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/

Site : _____ N° de participant Biobanque / Biobank participant ID _____

Arrival Visit

Consent

SECTION 1: Consent

Was verbal consent obtained? (by the patient, legal representative or guardian)

☐ Yes ☐ No

Date (yyyy-mm-dd) _____ Time (hh:mm) _____

Obtained by (first name, last name) (CRF paper only): _____

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 : _____ N° de participant Biobanque / Biobank participant ID _____

ICF received was signed by?

- ☐ 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 received, patient or legal representative has been contacted again?

☐ Yes ☐ No

Date (yyyy-mm-dd) _____ Time (hh :mm) (CRF paper only.) : _____ ☐ Inconclusive
Date (yyyy-mm-dd) _____ Time (hh :mm) (CRF paper only.) : _____ ☐ Inconclusive
Date (yyyy-mm-dd) _____ Time (hh :mm) (CRF paper only.) : _____ ☐ Inconclusive

SECTION 4: Response to the return of the ICF

Conclusion of consent approach:

- ☐ 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): _____

Comments : _____

SECTION 5: Database Authorizations

[Check all of the following options]

Authorized research ☐ Genetic ☐ Health research

Link with administrative database ☐ RAMQ ☐ MSSS ☐ LSPQ

Authorized for ☐ Academic researchers ☐ Industry researchers

Other studies in which the patient participates (other than the BQC study):

Project title *	Study participant ID/randomisation ID (if available)

* **1,** 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

Site : _____ N° de participant Biobanque / Biobank participant ID _____

Identifiers - confidential

*[*These identifiers are entered ONLY in the local BTRSR database. ** These identifiers are entered into the REDCap 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-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* : _____

#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 outpatient? ☐ Hospitalized ☐ Oupatient

Age at the time of arrival : _____ *Calculates automatically with the date of consent

Sex at birth: ☐ Male ☐ Female ☐ Not specified

Country of birth : _____

Height : _____ m ☐ n/a

Weight _____ kg ☐ n/a **BMI** (automatic calculation)

Site : _____ N° de participant Biobanque / Biobank participant ID _____

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 ☐ n/d

Gestational outcome : ☐ Term birth (>37 sem.) ☐ Preterm birth (<37 sem.) ☐ Indeterminate

SECTION 2 : Smoking and Drug Use

Smoking status : ☐ Smoker ☐ Non smoker ☐ Former smoker ☐ Passive smoker ☐ Not specified

Electronic cigarettes? ☐ Yes ☐ No

Drugs? ☐ Yes ☐ No

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 ☐ Yes ☐ N/A

Is the participant employed in a Microbiology Laboratory?
(If the participant is a child, is the parent employed in a Microbiology Laboratory?) ☐ No ☐ Yes ☐ N/A

Living where: ☐ Home ☐ Residence with services (RPA) ☐ Nursing home (CHSLD) ☐ In intermediate and family-type resources ☐ In rooming house ☐ Homeless

Living with: ☐ 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? ☐ No ☐ Yes

If yes, expected delivery date (yyyy-mm-dd) _____

Post-partum (childbirth in the last year) : ☐ No ☐ Yes

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

Past medical 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 ?	☐ Yes ☐ No	
	Actively receiving treatment?	☐ Yes ☐ No	
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?	☐ Yes ☐ No	
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)	µmol/l	If there is a history in the medical record of the creatinine test result.

Site : _____ N° de participant Biobanque / Biobank participant ID _____

SECTION 2 : Home Medications (please refer to the help list - medication - 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 medications (includes but not limited to systemic steroid therapy, anti-rejection medications, and chemotherapy)?	☐ Yes	☐ No	☐ n/a

Please specify other immunosuppressive medication(s). _____

Symptoms documented on arrival at the medical record

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 file)	☐ 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

Site : _____ N° de participant Biobanque / Biobank participant ID _____

Vitals Signs - Arrival

Temperature _____ ^{0}C ☐ oral ☐ axillary ☐ 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_2 saturation at room air _____ % (if available)

On arrival, is the participant receiving oxygen? ☐ Yes ☐ No
(or shortly after its arrival)

On arrival, SpO_2 on oxygen: _____ % On arrival, FiO_2 _____ ☐ % or ☐ L/min

Arrival visit - Labs

Have laboratory tests been done for this day? ☐ Yes ☐ No

Total WBC count	x 10^9 /L		☐ Not measured
Neutrophil count	%	x 10^9 /L	☐ Not measured
Lymphocyte count	%	x 10^9 /L	☐ Not measured
Monocyte count	%	x 10^9 /L	☐ Not measured
Eosinophil count	%	x 10^9 /L	☐ Not measured
Basophil count	%	x 10^9 /L	☐ Not measured

Platelets		x 10^9 /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
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 10^9/L	☐ Not measured
CD8	_____	x 10^9/L	☐ Not measured

Frailty										
The frailty score on arrival corresponds to its evaluation 2 weeks before hospitalization, if available.										
Frailty score (clinical frailty scale) (circle)	1	2	3	4	5	6	7	8	9	☐ n/d

Clinical Frailty Scale*

1 **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 1. 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 Ill** - 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.

* 1. 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.

DALHOUSIE UNIVERSITY *Inspiring Minds*

Site : _____ N° de participant Biobanque / Biobank participant ID _____

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

Description de la visite

Related visit :
- ☐ 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 ordered by your doctor as part of your regular clinical care? ☐ Yes ☐ No

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 BQC19

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 : _____

Site : _____ N° de participant Biobanque / Biobank participant ID _____

Vitals signs

Have vital signs been assessed? ☐ Yes ☐ No

Time of vital signs assessment (hh :mm) _____ *on the same day as the collection and near the time of venipuncture for BQC19

Temperature _____ ^{0}C ☐ oral ☐ axillary ☐ 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_2 saturation at room air _____ % (at time of the collection, if available)

At the time of collection, is the participant receiving oxygen? ☐ Yes ☐ No

At the time of collection, SpO_2 on oxygen: _____ % And FiO_2 _____ ☐ % or ☐ L/min

AVPU Scale (lowest)

☐ Alert
☐ Verbal
☐ Pain
☐ Unresponsive
☐ Indeterminate

Glasgow Coma Scale(GCS/15) (lowest) _____ ☐ Indeterminate

Urine output over 24h collected? ☐ Yes ☐ No

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_2 (associated with previous Pa02)		%
Arterial pH (associated with previous Pa02)		
$PaCO_2$ (associated with previous Pa02)		mmHg
Arterial HCO_3^- (associated with previous Pa02)		mEq/L
Arterial base excess (associated with previous Pa02)		mmol/L
Arterial lactate (associated with previous Pa02)		mmol/L

Site : _____ N° de participant Biobanque / Biobank participant 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) :

- ☐ Oxygen by cannula or mask
- ☐ High-flow nasal cannula
- ☐ CPAP/BIPAP
- ☐ Mechanical ventilation

SpO_2 (the lowest associated with the highest support) _____ % FiO_2 (associated with the previous SpO_2) _____ % or L /min

SECTION 2 : Adjunctive therapy

Did or does the patient receive adjunctive 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 *first* value of the day

