follow-up. Thes	e tests are MANDATORY.
lgG			
Total WBC count	x 10 <sup>9</sup> /L		Not measured
Neutrophil count	%		$\times 10^9 / L$ Not measured
Lymphocyte count	%		$\times 10^9 / L$ Not measured
Monocyte count	%		$\times 10^9 / L$ Not measured
Eosinophil count	%		$\times 10^9 / L$ Not measured
Basophil count	%		$\times 10^9 / L$ Not measured
Platelets		x 10 <sup>9</sup> /L	Not measured
Haemoglobin		g/L	Not measured
Urea		mmol/L	☐ Not measured
Creatinine		μmol/L	Not measured
NT-proBNP		ng/L	Not measured
BNP		ng/L	Not measured
Sodium Na+		mmol/L	Not measured
Potassium K+		mmol/L	Not measured
C-reactive protein (CRP)		mg/L	Not measured
LDH		U/L	Not measured
Creatine Phosphokinase (CPK)		U/L	Not measured
Albumin		g/L	Not measured

B	CD;
BIOBANQUE QU	ÉBÉCOISE DE LA

Site:

AST				U/L			L No	ot measu	red	
ALT				U/L			□ No	ot measu	red	
Procalcitonin (PCT)				μg/L				ot measu	red	
Troponin T hs (high sensitivity)				ng/L			□ No	ot measu	red	
Troponin I hs (high sensitivity)				ng/L				ot measu	red	
Troponin T				ng/L			□ No	ot measu	red	
Troponin I				ng/L			□ No	ot measu	red	
APTT (activated partial thromboplasting	n time)			sec			□ No	ot measu	red	
International Normalized Rati	io (INR)						□ No	ot measu	red	
Triglycerides				mmol	/L		□ No	ot measu	red	
Total bilirubin				μmol/	L		□ No	ot measu	red	
Direct bilirubin (conjugated)				μmol/	L		□ No	Not measured		
Glucose				_ mmol/L			Not measured			
Fibrinogen				_ g/L			Not measured			
Ferritin				μg/L				ot measu	red	
IL-6				ng/L				ot measu	red	
CD4			x 10 <sup>9</sup> /L Not measured							
CD8			x 10 <sup>9</sup> /	L		□ No	ot measu	red		
SECTION 7 : Clinical frailty sc	ore									
Frailty scale (clinical frailty sca	ale) (circle)	1 2	3	4	5	6	7	8	9	☐ n/d
*	Clinical Frailty Scale  I Very Fit – People who are robus and motivated. These people commor regularly. They are among the fittest	t, active, energetic only exercise	ASIA.	7 Severely F personal care cognitive). Ev high risk of dy	e, from whateven so, they se	ver cause (p em stable a	hysical or			
( )	2 Well — People who have no activ symptoms but are less fit than categor exercise or are very active occasional	ory 1. Often, they		8 Very Seve approaching t not recover e	the end of life.	Typically, the				
W	3 Managing Well — People whose rare well controlled, but are not regulation routine walking.			9.Terminally l category appl <6 months, w	ies to people	with a life e	xpectancy			
	4 Vulnerable – While not depende daily help, often symptoms limit acti- complaint is being "slowed up", and/o during the day.	vities. A common	The degric	railty in people one of frailty corn symptoms in n	esponds to the nild dementia in	clude forgett	ng the			
5 Mildly Frail — These people often have more repeat wident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation			repeating In <b>moder</b> though th They can	details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.  In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well.  They can do personal care with prompting.  In severe dementia, they cannot do personal care without help.						
刺	6 Moderately Frail – People need loutside activities and with keeping hoften have problems with stairs and bathing and might need minimal assistandby) with dressing.	nouse. Inside, they need help with	2. K. Rockwo frailty in elde © 2009. Versic Research, Daho	n Study on Health & cod et al. A global clin erly people. CMAJ 20 on 1.2_EN. All rights rese ousle University Halflox, Car search and educational pu	ical measure of fitne 05;173:489-495. rved, Geriatric Medicine nada: Permission granted	es and  DAI UNI	HOUSIE VERSITY piring Minds			



V° de	participa	nt Biol	oanqu	e
	Biobank	partici	pant I	D

#### **FOLLOW-UP VISIT 540 DAYS**

	Vi	sit Descrip	tion	
Blood drawn for the BQC19?	Yes (go	to section 1)	No (go to sect	ion 2)
SECTION 1 : Samples taken for BQC19				
Date of blood draw (aaaa-mm-dd)				
Time of blood draw (hh :mm)				
Delay between the diagnosis and the draw	blood			Automatic calculation in REDCap (do not complete)
Collected :	Ambu	latory eme	rgency	
	☐ Emerg	gency strete	chers	
	☐ Intens	sive Care U	nit	
	Outpa	itient clinic		
	☐ Hospi	tal floor (spe	ecify):	
	☐ Other	(specify):		
SECTION 2 : No samples taken for BQC19				
If no blood sample was taken for BQC19, w	hen was th	e clinical da	ata collected? (yyy	y-mm-dd)?
Why not collected?				
	BQ	C19 Sam	ples	
Number of ACD tubes collected:				
Number of PAXgene tubes collected:				
Number of serum tubes collected:				
Other blood draw tube(s) collected:				
PEDIATRIC - stool collected:		Yes	□ No □ N	N/A
Were other biological samples collected?		☐ Yes	□ No	
Other sample #1			Quantity:	
Other sample #2			Quantity :	
Other sample #3			Ouantity:	