Have laboratory tests been done for this day? ☐ Yes ☐ No

Total WBC count		x 10^9 /L		☐ Not measured
Neutrophil count		%	x 10^9 /L	☐ Not measured
Lymphocyte count		%	x 10^9 /L	☐ Not measured
Monocyte count		%	x 10^9 /L	☐ Not measured
Eosinophil count		%	x 10^9 /L	☐ Not measured
Basophil count		%	x 10^9 /L	☐ Not measured
Platelets			x 10^9 /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
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 than	_____	µg/L	☐ Not measured
Fibrinogen	_____	g/L	☐ Not measured
Ferritin	_____	µg/L	☐ Not measured
IL-6	_____	ng/L	☐ Not measured
CD4	_____	x 10^9/L	☐ Not measured
CD8	_____	x 10^9/L	☐ Not measured

Site : _____ N° de participant Biobanque / Biobank participant ID _____

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

Description de la visite

Related visit :
- ☐ 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 ordered by your doctor as part of your regular clinical care? ☐ Yes ☐ No

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 BQC19

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 : _____

Site : _____ N° de participant Biobanque / Biobank participant ID _____

Vitals signs

Have vital signs been assessed? ☐ Yes ☐ No

Time of vital signs assessment (hh :mm) _____ *on the same day as the collection and near the time of venipuncture for BQC19

Temperature _____ ^{0}C ☐ oral ☐ axillary ☐ 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_2 saturation at room air _____ % (at time of the collection, if available)

At the time of collection, is the participant receiving oxygen? ☐ Yes ☐ No

At the time of collection, SpO_2 on oxygen: _____ % And FiO_2 _____ ☐ % or ☐ L/min

AVPU Scale (lowest)

☐ Alert
☐ Verbal
☐ Pain
☐ Unresponsive
☐ Indeterminate

Glasgow Coma Scale(GCS/15) (lowest) _____ ☐ Indeterminate

Urine output over 24h collected? ☐ Yes ☐ No

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_2 (associated with previous Pa02)		%
Arterial pH (associated with previous Pa02)		
$PaCO_2$ (associated with previous Pa02)		mmHg
Arterial HCO_3^- (associated with previous Pa02)		mEq/L
Arterial base excess (associated with previous Pa02)		mmol/L
Arterial lactate (associated with previous Pa02)		mmol/L

Site : _____ N° de participant Biobanque / Biobank participant 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) :

- ☐ Oxygen by cannula or mask
- ☐ High-flow nasal cannula
- ☐ CPAP/BIPAP
- ☐ Mechanical ventilation

SpO_2 (the lowest associated with the highest support) _____ % FiO_2 (associated with the previous SpO_2) _____ % or L /min

SECTION 2 : Adjunctive therapy

Did or does the patient receive adjunctive 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 *first* value of the day

Have laboratory tests been done for this day? ☐ Yes ☐ No

Total WBC count	_____ x 10^9 /L		☐ Not measured
Neutrophil count	_____ %	_____ x 10^9 /L	☐ Not measured
Lymphocyte count	_____ %	_____ x 10^9 /L	☐ Not measured
Monocyte count	_____ %	_____ x 10^9 /L	☐ Not measured
Eosinophil count	_____ %	_____ x 10^9 /L	☐ Not measured
Basophil count	_____ %	_____ x 10^9 /L	☐ Not measured
Platelets	_____ x 10^9 /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
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 than	_____	µg/L	☐ Not measured
Fibrinogen	_____	g/L	☐ Not measured
Ferritin	_____	µg/L	☐ Not measured
IL-6	_____	ng/L	☐ Not measured
CD4	_____	x 10^9/L	☐ Not measured
CD8	_____	x 10^9/L	☐ Not measured

Site : _____ N° de participant Biobanque / Biobank participant ID _____

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

Description de la visite

Related visit :
- ☐ 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 ordered by your doctor as part of your regular clinical care? ☐ Yes ☐ No

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 BQC19

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 : _____

Site : _____ N° de participant Biobanque / Biobank participant ID _____

Vitals signs

Have vital signs been assessed? ☐ Yes ☐ No

Time of vital signs assessment (hh :mm) _____ *on the same day as the collection and near the time of venipuncture for BQC19

Temperature _____ ^{0}C ☐ oral ☐ axillary ☐ 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_2 saturation at room air _____ % (at time of the collection, if available)

At the time of collection, is the participant receiving oxygen? ☐ Yes ☐ No

At the time of collection, SpO_2 on oxygen: _____ % And FiO_2 _____ ☐ % or ☐ L/min

AVPU Scale (lowest)
- ☐ Alert
- ☐ Verbal
- ☐ Pain
- ☐ Unresponsive
- ☐ Indeterminate

Glasgow Coma Scale(GCS/15) (lowest) _____ ☐ Indeterminate

Urine output over 24h collected? ☐ Yes ☐ No

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_2 (associated with previous Pa02)		%
Arterial pH (associated with previous Pa02)		
$PaCO_2$ (associated with previous Pa02)		mmHg
Arterial HCO_3^- (associated with previous Pa02)		mEq/L
Arterial base excess (associated with previous Pa02)		mmol/L
Arterial lactate (associated with previous Pa02)		mmol/L

Site : _____ N° de participant Biobanque / Biobank participant 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) :

- ☐ Oxygen by cannula or mask
- ☐ High-flow nasal cannula
- ☐ CPAP/BIPAP
- ☐ Mechanical ventilation

SpO_2 (the lowest associated with the highest support) _____ % FiO_2 (associated with the previous SpO_2) _____ % or L /min

SECTION 2 : Adjunctive therapy

Did or does the patient receive adjunctive 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 *first* value of the day

Have laboratory tests been done for this day? ☐ Yes ☐ No

Total WBC count	_____	x 10^9 /L		☐ Not measured
Neutrophil count	_____	%	x 10^9 /L	☐ Not measured
Lymphocyte count	_____	%	x 10^9 /L	☐ Not measured
Monocyte count	_____	%	x 10^9 /L	☐ Not measured
Eosinophil count	_____	%	x 10^9 /L	☐ Not measured
Basophil count	_____	%	x 10^9 /L	☐ Not measured
Platelets	_____	x 10^9 /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
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 than	_____	µg/L	☐ Not measured
Fibrinogen	_____	g/L	☐ Not measured
Ferritin	_____	µg/L	☐ Not measured
IL-6	_____	ng/L	☐ Not measured
CD4	_____	x 10^9/L	☐ Not measured
CD8	_____	x 10^9/L	☐ Not measured

Site : _____ N° de participant Biobanque / Biobank participant ID _____

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

Description de la visite

Related visit :
- ☐ 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 ordered by your doctor as part of your regular clinical care? ☐ Yes ☐ No

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 BQC19

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 : _____

Site : _____ N° de participant Biobanque / Biobank participant ID _____

Vitals signs

Have vital signs been assessed? ☐ Yes ☐ No

Time of vital signs assessment (hh :mm) _____ *on the same day as the collection and near the time of venipuncture for BQC19

Temperature _____ ^{0}C ☐ oral ☐ axillary ☐ 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_2 saturation at room air _____ % (at time of the collection, if available)

At the time of collection, is the participant receiving oxygen? ☐ Yes ☐ No

At the time of collection, SpO_2 on oxygen: _____ % And FiO_2 _____ ☐ % or ☐ L/min

AVPU Scale (lowest)