<b></b>			
Site	•		
Jitt	•		

Essential Follow-up						
Was this follow-up visit completed?	☐ Yes ☐	No				
Date of follow-up (yyyy-mm-dd):						
Delay between the diagnosis and the follow-up visit			Automatic calculation in REDCap (do not complete)			
How was this follow-up completed?	By phone In person		• ' '			
Who answered the questions? Check all that apply.	Patient Surrogate	re professional				
Name of interviewer						
SECTION 1 : Ongoing Consent						
Ongoing consent status:	Partial wi		t to blood draws only t to follow-up only			
SECTION 2 : Vital Status Update						
Date of last known vital status (yyyy-mm-dd):						
Vital status	Alive Deceased Unknown					
	Follow up					
Have you been diagnosed with a new or recurrent cas since your last follow-up (based on PCR testing)?		complete t	pant has had a new positive VIDOC test - please he End of Participation form and start a new stration for this patient).			
Have you been re-hospitalized since your initial vis excluding outpatient clinic visits and planned follow-u		Yes (go to section No (go to section)				
SECTION 1 : Medical follow-up						
Have you been re-hospitalized since your initial visit for excluding outpatient clinic visit and planned follow-up multiple re-hospitalization, enter the most significant one and describe the additional comments fields at the end of the form)	visit? (If	Yes No				
Type of repeat hospital visit? Check all that apply.		<ul><li>Emergency ro</li><li>Hospital adm</li><li>Not sure</li></ul>				



Site :
--------

If emergency or re-hospitalization, date of admission (yyyy-mm-dd):				
Facility:				
Cause :				
Were additionnal medical examinations requestes as part follow-up? (OPTIONAL – For clinical purpose)	of this	Yes (complete the section 5) No (go to next)		
Have laboratory tes been done for this day? (OPTIONAL – For a purpose)	linical	Yes (complete the section 6) No (go to next)		
Does the participant report pesisitant symptomes related CoV-2 infection?	to SARS-	Yes (complete the section 2) No (go to next)		
Has the participant had any new disease and/or worsenin deterioration of a pre-existing disease?	g and/or $\Box$	Yes (complete the section 4) No (go to next)		
SECTION 2 : Current symptoms				
Joint pain (Arthralgia)?	☐ Yes ☐	No		
Confusion / altered mental status?	☐ Yes ☐	No		
Red eye (Conjunctivitis)?	☐ Yes ☐	No		
Seizure?	☐ Yes ☐	No		
Diarrhea?	☐ Yes ☐	No		
Abdominal pain?	☐ Yes ☐	No		
Chest pain?	☐ Yes ☐	No		
Shortness of breath (Dyspnea)?	☐ Yes ☐	No		
Dizziness?	☐ Yes ☐	No		
Extremity weakness or numbness?	☐ Yes ☐	No		
Fatigue?	☐ Yes ☐	No		
Fever (≥38.0°C)?	☐ Yes ☐	No		
Hemoptysis / Bloody sputum?	☐ Yes ☐	No		
Loss of appetite?	☐ Yes ☐	No		
Ear pain?	☐ Yes ☐	No		
Sore throat?	☐ Yes ☐	No		
Headache?	☐ Yes ☐	No		
Muscle aches (Myalgia)?	☐ Yes ☐	No		
Nausea / vomiting ?	☐ Yes ☐	No		
Leg swelling (Edema) ?	☐ Yes ☐	No		
Loss of taste / lost of smell?	☐ Yes ☐	No		



Site:	Nº de participant Biobanqu
site.	Biobank participant I

Skin rash?	☐ Yes ☐ No
Runny nose (Rhinorrhea)?	☐ Yes ☐ No
Wheezing or stridor?	☐ Yes ☐ No
Cough?	☐ Yes ☐ No
Trouble speaking (Aphasia / Dysphasia)?	☐ Yes ☐ No