☐ Alert
☐ Verbal
☐ Pain
☐ Unresponsive
☐ Indeterminate

Glasgow Coma Scale(GCS/15) (lowest) _____ ☐ Indeterminate

Urine output over 24h collected? ☐ Yes ☐ No

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_2 (associated with previous Pa02)		%
Arterial pH (associated with previous Pa02)		
$PaCO_2$ (associated with previous Pa02)		mmHg
Arterial HCO_3^- (associated with previous Pa02)		mEq/L
Arterial base excess (associated with previous Pa02)		mmol/L
Arterial lactate (associated with previous Pa02)		mmol/L

Site : _____ N° de participant Biobanque / Biobank participant 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) :

- ☐ Oxygen by cannula or mask
- ☐ High-flow nasal cannula
- ☐ CPAP/BIPAP
- ☐ Mechanical ventilation

SpO_2 (the lowest associated with the highest support) _____ % FiO_2 (associated with the previous SpO_2) _____ % or L /min

SECTION 2 : Adjunctive therapy

Did or does the patient receive adjunctive 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 *first* value of the day

Have laboratory tests been done for this day? ☐ Yes ☐ No

Total WBC count		x 10^9 /L		☐ Not measured
Neutrophil count		%	x 10^9 /L	☐ Not measured
Lymphocyte count		%	x 10^9 /L	☐ Not measured
Monocyte count		%	x 10^9 /L	☐ Not measured
Eosinophil count		%	x 10^9 /L	☐ Not measured
Basophil count		%	x 10^9 /L	☐ Not measured
Platelets			x 10^9 /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
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 than	_____	µg/L	☐ Not measured
Fibrinogen	_____	g/L	☐ Not measured
Ferritin	_____	µg/L	☐ Not measured
IL-6	_____	ng/L	☐ Not measured
CD4	_____	x 10^9/L	☐ Not measured
CD8	_____	x 10^9/L	☐ Not measured

Site : _____ N° de participant Biobanque / Biobank participant ID _____

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

Description de la visite

Related visit :
- ☐ 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 ordered by your doctor as part of your regular clinical care? ☐ Yes ☐ No

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 BQC19

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 : _____

Site : _____ N° de participant Biobanque / Biobank participant ID _____

Vitals signs

Have vital signs been assessed? ☐ Yes ☐ No

Time of vital signs assessment (hh :mm) _____ *on the same day as the collection and near the time of venipuncture for BQC19

Temperature _____ ^{0}C ☐ oral ☐ axillary ☐ 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_2 saturation at room air _____ % (at time of the collection, if available)

At the time of collection, is the participant receiving oxygen? ☐ Yes ☐ No

At the time of collection, SpO_2 on oxygen: _____ % And FiO_2 _____ ☐ % or ☐ L/min

AVPU Scale (lowest)

☐ Alert
☐ Verbal
☐ Pain
☐ Unresponsive
☐ Indeterminate

Glasgow Coma Scale(GCS/15) (lowest) _____ ☐ Indeterminate

Urine output over 24h collected? ☐ Yes ☐ No

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_2 (associated with previous Pa02)		%
Arterial pH (associated with previous Pa02)		
$PaCO_2$ (associated with previous Pa02)		mmHg
Arterial HCO_3^- (associated with previous Pa02)		mEq/L
Arterial base excess (associated with previous Pa02)		mmol/L
Arterial lactate (associated with previous Pa02)		mmol/L

Site : _____ N° de participant Biobanque / Biobank participant 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) :

- ☐ Oxygen by cannula or mask
- ☐ High-flow nasal cannula
- ☐ CPAP/BIPAP
- ☐ Mechanical ventilation

SpO_2 (the lowest associated with the highest support) _____ % FiO_2 (associated with the previous SpO_2) _____ % or L /min

SECTION 2 : Adjunctive therapy

Did or does the patient receive adjunctive 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 *first* value of the day

Have laboratory tests been done for this day? ☐ Yes ☐ No

Total WBC count		x 10^9 /L		☐ Not measured
Neutrophil count		%	x 10^9 /L	☐ Not measured
Lymphocyte count		%	x 10^9 /L	☐ Not measured
Monocyte count		%	x 10^9 /L	☐ Not measured
Eosinophil count		%	x 10^9 /L	☐ Not measured
Basophil count		%	x 10^9 /L	☐ Not measured
Platelets			x 10^9 /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
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 than	_____	µg/L	☐ Not measured
Fibrinogen	_____	g/L	☐ Not measured
Ferritin	_____	µg/L	☐ Not measured
IL-6	_____	ng/L	☐ Not measured
CD4	_____	x 10^9/L	☐ Not measured
CD8	_____	x 10^9/L	☐ Not measured

Site : _____ N° de participant Biobanque / Biobank participant ID _____

Discharge visit

Hospitalization Summary

Date of arrival at this hospital (yyyy-mm-dd) : _____ Time (hh :mm) : _____

Emergency visit only? ☐ Yes ☐ No

Hospital admission? ☐ Yes ☐ No

Date of admission at this hospital (yyyy-mm-dd) : _____ Time (hh :mm) : _____

Is it a transfer from another establishment? ☐ Yes ☐ No

If yes, name of facility : _____

Date of arrival at referring facility: (yyyy-mm-dd) : _____ ☐ Unknown date

ICU admission? ☐ Yes ☐ No

Date of ICU admission (if applicable) (yyyy-mm-dd) _____

Date of ICU discharge (if applicable) (yyyy-mm-dd) _____

Date of hospital discharge, or death if patient deceased during hospitalization(yyyy-mm-dd) _____

Vital status at discharge:
- ☐ Alive
- ☐ Deceased

Disposition :
- ☐ Home
- ☐ Transfert to other hospital
- ☐ Transfert to rehab / conval facility
- ☐ Transfert to long term car facility

Final diagnosis _____

Ability to self-care at discharge versus pre-COVID

☐ Worse ☐ Same ☐ Better ☐ Inderterminate

Level of care (final):
- ☐ Prolong life with all necessary care (LOC1)
- ☐ Prolong life with some limitations to care (LOC2)
- ☐ Ensure comfort as a priority over prolonging life (LOC3)
- ☐ Ensure comfort without prolonging life (LOC4)
- ☐ Not documented

Site : _____ N° de participant Biobanque / Biobank participant ID _____

COVID tests and Severity

Date of FIRST test for COVID (yyyy-mm-dd) _____

Result : ☐ Positive ☐ Negative ☐ Equivocal

Sample type : ☐ Nasal/NP swab ☐ Throat swab ☐ Sputum ☐ Combined nasal/NP+throat swab ☐ BAL ☐ Endotracheal Aspiration ETA ☐ Urine ☐ Feces/rectal swab ☐ Blood

[Enter any other tests performed for COVID-19 below during hospitalization]

Date of test #2 for COVID (yyyy-mm-dd) _____

Result : ☐ Positive ☐ Negative ☐ Equivocal

Sample type : ☐ Nasal/NP swab ☐ Throat swab ☐ Sputum ☐ Combined nasal/NP+throat swab ☐ BAL ☐ Endotracheal Aspiration ETA ☐ Urine ☐ Feces/rectal swab ☐ Blood

Date of test #3 for COVID (yyyy-mm-dd) _____

Result : ☐ Positive ☐ Negative ☐ Equivocal

Sample type : ☐ Nasal/NP swab ☐ Throat swab ☐ Sputum ☐ Combined nasal/NP+throat swab ☐ BAL ☐ Endotracheal Aspiration ETA ☐ Urine ☐ Feces/rectal swab ☐ Blood

Date of test #4 for COVID (yyyy-mm-dd) _____

Result : ☐ Positive ☐ Negative ☐ Equivocal

Sample type : ☐ Nasal/NP swab ☐ Throat swab ☐ Sputum ☐ Combined nasal/NP+throat swab ☐ BAL ☐ Endotracheal Aspiration ETA ☐ Urine ☐ Feces/rectal swab ☐ Blood

Date of test #5 for COVID (yyyy-mm-dd) _____

Result : ☐ Positive ☐ Negative ☐ Equivocal

Sample type : ☐ Nasal/NP swab ☐ Throat swab ☐ Sputum ☐ Combined nasal/NP+throat swab ☐ BAL ☐ Endotracheal Aspiration ETA ☐ Urine ☐ Feces/rectal swab ☐ Blood

If more than 5 diagnostic tests for COVID

Test #	Date (yyyy-mm-dd)	Result	Sample type
6			
7			
8			
9			
10			

SECTION 2 : Severity

If a screening test for SARS-CoV-2 by PCR was performed, what is the most severe severity level (according to WHO) achieved?

☐ Uninfected ☐ Mild ☐ Moderate ☐ Severe ☐ Dead

Severity 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 *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
Dead	Deceased

Adapté de: The Lancet Infectious Diseases, Volume 20 Issue 8 Pages e192-e197 (August 2020), DOI: 10.1016/S1473-3099(20)30483-7

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

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:	

Site : _____ N° 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 ☐ Parainfluenza ☐ Rhinovirus/entérovirus ☐ Metapneumovirus

☐ Other, specify _____

Positive bacterial culture documented during hospitalization? ☐ Yes ☐ No

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

Site : _____ N° de participant Biobanque / Biobank participant 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_2 (lowest associated with the highest support) _____ % FiO_2 (related to SpO_2) _____ % or L /min

Adjunctive therapy during hospitalization: ☐ Yes ☐ No

If yes (check all that apply):
- ☐ Vasopressor/inotropic support — Number of days _____
- ☐ Prone positioning
- ☐ Inhaled nitric oxide (iNO)
- ☐ Extracorporeal membrane oxygenation (ECMO)
- ☐ High-frequency oscillatory ventilation (HFOV)
- ☐ Tracheostomy
- ☐ Blood transfusion
- ☐ Neuromuscular blocking agents
- ☐ Dialysis/hemofiltration
- ☐ Other(s), specify _____

SECTION 4 : Medications during hospitalization

- ☐ Remdesivir
- ☐ Ribavirin
- ☐ Lopinavir/Ritonavir ("Kaletra")
- ☐ Interferon alpha
- ☐ Interferon beta
- ☐ Neuraminidase inh.
- ☐ Other antiviral : _____
- ☐ Azithromycin ("Zithromax")
- ☐ Other antibiotic : _____
- ☐ Antifungal _____
- ☐ Systematic corticosteroid
- ☐ Hydroxychloroquine ("Plaquenil")
- ☐ Chloroquine ("Aralen")
- ☐ Ivermectin ("Stromectol")
- ☐ Tocilizumab ("Actemra")

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

Site : _____ N° de participant Biobanque / Biobank participant ID _____

Labs summary

***** Use the highest or lowest value of the hospitalization, as indicated in parenthesis*****

	Date (yyyy-mm-dd)			
WBC count (**HIGHEST** value)	_____	_____	x 10^9 /L	☐ Not measured
Neutrophil count (**HIGHEST** value)	_____	_____	Relative value	☐ Not measured
Lymphocyte count (**LOWEST** value)	_____	_____	Relative value	☐ Not measured
Monocyte count (**HIGHEST** value)	_____	_____	Relative value	☐ Not measured
Eosinophil count (**HIGHEST** value)	_____	_____	Relative value	☐ Not measured
Basophil count (**HIGHEST** value)	_____	_____	Relative value	☐ Not measured
Platelet (**LOWEST** value)	_____	_____	x 10^9 /L	☐ Not measured
Haemoglobin (**LOWEST** value)	_____	_____	g/L	☐ Not measured
Urea (**HIGHEST** value)	_____	_____	mmol/L	☐ Not measured
Creatinine (**HIGHEST** 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) (**HIGHEST** value)	_____	_____	mg/L	☐ Not measured
LDH (**HIGHEST** value))	_____	_____	U/L	☐ Not measured
Creatine Phosphokinase (CPK) (**HIGHEST** 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) (**HIGHEST** value)			ng/L	☐ Not measured

Site : _____ N° de participant Biobanque / Biobank participant ID _____

		Date (yyyy-mm-dd)			
Troponin I hs (high sensitivity) (**HIGHEST** value)				ng/L	☐ Not measured
Troponin T (**HIGHEST** value)				ng/L	☐ Not measured
Troponin I (**HIGHEST** value)				ng/L	☐ Not measured
APTT (activated partial thromboplastin time) (**HIGHEST** value)				sec	☐ Not measured
International Normalized Ratio (INR) (**HIGHEST** value)					☐ Not measured
Triglycerides (**HIGHEST** value)				mmol/L	☐ Not measured
Total bilirubin (**HIGHEST** value)				µmol/L	☐ Not measured
Direct bilirubin (conjugated) (**HIGHEST** value)				µmol/L	☐ Not measured
Glucose (**HIGHEST** value)				mmol/L	☐ Not measured
Venous lactate (**HIGHEST** value)				mmol/L	☐ Not measured
D-Dimer (**HIGHEST** value)	Greater than ☐			µg/L	☐ Not measured
Fibrinogen (**HIGHEST** value)				g/L	☐ Not measured
Ferritin (**HIGHEST** value)				µg/L	☐ Not measured
IL-6 (**HIGHEST** value)				ng/L	☐ Not measured
CD4 (**LOWEST** value)				x 10^9/L	☐ Not measured
CD8 (**LOWEST** value)				x 10^9/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

Site : _____ Nº de participant Biobanque / Biobank participant ID _____

FOLLOW-UP VISIT 30 DAYS

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 blood _____ 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, 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 : _____

Site : _____ N° de participant Biobanque / Biobank participant ID _____

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
- ☐ Health-care professional

Name of interviewer _____

SECTION 1 : Ongoing Consent

Ongoing consent status:
- ☐ Withdrawal from the study
- ☐ 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

Follow up

Have you been diagnosed with a new or recurrent case of COVID 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 visit for COVID, excluding outpatient clinic visits and planned follow-up visits?
- ☐ Yes (go to section 1)
- ☐ No (go to section 2)

SECTION 1 : Medical follow-up

Have you been re-hospitalized since your initial visit for COVID-19, excluding outpatient clinic visit and planned follow-up visit? (If multiple re-hospitalization, enter the most significant one and describe the other ones in the additional comments fields at the end of the form) ☐ Yes ☐ No

Type of repeat hospital visit? Check all that apply.
- ☐ Emergency room visit
- ☐ Hospital admission
- ☐ 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 clinical purpose)
☐ Yes (complete the section 6)
☐ No (go to next)

Does the participant report pesisitant symptomes related to SARS-CoV-2 infection?
☐ Yes (complete the section 2)
☐ No (go to next)

Has the participant had any new disease and/or worsening and/or deterioration of a pre-existing disease?
☐ 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 (≥38.0ºC)?	☐ 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

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, study, housework, family or leisure activities)	1. I have no problems doing my usual activities 2. I have slight problems doing my usual 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 (worst) to 100 (best)	0 (worst / pire) | 100 (best / meilleur) _____ %
How much difficulty do you have lifting or carrying 10 lbs?	1. Noe 2. Some 3. A lot or unable