Circle the correct answers
Mobility 1. I have no problems in walking about 2. I have slight problems in walking about
3. I have moderate problems in walking about
4. I have severe problems in walking about 5, I am unable to walk about
Self-care  1. I have no problem washing or dressing myself
2. I have slight problems washing or dressing myself
3. I have moderate problems washing or dressing myself 4. I have severe problems washing or dressing myself
5. am unable to wash or dress myself
Usual activities (i.e. work,  1. I have no problems doing my usual activities
study, housework, family or 2. I have slight problems doing my usual activities
leisure activities)  3. I have moderate problems doing my usual activities
4. I have severe problems doing my usual activities
5. I am unable to do my usual activities
Pain and discomfort 1. I have no pain or discomfort
2. I have slight pain or discomfort
3. I have moderate pain or discomfort
4. I have severe pain or discomfort
5. I have extreme pain or discomfort
Anxiety and depression 1. I am not anxious or depressed
2. I am slightly anxious or depressed
3. I am moderately anxious or depressed
4. I am severely anxious or depressed
5. I am extremely anxious or depressed
Breathlessness 1. I am breathless only with strenuous exercise
2. I am short of breath when hurrying or going up a slight hill
3. I am slower than most people of the same age on level ground
4. I stop for breath walking 100m or few minutes on level ground
5. I am too breathless to leave the house
Rate your health from 0 0 (worst / pire)   100 (best / meilleur)
(worst) to 100 (best)
%
How much difficulty do you 1. Noe
have lifting or carrying 10 2. Some
lbs? 3. A lot or unable



_	
. 7	

Nº de par	ticipan <sup>.</sup>	t Biob	anque
Biol	bank pa	articip	ant ID

How much difficulty do you	1. Noe
have walking across a	2. Some
room?	3. A lot or unable
How much difficulty do you	1. Noe
have transferring from a	2.Some
chair to a bed?	3.A lot or unable
How much difficulty do you	1, Noe
have climbing a flight of 10	2, Some
stairs?	3, A lot or unable
How many times have you	0. Noe
fallen in the past year?	1. 1-3 falls
	2. 4 or more falls

EuroQol Group. (2011). EQ-5D-5L User Guide. Rotterdam: EuroQol Group. Available at <a href="http://www.euroqol.org/eq-5d/publications/user-quide.html">http://www.euroqol.org/eq-5d/publications/user-quide.html</a>; Nerys Williams, The MRC breathlessness scale, Occupational Medicine, 2017; 67(6): 496-497; Malmstrom TK, Morley JE. SARC-F: a simple questionnaire to rapidly diagnose sarcopenia. J Am Med Dir Assoc. 2013;14(8):531-532.

SECTION 4 : Complications Post-COVID						
Cardiovascular complications?			Yes (complete the section) No (go to next)			
Connection with SARS-CoV-2 infection			Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined			
				No	Yes	
	Cardiac arrest?					
	Other cardiac arrhythmia	a?				
	Endocarditis? Myocardit	s? Peri	icarditis?			
	New atrial fibrillation or	r flutter (FA)?				
Ventricular tachycardia or fibrillat Left ventricular fonction?  Decompensated heart failure??  Non-ST-elevation myocardial infa myocardial infaction (STEMI)?  Deep vein throbosis (DVT)?						
		ilure??	)			
		faction (NSTEMI)? ST-elevation				
Dissiminated intravascul			gulation?			
Respiratory complication	ns?		Yes (complete the section) No (go to next)			
Connection with SARS-CoV-2 infection			Recently appeared and directly linked to COVID-19 episode) Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined			



				No	Yes	
	Asthma?					
	Bronchiolitis?					
	Pulmonary embolism (PE)?					
	Pleural effusion?					
	Interstitial lung disease?					
	COPD?					
	Bacterial, viral or cryptoge	nic o	rganizing pneumonia?			
	Pneumothorax?					
	Acute Respiratory Distress	Sync	drome (ARDS)?			
Renal complications?			Yes (complete the section)			
			No (go to next)			
Connection with SARS-C	oV-2 infection		Recently appeared and directly link	ed to COVI	D-19 episod	de)
			Pathology already present but wors	sening / det	terioration	
			Note related to SARS-CoV-2 infection	on		
			Undetermined			1
				No	Yes	
	Acute kidneay injury?					
Neurologic complication	nc?	$\Box$	Yes (complete the section)			
recurologic complication	13:		No (go to next)			
	V 0 : f .:				D 40 '	
Connection with SARS-CoV-2 infection Recently appeared and dire						
	Pathology already present but wors  Note related to SARS-CoV-2 infection			terioration		
	Undetermined		ווכ			
			Ondetermined	No	Yes	]
	TIA? Stroke?					
	Seizure?					
	Méningitis / encephalitis?					
	Insomia?					
	Difficulty with concentration	on?				
	Memory problem? Brain F	rog:				
Psychiatric complication	ıs?		Yes (complete the section)			
			No (go to next)			
Connection with SARS-CoV-2 infection		Recently appeared and directly linked to COVID-19 episode				de
_		Pathology already present but worsening / deterioration				
	Note related to SARS-CoV-2 infection		_			
	Undetermined		-			
				No	Yes	
	Depression?					
	Anxiety?					
	Mood change?					
						1



Site	:	

Gastrointestinal complications?		Yes (complete the section) No (go to next)					
Connection with SARS-CoV-2 infection			Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined				
				No	Yes		
	Liver dysfunction?						
	Gastrointestinal heamor	rhage?					
	Pancreatitis?						
Complications of the en	docrine system?		Yes (complete the section) No (go to next)				
Connection with SARS-CoV-2 infection			Recently appeared and directly linked to COVID-19 epis Pathology already present but worsening / deterioratio Note related to SARS-CoV-2 infection Undetermined				
				No	Yes		
	Hyperglycemia?						
	Hypoglycemia?						
Others complications?  Connection with SARS-C	Anemia? Bacteriemia? Rhabdomyolysis or myo		Yes (complete the section) No (go to next) Recently appeared and directly link Pathology already present but work Note related to SARS-CoV-2 infection	sening / det		de	
SECTION 5 : Tests  Medical context of the	requested follow-up exam	inations	s				
Cardiac assessment							
Coronary angiography (Cardiac catheterization)?			☐ Yes ☐ No				
Point of care ultrasound	I (POCUS)?		☐ Yes ☐ No				
Echocardiogram?			☐ Yes ☐ No				



~	
Cito	•
JILE	

Electrocardiogram (EKG)?	Electrocardiogram (EKG)?		
Percutaneous coronary intervention ("stented")?	□ No		
Medical imaging			
Chest X-ray?	☐ Yes	□ No	
CT Abdomen?	☐ Yes	☐ No	
CT Thorax?	☐ Yes	□ No	
CT Head?	☐ Yes	□ No	
Other imaging test(s)?			
Respiratory founction tests			
Spirometry?	Yes	□ No	
Metacholine?	Yes		
Lung founction test?	└ Yes	□ No	
SECTION 6: Labs Follow up OPTIONAL - To be completed if the participant had routine lab	poratories as part of the	eir follow-up. These	tests are MANDATORY.
lgG			
Total WBC count	x 10 <sup>9</sup> /L		Not measured
Neutrophil count	%		x 10 <sup>9</sup> /L Not measured
Lymphocyte count	%		x 10 <sup>9</sup> /L Not measured
Monocyte count	%		x 10 <sup>9</sup> /L Not measured
Eosinophil count	%		$\times 10^9$ /L Not measured
Basophil count	%		x 10 <sup>9</sup> /L Not measured
Platelets		x 10 <sup>9</sup> /L	Not measured
Haemoglobin		g/L	Not measured
Urea		mmol/L	Not measured
Creatinine		μmol/L	Not measured
NT-proBNP		ng/L	Not measured
BNP		ng/L	Not measured
Sodium Na+		mmol/L	Not measured
Potassium K+		mmol/L	Not measured
C-reactive protein (CRP)		mg/L	Not measured
LDH		U/L	Not measured
Creatine Phosphokinase (CPK)		U/L	Not measured
Albumin		g/L	Not measured

B	CD;
BIOBANQUE QU	ÉBÉCOISE DE LA

Site:

AST				U/L			L No	ot measu	red	
ALT				U/L			□ No	ot measu	red	
Procalcitonin (PCT)				μg/L				ot measu	red	
Troponin T hs (high sensitivity)				ng/L			□ No	ot measu	red	
Troponin I hs (high sensitivity)				ng/L				ot measu	red	
Troponin T				ng/L			□ No	ot measu	red	
Troponin I				ng/L			□ No	ot measu	red	
APTT (activated partial thromboplasting	n time)			sec			□ No	ot measu	red	
International Normalized Rati	io (INR)						□ No	ot measu	red	
Triglycerides				mmol	/L		□ No	ot measu	red	
Total bilirubin				μmol/	L		□ No	ot measu	red	
Direct bilirubin (conjugated)				μmol/	L		□ No	ot measu	red	
Glucose				mmol	/L			ot measu	red	
Fibrinogen				g/L				ot measu	red	
Ferritin				μg/L				ot measu	red	
IL-6				ng/L				ot measu	red	
CD4				x 10 <sup>9</sup> /	L		□ No	ot measu	red	
CD8				x 10 <sup>9</sup> /	L		□ No	ot measu	red	
SECTION 7 : Clinical frailty sc	ore									
Frailty scale (clinical frailty sca	ale) (circle)	1 2	3	4	5	6	7	8	9	☐ n/d
*	Clinical Frailty Scale  I Very Fit – People who are robus and motivated. These people commor regularly. They are among the fittest	t, active, energetic only exercise	ASIA.	7 Severely F personal care cognitive). Ev high risk of dy	e, from whateven so, they se	ver cause (p em stable a	hysical or			
( )	2 Well — People who have no activ symptoms but are less fit than categor exercise or are very active occasional	ory 1. Often, they		8 Very Seve approaching t not recover e	the end of life.	Typically, the				
W	3 Managing Well — People whose rare well controlled, but are not regulation routine walking.			9.Terminally l category appl <6 months, w	ies to people	with a life e	xpectancy			
	4 Vulnerable – While not depende daily help, often symptoms limit acti- complaint is being "slowed up", and/o during the day.	vities. A common	The degric	railty in people one of frailty corn symptoms in n	esponds to the nild dementia in	clude forgett	ng the			
A CONTRACTOR OF THE PROPERTY O	5 Mildly Frail – These people ofter evident slowing, and need help in hi, (finances, transportation, heavy house tions). Typically, mild frailty progressis, shopping and walking outside alone, and housework.	gh order IADLs ework, medica- vely impairs	repeating In <b>moder</b> though th They can	a recent event, in the same quest rate dementia, re- ney seemingly can do personal car dementia, they	ion/story and so ecent memory in remember the re with prompti	ocial withdraw s very impaire eir past life ev ng.	ral. ed, even ents well.			
刺	6 Moderately Frail – People need loutside activities and with keeping hoften have problems with stairs and bathing and might need minimal assistandby) with dressing.	nouse. Inside, they need help with	2. K. Rockwo frailty in elde © 2009. Versic Research, Daho	n Study on Health & cod et al. A global clin erly people. CMAJ 20 on 1.2_EN. All rights rese ousle University Halflox, Car search and educational pu	ical measure of fitne 05;173:489-495. rved, Geriatric Medicine nada: Permission granted	es and  DAI UNI	HOUSIE VERSITY piring Minds			