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

EuroQol Group. (2011). EQ-5D-5L User Guide. Rotterdam: EuroQol Group. Available at http://www.euroqol.org/eq-5d/publications/user-guide.html; 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?	☐	☐
New atrial fibrillation or 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)?	☐	☐
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

	No	Yes
Asthma?	☐	☐
Bronchiolitis?	☐	☐
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)

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
Acute kidneay injury?	☐	☐

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?	☐	☐
Mood change?	☐	☐

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 heamorrhage?	☐	☐
Pancreatitis?	☐	☐

Complications **of the endocrine system**? ☐ 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
Hyperglycemia?	☐	☐
Hypoglycemia?	☐	☐

Others 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
Anemia?	☐	☐
Bacteriemia?	☐	☐
Rhabdomyolysis or myositis?	☐	☐
Others	☐	☐

SECTION 5 : Tests

Medical context of the requested follow-up examinations	
Cardiac assessment	
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
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

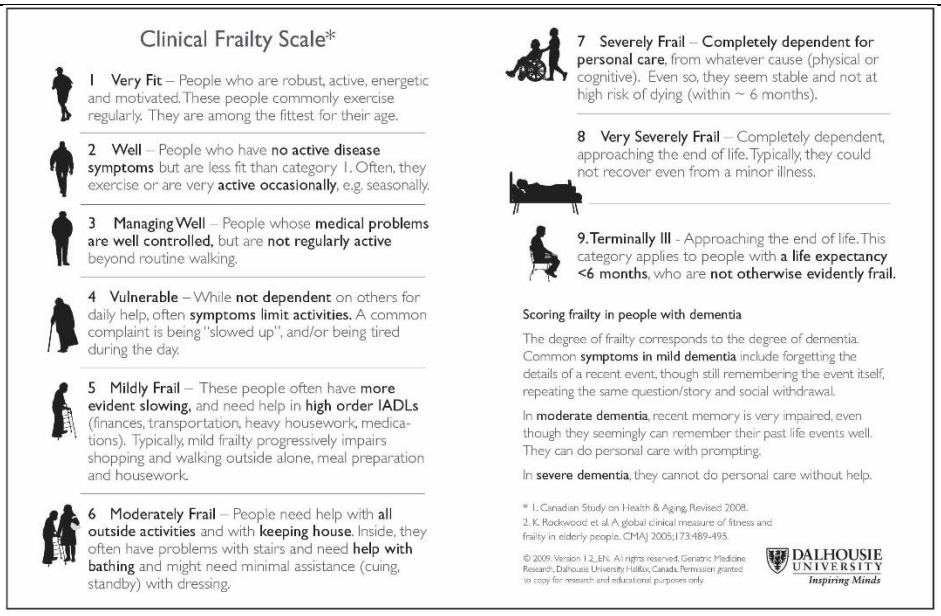
OPTIONAL - To be completed if the participant had routine laboratories as part of their follow-up. These tests are MANDATORY.

IgG				
Total WBC count		x 10^9 /L		☐ Not measured
	Neutrophil count	%	x 10^9 /L	☐ Not measured
	Lymphocyte count	%	x 10^9 /L	☐ Not measured
	Monocyte count	%	x 10^9 /L	☐ Not measured
	Eosinophil count	%	x 10^9 /L	☐ Not measured
	Basophil count	%	x 10^9 /L	☐ Not measured
Platelets		x 10^9 /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

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
Fibrinogen	_____	g/L	☐ Not measured
Ferritin	_____	µg/L	☐ Not measured
IL-6	_____	ng/L	☐ Not measured
CD4	_____	x 10^9/L	☐ Not measured
CD8	_____	x 10^9/L	☐ Not measured

SECTION 7 : Clinical frailty score

Frailty scale (clinical frailty scale) (circle) 1 2 3 4 5 6 7 8 9 ☐ n/d



Clinical Frailty Scale*

1 **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 1. 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 Ill** - 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.

* 1. 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.

DALHOUSIE UNIVERSITY *Inspiring Minds*

Site : _____ Nº de participant Biobanque / Biobank participant ID _____

FOLLOW-UP VISIT 90 DAYS

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 blood _____ 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, 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 : _____

Site : _____ N° de participant Biobanque / Biobank participant ID _____

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
- ☐ Health-care professional

Name of interviewer _____

SECTION 1 : Ongoing Consent

Ongoing consent status:
- ☐ Withdrawal from the study
- ☐ 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

Follow up

Have you been diagnosed with a new or recurrent case of COVID 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 visit for COVID, excluding outpatient clinic visits and planned follow-up visits?
- ☐ Yes (go to section 1)
- ☐ No (go to section 2)

SECTION 1 : Medical follow-up

Have you been re-hospitalized since your initial visit for COVID-19, excluding outpatient clinic visit and planned follow-up visit? (If multiple re-hospitalization, enter the most significant one and describe the other ones in the additional comments fields at the end of the form) ☐ Yes ☐ No

Type of repeat hospital visit? Check all that apply.
- ☐ Emergency room visit
- ☐ Hospital admission
- ☐ 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 clinical purpose) ☐ Yes (complete the section 6) ☐ No (go to next)

Does the participant report pesisitant symptomes related to SARS-CoV-2 infection? ☐ Yes (complete the section 2) ☐ No (go to next)

Has the participant had any new disease and/or worsening and/or deterioration of a pre-existing disease? ☐ 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 (≥38.0ºC)?	☐ 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

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, study, housework, family or leisure activities)	1. I have no problems doing my usual activities 2. I have slight problems doing my usual 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 (worst) to 100 (best)	0 (worst / pire) | 100 (best / meilleur) _____ %
How much difficulty do you have lifting or carrying 10 lbs?	1. Noe 2. Some 3. A lot or unable

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

EuroQol Group. (2011). EQ-5D-5L User Guide. Rotterdam: EuroQol Group. Available at http://www.euroqol.org/eq-5d/publications/user-guide.html; 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?	☐	☐
New atrial fibrillation or 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)?	☐	☐
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

	No	Yes
Asthma?	☐	☐
Bronchiolitis?	☐	☐
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)

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
Acute kidneay injury?	☐	☐

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?	☐	☐
Mood change?	☐	☐

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 heamorrhage?	☐	☐
Pancreatitis?	☐	☐

Complications **of the endocrine system**? ☐ 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
Hyperglycemia?	☐	☐
Hypoglycemia?	☐	☐

Others 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
Anemia?	☐	☐
Bacteriemia?	☐	☐
Rhabdomyolysis or myositis?	☐	☐
Others	☐	☐

SECTION 5 : Tests

Medical context of the requested follow-up examinations	
Cardiac assessment	
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
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