Other sample #3

۷º	de	participa	nt	Biob	oanq	ue
		Biobank	ра	rtici	pant	ID

#### **FOLLOW-UP VISIT 730 DAYS**

	Visit Promission
	Visit Description
Blood drawn for the BQC19?	Yes (go to section 1) No (go to section 2)
SECTION 1 : Samples taken for BQC19	
Date of blood draw (aaaa-mm-dd) Time of blood draw (hh:mm)	
Delay between the diagnosis and the draw bl	Automatic calculation in REDCap (do not complete)
Collected:	Ambulatory emergency
	Emergency stretchers
	Intensive Care Unit
	Outpatient clinic
	Hospital floor (specify):
	Other (specify):
SECTION 2 : No samples taken for BQC19	
If no blood sample was taken for BQC19, whe	n was the clinical data collected? (yyyy-mm-dd)?
Why not collected?	
	BQC19 Samples
Number of ACD tubes collected:	
Number of PAXgene tubes collected:	
Number of serum tubes collected:	
Other blood draw tube(s) collected:	
PEDIATRIC - stool collected:	☐ Yes ☐ No ☐ N/A
Were other biological samples collected?	☐ Yes ☐ No
Other sample #1	Quantity :
Other sample #2	Quantity :

Quantity:

<b>B@</b> (	<b>C</b> (19):
BIOBANQUE QUÉ	BÉCOISE DE LA

<b>~</b> • • •			
Site	•		
JILE	•		

Essential Follow-up					
Was this follow-up visit completed?	☐ Yes ☐	] No			
Date of follow-up (yyyy-mm-dd):					
Delay between the diagnosis and the follow-up visit		Automatic calculation in REDCap (do not complete)			
How was this follow-up completed?	By phor	·			
	In perso	on			
Who answered the questions?  Check all that apply.	Patient				
Cleck all that apply.	☐ Surroga☐ Health-o	care professional			
Name of interviewer					
SECTION 1 : Ongoing Consent					
Ongoing consent status:		awal from the study			
		withdrawal - consent to blood draws only withdrawal - consent to follow-up only			
		t to all study procedures			
SECTION 2 : Vital Status Update					
Date of last known vital status (yyyy-mm-dd):					
Vital status	Alive				
	Decease				
	Unknow	vn			
	Follow up				
Have you been diagnosed with a new or recurrent cas since your last follow-up (based on PCR testing)?	e of COVID	Yes (If the participant has had a new positive VIDOC test - please complete the End of Participation form and start a new			
		BQC19 registration for this patient).  No			
   Have you been re-hospitalized since your initial vis	sit for COVID,	Yes (go to section 1)			
excluding outpatient clinic visits and planned follow-u		No (go to section 2)			
SECTION 1 : Medical follow-up					
Have you been re-hospitalized since your initial visit for		☐ Yes ☐ No			
excluding outpatient clinic visit and planned follow-up multiple re-hospitalization, enter the most significant one and describe the additional comments fields at the end of the form)					
Type of repeat hospital visit?		Emergency room visit			
Check all that apply.		Hospital admission			
		☐ Not sure			



Site:	
-------	--

If emergency or re-hospitalization, date of admission (yyyy	mm-dd):	
Facility:		
Cause :		
Were additionnal medical examinations requestes as part follow-up? (OPTIONAL – For clinical purpose)	of this	Yes (complete the section 5) No (go to next)
Have laboratory tes been done for this day? (OPTIONAL – For a purpose)	linical	Yes (complete the section 6) No (go to next)
Does the participant report pesisitant symptomes related CoV-2 infection?	to SARS-	Yes (complete the section 2) No (go to next)
Has the participant had any new disease and/or worsenin deterioration of a pre-existing disease?	g and/or $\Box$	Yes (complete the section 4) No (go to next)
SECTION 2 : Current symptoms		
Joint pain (Arthralgia)?	☐ Yes ☐	No
Confusion / altered mental status?	☐ Yes ☐	No
Red eye (Conjunctivitis)?	☐ Yes ☐	No
Seizure?	☐ Yes ☐	No
Diarrhea?	☐ Yes ☐	No
Abdominal pain?	☐ Yes ☐	No
Chest pain?	☐ Yes ☐	No
Shortness of breath (Dyspnea)?	☐ Yes ☐	No
Dizziness?	☐ Yes ☐	No
Extremity weakness or numbness?	☐ Yes ☐	No
Fatigue?	☐ Yes ☐	No
Fever (≥38.0°C)?	☐ Yes ☐	No
Hemoptysis / Bloody sputum?	☐ Yes ☐	No
Loss of appetite?	☐ Yes ☐	No
Ear pain?	☐ Yes ☐	No
Sore throat?	☐ Yes ☐	No
Headache?	☐ Yes ☐	No
Muscle aches (Myalgia)?	☐ Yes ☐	No
Nausea / vomiting ?	☐ Yes ☐	No
Leg swelling (Edema) ?	☐ Yes ☐	No
Loss of taste / lost of smell?	☐ Yes ☐	No