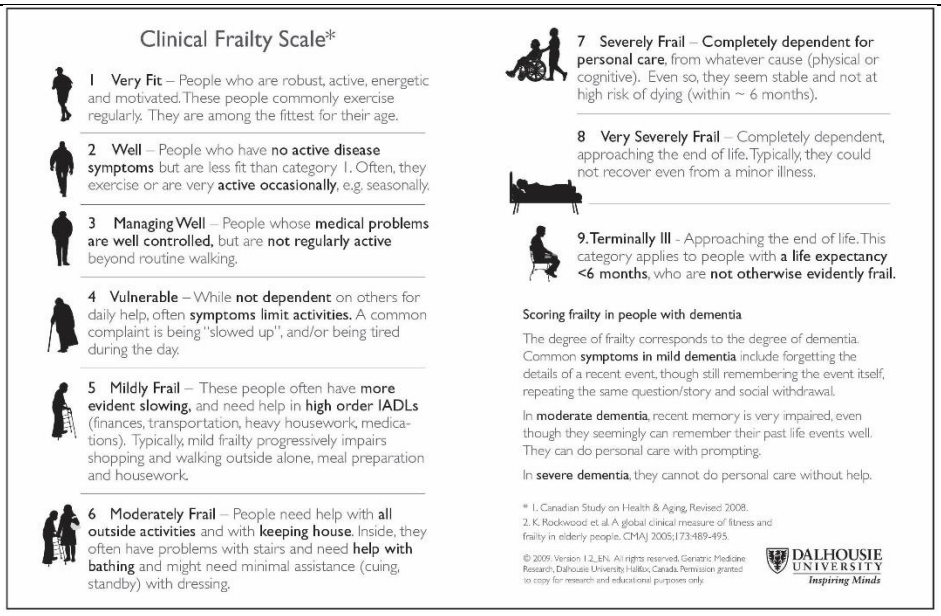
OPTIONAL - To be completed if the participant had routine laboratories as part of their follow-up. These tests are MANDATORY.

IgG				
Total WBC count		x 10^9 /L		☐ Not measured
	Neutrophil count	%	x 10^9 /L	☐ Not measured
	Lymphocyte count	%	x 10^9 /L	☐ Not measured
	Monocyte count	%	x 10^9 /L	☐ Not measured
	Eosinophil count	%	x 10^9 /L	☐ Not measured
	Basophil count	%	x 10^9 /L	☐ Not measured
Platelets		x 10^9 /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

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
Fibrinogen	_____	g/L	☐ Not measured
Ferritin	_____	µg/L	☐ Not measured
IL-6	_____	ng/L	☐ Not measured
CD4	_____	x 10^9/L	☐ Not measured
CD8	_____	x 10^9/L	☐ Not measured

SECTION 7 : Clinical frailty score

Frailty scale (clinical frailty scale) (circle) 1 2 3 4 5 6 7 8 9 ☐ n/d



Clinical Frailty Scale*

1 **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 1. 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 Ill** - 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.

* 1. 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.

DALHOUSIE UNIVERSITY *Inspiring Minds*

Site : _____ Nº de participant Biobanque / Biobank participant ID _____

FOLLOW-UP VISIT 180 DAYS

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 blood _____ 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, 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 : _____

Site : _____ N° de participant Biobanque / Biobank participant ID _____

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
- ☐ Health-care professional

Name of interviewer _____

SECTION 1 : Ongoing Consent

Ongoing consent status:
- ☐ Withdrawal from the study
- ☐ 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

Follow up

Have you been diagnosed with a new or recurrent case of COVID 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 visit for COVID, excluding outpatient clinic visits and planned follow-up visits?
- ☐ Yes (go to section 1)
- ☐ No (go to section 2)

SECTION 1 : Medical follow-up

Have you been re-hospitalized since your initial visit for COVID-19, excluding outpatient clinic visit and planned follow-up visit? (If multiple re-hospitalization, enter the most significant one and describe the other ones in the additional comments fields at the end of the form) ☐ Yes ☐ No

Type of repeat hospital visit? Check all that apply.
- ☐ Emergency room visit
- ☐ Hospital admission
- ☐ 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 clinical purpose)
☐ Yes (complete the section 6)
☐ No (go to next)

Does the participant report pesisitant symptomes related to SARS-CoV-2 infection?
☐ Yes (complete the section 2)
☐ No (go to next)

Has the participant had any new disease and/or worsening and/or deterioration of a pre-existing disease?
☐ 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

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, study, housework, family or leisure activities)	1. I have no problems doing my usual activities 2. I have slight problems doing my usual 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 (worst) to 100 (best)	0 (worst / pire) | 100 (best / meilleur) _____ %
How much difficulty do you have lifting or carrying 10 lbs?	1. Noe 2. Some 3. A lot or unable

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

EuroQol Group. (2011). EQ-5D-5L User Guide. Rotterdam: EuroQol Group. Available at http://www.euroqol.org/eq-5d/publications/user-guide.html; 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?	☐	☐
New atrial fibrillation or 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)?	☐	☐
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

	No	Yes
Asthma?	☐	☐
Bronchiolitis?	☐	☐
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)

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
Acute kidneay injury?	☐	☐

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?	☐	☐
Mood change?	☐	☐

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 heamorrhage?	☐	☐
Pancreatitis?	☐	☐

Complications **of the endocrine system**? ☐ 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
Hyperglycemia?	☐	☐
Hypoglycemia?	☐	☐

Others 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
Anemia?	☐	☐
Bacteriemia?	☐	☐
Rhabdomyolysis or myositis?	☐	☐
Others	☐	☐

SECTION 5 : Tests

Medical context of the requested follow-up examinations	
Cardiac assessment	
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
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

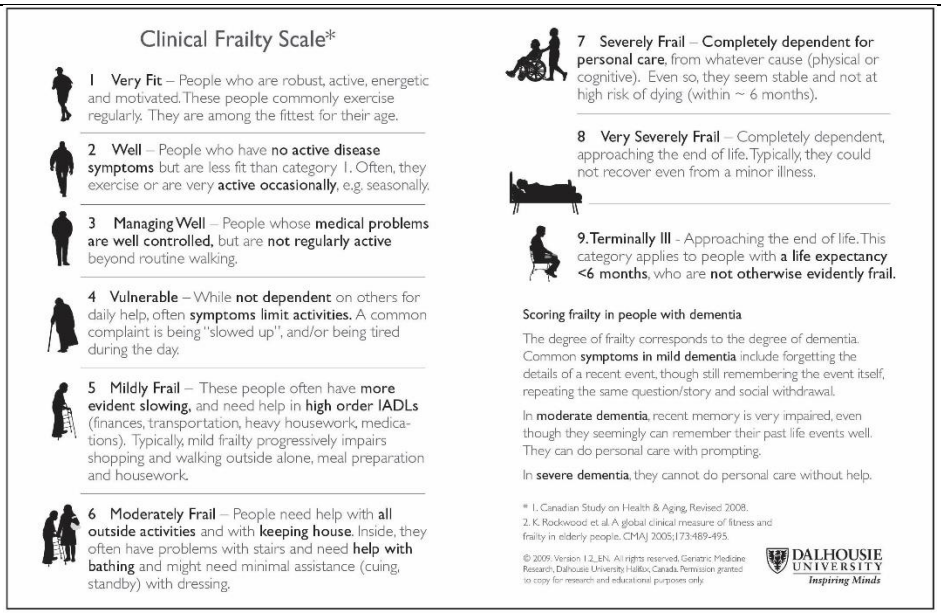
OPTIONAL - To be completed if the participant had routine laboratories as part of their follow-up. These tests are MANDATORY.