Site:	Nº de participant Biobanqu
site.	Biobank participant II

Skin rash?	☐ Yes ☐ No
Runny nose (Rhinorrhea)?	☐ Yes ☐ No
Wheezing or stridor?	☐ Yes ☐ No
Cough?	☐ Yes ☐ No
Trouble speaking (Aphasia / Dysphasia)?	☐ Yes ☐ No

Circle the correct answers
Mobility 1. I have no problems in walking about 2. I have slight problems in walking about
3. I have moderate problems in walking about
4. I have severe problems in walking about 5, I am unable to walk about
Self-care  1. I have no problem washing or dressing myself
2. I have slight problems washing or dressing myself
3. I have moderate problems washing or dressing myself 4. I have severe problems washing or dressing myself
5. am unable to wash or dress myself
Usual activities (i.e. work,  1. I have no problems doing my usual activities
study, housework, family or 2. I have slight problems doing my usual activities
leisure activities)  3. I have moderate problems doing my usual activities
4. I have severe problems doing my usual activities
5. I am unable to do my usual activities
Pain and discomfort 1. I have no pain or discomfort
2. I have slight pain or discomfort
3. I have moderate pain or discomfort
4. I have severe pain or discomfort
5. I have extreme pain or discomfort
Anxiety and depression 1. I am not anxious or depressed
2. I am slightly anxious or depressed
3. I am moderately anxious or depressed
4. I am severely anxious or depressed
5. I am extremely anxious or depressed
Breathlessness 1. I am breathless only with strenuous exercise
2. I am short of breath when hurrying or going up a slight hill
3. I am slower than most people of the same age on level ground
4. I stop for breath walking 100m or few minutes on level ground
5. I am too breathless to leave the house
Rate your health from 0 0 (worst / pire)   100 (best / meilleur)
(worst) to 100 (best)
%
How much difficulty do you 1. Noe
have lifting or carrying 10 2. Some
lbs? 3. A lot or unable



_	٠.	
•	ıtΔ	
J	ILC	

How much difficulty do you	1. Noe
have walking across a	2. Some
room?	3. A lot or unable
How much difficulty do you	1. Noe
have transferring from a	2.Some
chair to a bed?	3.A lot or unable
How much difficulty do you	1, Noe
have climbing a flight of 10	2, Some
stairs?	3, A lot or unable
How many times have you	0. Noe
fallen in the past year?	1. 1-3 falls
	2. 4 or more falls

EuroQol Group. (2011). EQ-5D-5L User Guide. Rotterdam: EuroQol Group. Available at <a href="http://www.euroqol.org/eq-5d/publications/user-quide.html">http://www.euroqol.org/eq-5d/publications/user-quide.html</a>; Nerys Williams, The MRC breathlessness scale, Occupational Medicine, 2017; 67(6): 496-497; Malmstrom TK, Morley JE. SARC-F: a simple questionnaire to rapidly diagnose sarcopenia. J Am Med Dir Assoc. 2013;14(8):531-532.

SECTION 4 : Complication	ons Post-COVID				
Cardiovascular complications?			Yes (complete the section) No (go to next)		
Connection with SARS-C	CoV-2 infection		Recently appeared and directly link Pathology already present but wor Note related to SARS-CoV-2 infection Undetermined	sening / de	•
				No	Yes
	Cardiac arrest?				
	Other cardiac arrhythmia	a?			
	Endocarditis? Myocardit	s? Peri	icarditis?		
	New atrial fibrillation or	flutter	(FA)?		
	Ventricular tachycardia o	r fibril	lation (VT/VF)?		
	Left ventricular fonction?	?			
	Decompensated heart fa	ilure??	)		
	Non-ST-elevation myoca myocardial infaction (STE		faction (NSTEMI)? ST-elevation		
	Deep vein throbosis (DV	Γ)?			
	Dissiminated intravascula	ar coag	gulation?		
Respiratory complication	ns?		Yes (complete the section) No (go to next)		
Connection with SARS-CoV-2 infection			Recently appeared and directly link Pathology already present but wor Note related to SARS-CoV-2 infection Undetermined	sening / de	•