IgG				
Total WBC count		x 10^9 /L		☐ Not measured
	Neutrophil count	%	x 10^9 /L	☐ Not measured
	Lymphocyte count	%	x 10^9 /L	☐ Not measured
	Monocyte count	%	x 10^9 /L	☐ Not measured
	Eosinophil count	%	x 10^9 /L	☐ Not measured
	Basophil count	%	x 10^9 /L	☐ Not measured
Platelets		x 10^9 /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

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
Fibrinogen	_____	g/L	☐ Not measured
Ferritin	_____	µg/L	☐ Not measured
IL-6	_____	ng/L	☐ Not measured
CD4	_____	x 10^9/L	☐ Not measured
CD8	_____	x 10^9/L	☐ Not measured

SECTION 7 : Clinical frailty score

Frailty scale (clinical frailty scale) (circle) 1 2 3 4 5 6 7 8 9 ☐ n/d



Clinical Frailty Scale*

1 **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 1. 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 Ill** - 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.

* 1. 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.

DALHOUSIE UNIVERSITY *Inspiring Minds*

Site : _____ Nº de participant Biobanque / Biobank participant ID _____

FOLLOW-UP VISIT 365 DAYS

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 blood _____ 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, 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 : _____

Site : _____ N° de participant Biobanque / Biobank participant ID _____

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
- ☐ Health-care professional

Name of interviewer _____

SECTION 1 : Ongoing Consent

Ongoing consent status:
- ☐ Withdrawal from the study
- ☐ 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

Follow up

Have you been diagnosed with a new or recurrent case of COVID 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 visit for COVID, excluding outpatient clinic visits and planned follow-up visits?
- ☐ Yes (go to section 1)
- ☐ No (go to section 2)

SECTION 1 : Medical follow-up

Have you been re-hospitalized since your initial visit for COVID-19, excluding outpatient clinic visit and planned follow-up visit? (If multiple re-hospitalization, enter the most significant one and describe the other ones in the additional comments fields at the end of the form) ☐ Yes ☐ No

Type of repeat hospital visit? Check all that apply.
- ☐ Emergency room visit
- ☐ Hospital admission
- ☐ 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 clinical purpose)
☐ Yes (complete the section 6)
☐ No (go to next)

Does the participant report pesisitant symptomes related to SARS-CoV-2 infection?
☐ Yes (complete the section 2)
☐ No (go to next)

Has the participant had any new disease and/or worsening and/or deterioration of a pre-existing disease?
☐ 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 (≥38.0ºC)?	☐ 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

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, study, housework, family or leisure activities)	1. I have no problems doing my usual activities 2. I have slight problems doing my usual 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 (worst) to 100 (best)	0 (worst / pire) | 100 (best / meilleur) _____ %
How much difficulty do you have lifting or carrying 10 lbs?	1. Noe 2. Some 3. A lot or unable

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

EuroQol Group. (2011). EQ-5D-5L User Guide. Rotterdam: EuroQol Group. Available at http://www.euroqol.org/eq-5d/publications/user-guide.html; 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?	☐	☐
New atrial fibrillation or 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)?	☐	☐
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

	No	Yes
Asthma?	☐	☐
Bronchiolitis?	☐	☐
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)

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
Acute kidneay injury?	☐	☐

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?	☐	☐
Mood change?	☐	☐

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 heamorrhage?	☐	☐
Pancreatitis?	☐	☐

Complications **of the endocrine system**? ☐ 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
Hyperglycemia?	☐	☐
Hypoglycemia?	☐	☐

Others 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
Anemia?	☐	☐
Bacteriemia?	☐	☐
Rhabdomyolysis or myositis?	☐	☐
Others	☐	☐

SECTION 5 : Tests

Medical context of the requested follow-up examinations	
Cardiac assessment	
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
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

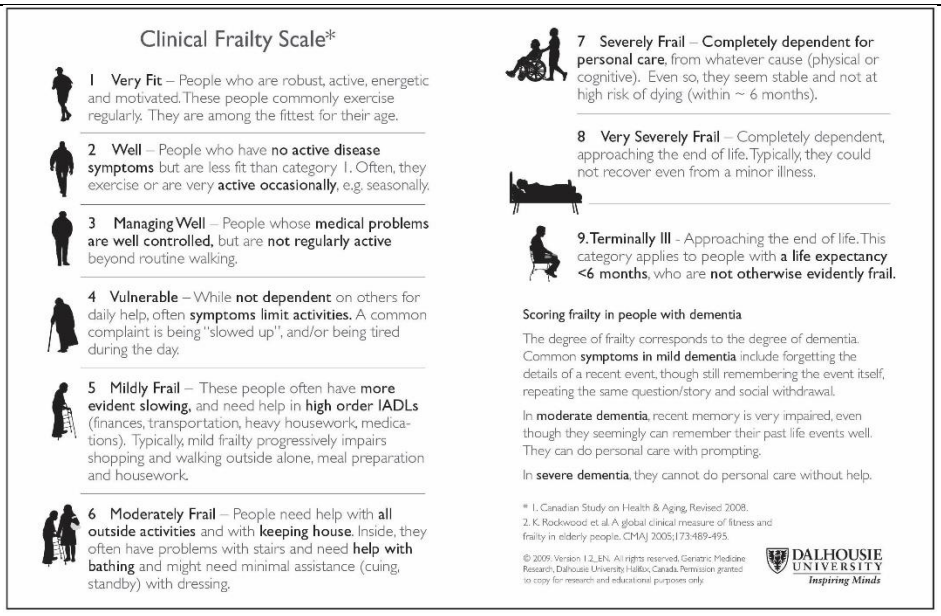
OPTIONAL - To be completed if the participant had routine laboratories as part of their follow-up. These tests are MANDATORY.

IgG				
Total WBC count		x 10^9 /L		☐ Not measured
	Neutrophil count	%	x 10^9 /L	☐ Not measured
	Lymphocyte count	%	x 10^9 /L	☐ Not measured
	Monocyte count	%	x 10^9 /L	☐ Not measured
	Eosinophil count	%	x 10^9 /L	☐ Not measured
	Basophil count	%	x 10^9 /L	☐ Not measured
Platelets		x 10^9 /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

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
Fibrinogen	_____	g/L	☐ Not measured
Ferritin	_____	µg/L	☐ Not measured
IL-6	_____	ng/L	☐ Not measured
CD4	_____	x 10^9/L	☐ Not measured
CD8	_____	x 10^9/L	☐ Not measured

SECTION 7 : Clinical frailty score

Frailty scale (clinical frailty scale) (circle) 1 2 3 4 5 6 7 8 9 ☐ n/d



Clinical Frailty Scale*

1 **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 1. 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 Ill** - 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.

* 1. 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.