				No	Yes	
	Asthma?					
	Bronchiolitis?					
	Pulmonary embolism (PE)?					
	Pleural effusion?					
	Interstitial lung disease?					
	COPD?					
	Bacterial, viral or cryptoger	nic o	rganizing pneumonia?			
	Pneumothorax?		<u> </u>			
	Acute Respiratory Distress	Sync	frome (ARDS)?			
Danal samulisations?			V			
Renal complications?			Yes (complete the section)			
			No (go to next)			
Connection with SARS-C	oV-2 infection		Recently appeared and directly link			de)
			Pathology already present but wors		erioration	
			Note related to SARS-CoV-2 infection	on		
			Undetermined	<b>N</b> 1 -		1
	A . I.I			No	Yes	
	Acute kidneay injury?					
Neurologic complication	ns?		Yes (complete the section)			
			No (go to next)			
Connection with SARS-C	oV-2 infection		Recently appeared and directly link Pathology already present but wors Note related to SARS-CoV-2 infection	sening / det		de
			Undetermined			
				No	Yes	
	TIA? Stroke?					
	Seizure?					
	Méningitis / encephalitis?					
	Insomia?					
	Difficulty with concentration	n?				
	Memory problem? Brain Fr	og?				
Psychiatric complication	ic?		Yes (complete the section)			
1 Sychiatric complication			No (go to next)			
Connection with SARS-C	oV-2 infection		Recently appeared and directly link	ed to COVII	D-19 episod	de
			Pathology already present but wors			
			Note related to SARS-CoV-2 infection	on		
			Undetermined			1
				No	Yes	
	Depression?					
	Anxiety?					
	Mood change?	_				



Site	:		

Gastrointestinal compli	cations?		es (complete the section)			
		L No	O (go to next)			
Connection with SARS-C	CoV-2 infection	☐ Pa	ecently appeared and directly link athology already present but wors ote related to SARS-CoV-2 infection andetermined	sening / det	•	de
				No	Yes	
	Liver dysfunction?					
	Gastrointestinal heamo	rrhage?				
	Pancreatitis?					
Complications of the en	docrine system?		es (complete the section) O (go to next)			
Connection with SARS-C	CoV-2 infection	☐ Pa	ecently appeared and directly link athology already present but wors ote related to SARS-CoV-2 infection andetermined	sening / det	-	de
				No	Yes	
	Hyperglycemia?					
	Hypoglycemia?					
Others complications?			es (complete the section)			
Connection with SARS-C	Anemia?  Bacteriemia?  Rhabdomyolysis or myo	☐ Re	o (go to next) ecently appeared and directly link athology already present but wors ote related to SARS-CoV-2 infection ndetermined	sening / det		de
	Anemia?  Bacteriemia?  Rhabdomyolysis or myo	☐ R€	ecently appeared and directly link athology already present but wors ote related to SARS-CoV-2 infection	sening / det on	erioration	de
SECTION 5 : Tests	Anemia? Bacteriemia? Rhabdomyolysis or myo Others	Re Pa	ecently appeared and directly link athology already present but wors ote related to SARS-CoV-2 infection	sening / det on	erioration	de
SECTION 5 : Tests	Anemia?  Bacteriemia?  Rhabdomyolysis or myo	Re Pa	ecently appeared and directly link athology already present but wors ote related to SARS-CoV-2 infection	sening / det on	erioration	de
SECTION 5 : Tests	Anemia? Bacteriemia? Rhabdomyolysis or myo Others	Re Pa	ecently appeared and directly link athology already present but wors ote related to SARS-CoV-2 infection	sening / det on	erioration	de
SECTION 5 : Tests  Medical context of the r  Cardiac assessment	Anemia? Bacteriemia? Rhabdomyolysis or myo Others	Re Pa	ecently appeared and directly link athology already present but wors ote related to SARS-CoV-2 infection	sening / det on	erioration	de
SECTION 5 : Tests  Medical context of the r  Cardiac assessment	Anemia?  Bacteriemia?  Rhabdomyolysis or myo Others  requested follow-up exam Cardiac catheterization)?	Re Pa	ecently appeared and directly link athology already present but worsote related to SARS-CoV-2 infection determined	sening / det on	erioration	de



Electrocardiogram (EKG)?	☐ Yes	□ No	
Percutaneous coronary intervention ("stented")?		□ No	
Medical imaging			
Chest X-ray?	☐ Yes	□ No	
CT Abdomen?	☐ Yes	□ No	
CT Thorax?	☐ Yes	□ No	
CT Head?	☐ Yes	☐ No	
Other imaging test(s)?			
Respiratory founction tests			
Spirometry?	☐ Yes		
Metacholine?			
Lung founction test?	Yes	∟ No	
SECTION 6: Labs Follow up  OPTIONAL - To be completed if the participant had routine lal	boratories as part of the	eir follow-up. These	tests are MANDATORY.
IgG			
Total WBC count	x 10 <sup>9</sup> /L		Not measured
Neutrophil count	%		x 10 <sup>9</sup> /L Not measured
Lymphocyte count	%		x 10 <sup>9</sup> /L Not measured
Monocyte count	%		x 10 <sup>9</sup> /L Not measured
Eosinophil count	%		x 10 <sup>9</sup> /L Not measured
Basophil count	%_		x 10 <sup>9</sup> /L Not measured
Platelets		x 10 <sup>9</sup> /L	Not measured
Haemoglobin	_	g/L	Not measured
Urea		mmol/L	Not measured
Creatinine		μmol/L	Not measured
NT-proBNP		ng/L	Not measured
BNP		ng/L	Not measured
Sodium Na+		mmol/L	Not measured
Potassium K+		mmol/L	Not measured
C-reactive protein (CRP)		mg/L	Not measured
LDH		U/L	Not measured
Creatine Phosphokinase (CPK)		U/L	Not measured
Albumin		g/L	Not measured

B	CD;
BIOBANQUE QU	ÉBÉCOISE DE LA

Site:

AST				U/L			L No	ot measu	red	
ALT				U/L			□ No	ot measu	red	
Procalcitonin (PCT)				μg/L			□ N	ot measu	red	
Troponin T hs (high sensitivity)				ng/L			□ N	ot measu	red	
Troponin I hs (high sensitivity)				ng/L			□ N	ot measu	red	
Troponin T				ng/L			□ N	ot measu	red	
Troponin I				ng/L		Not measured				
APTT (activated partial thromboplastin time)		sec		Not measured						
International Normalized Rati	io (INR)			-			□ N	ot measu	red	
Triglycerides				mmol/L			Not measured			
Total bilirubin				μmol/L			Not measured			
Direct bilirubin (conjugated)		μmol/L			Not measured					
Glucose				mmol	/L		□ N	ot measu	red	
Fibrinogen				g/L			□ N	ot measu	red	
Ferritin				μg/L			□ N	ot measu	red	
IL-6				ng/L			□ N	ot measu	red	
CD4				x 10 <sup>9</sup> /	L		□ No	ot measu	red	
CD8				x 10 <sup>9</sup> /	L		□ N	ot measu	red	
SECTION 7 : Clinical frailty sc	ore									
Frailty scale (clinical frailty sca	ale) (circle)	1 2	3	4	5	6	7	8	9	☐ n/d
*	Clinical Frailty Scale  I Very Fit – People who are robus and motivated. These people commor regularly. They are among the fittest	st, active, energetic only exercise	总	7 Severely I personal care cognitive). Ev high risk of dy	e, from whateven so, they se	ver cause (p em stable a	hysical or			
( )	2 Well — People who have <b>no acti</b> <b>symptoms</b> but are less fit than categor exercise or are very <b>active occasion</b>	ory I. Often, they	5	8 Very Seve approaching t not recover e	the end of life.	Typically, the				
W	3 Managing Well — People whose is are well controlled, but are not registered beyond routine walking.		5	9.Terminally category app <6 months, v	ies to people	with a life e	xpectancy			
	4 Vulnerable – While not depende daily help, often symptoms limit acti- complaint is being "slowed up", and/o during the day.	vities. A common	The deg	frailty in people ree of frailty corn symptoms in n	esponds to the nild dementia in	clude forgett	ing the			
A CONTRACTOR OF THE PROPERTY O	5 Mildly Frail — These people ofter evident slowing, and need help in hi (finances, transportation, heavy house tions). Typically, mild frailty progressis shopping and walking outside alone, and housework.	igh order IADLs ework, medica- vely impairs	repeating In <b>mode</b> though t They car	a recent event, g the same quest rate dementia, re ney seemingly ca a do personal car dementia, they	ion/story and so ecent memory in remember the re with prompti	ocial withdraw s very impaire eir past life ev ng.	val. ed, even ents well.			
刺	6 Moderately Frail – People need outside activities and with keeping I often have problems with stairs and bathing and might need minimal assistandby) with dressing.	house. Inside, they need help with	2. K. Rockw frailty in eld © 2009: Vers Research, Dalt	an Study on Health & bood et al. A global clir erly people. CMAJ 20 on 1.2_EN. Al rights rese ousle University Halifox, Ca search and educational p.	ical measure of fitne 05;173:489-495. rved, Geriatric Medicine nada: Permission granted	es and  DAI UNI	HOUSIE VERSITY piring Minds			



#### **END-OF-STUDY VISIT**

SECTION 1: Vaccination (anytime)	
Has the participant been vaccinated?	☐ Yes ☐ No
From which company did the participant receive the vaccine?	
Number of doses received?	Pfizer, Morderna, Medicago, AstraZeneca,  1 2
Date first dose received (yyyy-mm-dd)	
Date second dose received (yyyy-mm-dd)	·
Did the participant experience any side effects?	☐ Yes ☐ No
Please describe the side effects.	
Date of study exit (yyyy-mm-dd):	
Reason for study exit :	Patient deceased  Withdrawal of consent  Loss to follow up  New positive PCR test for COVID  Study completed  Other  Please elaborate:
SECTION 1 : Protocol deviations/violations (this section	to be filled in by a study coodinator)
Were there any protocol deviations/violations?	Yes No
Have all protocol deviations/violations been appropri	ately documented?
General comments :	