DALHOUSIE UNIVERSITY *Inspiring Minds*

Site : _____ Nº de participant Biobanque / Biobank participant ID _____

FOLLOW-UP VISIT 540 DAYS

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 blood _____ 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, 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 : _____

Site : _____ Nº de participant Biobanque / Biobank participant ID _____

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
- ☐ Health-care professional

Name of interviewer _____

SECTION 1 : Ongoing Consent

Ongoing consent status:
- ☐ Withdrawal from the study
- ☐ 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

Follow up

Have you been diagnosed with a new or recurrent case of COVID 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 visit for COVID, excluding outpatient clinic visits and planned follow-up visits?
- ☐ Yes (go to section 1)
- ☐ No (go to section 2)

SECTION 1 : Medical follow-up

Have you been re-hospitalized since your initial visit for COVID-19, excluding outpatient clinic visit and planned follow-up visit? (If multiple re-hospitalization, enter the most significant one and describe the other ones in the additional comments fields at the end of the form) ☐ Yes ☐ No

Type of repeat hospital visit? Check all that apply.
- ☐ Emergency room visit
- ☐ Hospital admission
- ☐ 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 clinical purpose)
☐ Yes (complete the section 6)
☐ No (go to next)

Does the participant report pesisitant symptomes related to SARS-CoV-2 infection?
☐ Yes (complete the section 2)
☐ No (go to next)

Has the participant had any new disease and/or worsening and/or deterioration of a pre-existing disease?
☐ 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 (≥38.0ºC)?	☐ 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

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, study, housework, family or leisure activities)	1. I have no problems doing my usual activities 2. I have slight problems doing my usual 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 (worst) to 100 (best)	0 (worst / pire) | 100 (best / meilleur) _____ %
How much difficulty do you have lifting or carrying 10 lbs?	1. Noe 2. Some 3. A lot or unable

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

EuroQol Group. (2011). EQ-5D-5L User Guide. Rotterdam: EuroQol Group. Available at http://www.euroqol.org/eq-5d/publications/user-guide.html; 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?	☐	☐
New atrial fibrillation or 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)?	☐	☐
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

	No	Yes
Asthma?	☐	☐
Bronchiolitis?	☐	☐
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)

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
Acute kidneay injury?	☐	☐

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?	☐	☐
Mood change?	☐	☐

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 heamorrhage?	☐	☐
Pancreatitis?	☐	☐

Complications **of the endocrine system**? ☐ 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
Hyperglycemia?	☐	☐
Hypoglycemia?	☐	☐

Others 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
Anemia?	☐	☐
Bacteriemia?	☐	☐
Rhabdomyolysis or myositis?	☐	☐
Others	☐	☐

SECTION 5 : Tests

Medical context of the requested follow-up examinations	
Cardiac assessment	
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
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

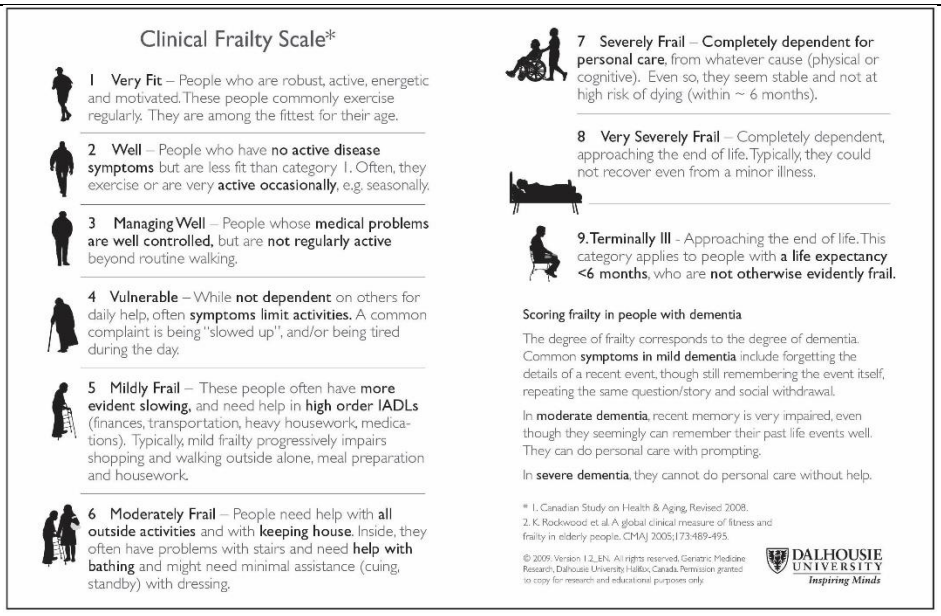
OPTIONAL - To be completed if the participant had routine laboratories as part of their follow-up. These tests are MANDATORY.

IgG				
Total WBC count		x 10^9 /L		☐ Not measured
	Neutrophil count	%	x 10^9 /L	☐ Not measured
	Lymphocyte count	%	x 10^9 /L	☐ Not measured
	Monocyte count	%	x 10^9 /L	☐ Not measured
	Eosinophil count	%	x 10^9 /L	☐ Not measured
	Basophil count	%	x 10^9 /L	☐ Not measured
Platelets		x 10^9 /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

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
Fibrinogen	_____	g/L	☐ Not measured
Ferritin	_____	µg/L	☐ Not measured
IL-6	_____	ng/L	☐ Not measured
CD4	_____	x 10^9/L	☐ Not measured
CD8	_____	x 10^9/L	☐ Not measured

SECTION 7 : Clinical frailty score

Frailty scale (clinical frailty scale) (circle) 1 2 3 4 5 6 7 8 9 ☐ n/d



Clinical Frailty Scale*

1 **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 1. 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 Ill** - 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.

* 1. 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.

DALHOUSIE UNIVERSITY *Inspiring Minds*

Site : _____ Nº de participant Biobanque / Biobank participant ID _____

FOLLOW-UP VISIT 730 DAYS

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 blood _____ 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, 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 : _____

Site : _____ Nº de participant Biobanque / Biobank participant ID _____

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
- ☐ Health-care professional

Name of interviewer _____

SECTION 1 : Ongoing Consent

Ongoing consent status:
- ☐ Withdrawal from the study
- ☐ 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

Follow up

Have you been diagnosed with a new or recurrent case of COVID 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 visit for COVID, excluding outpatient clinic visits and planned follow-up visits?
- ☐ Yes (go to section 1)
- ☐ No (go to section 2)

SECTION 1 : Medical follow-up

Have you been re-hospitalized since your initial visit for COVID-19, excluding outpatient clinic visit and planned follow-up visit? (If multiple re-hospitalization, enter the most significant one and describe the other ones in the additional comments fields at the end of the form) ☐ Yes ☐ No

Type of repeat hospital visit? Check all that apply.
- ☐ Emergency room visit
- ☐ Hospital admission
- ☐ 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 clinical purpose)
☐ Yes (complete the section 6)
☐ No (go to next)

Does the participant report pesisitant symptomes related to SARS-CoV-2 infection?
☐ Yes (complete the section 2)
☐ No (go to next)

Has the participant had any new disease and/or worsening and/or deterioration of a pre-existing disease?
☐ 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 (≥38.0ºC)?	☐ 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

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, study, housework, family or leisure activities)	1. I have no problems doing my usual activities 2. I have slight problems doing my usual 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 (worst) to 100 (best)	0 (worst / pire) | 100 (best / meilleur) _____ %
How much difficulty do you have lifting or carrying 10 lbs?	1. Noe 2. Some 3. A lot or unable

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

EuroQol Group. (2011). EQ-5D-5L User Guide. Rotterdam: EuroQol Group. Available at http://www.euroqol.org/eq-5d/publications/user-guide.html; 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?	☐	☐
New atrial fibrillation or 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)?	☐	☐
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

	No	Yes
Asthma?	☐	☐
Bronchiolitis?	☐	☐
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)

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
Acute kidneay injury?	☐	☐

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?	☐	☐
Mood change?	☐	☐

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 heamorrhage?	☐	☐
Pancreatitis?	☐	☐

Complications **of the endocrine system**? ☐ 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
Hyperglycemia?	☐	☐
Hypoglycemia?	☐	☐

Others 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
Anemia?	☐	☐
Bacteriemia?	☐	☐
Rhabdomyolysis or myositis?	☐	☐
Others	☐	☐

SECTION 5 : Tests

Medical context of the requested follow-up examinations	
Cardiac assessment	
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
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

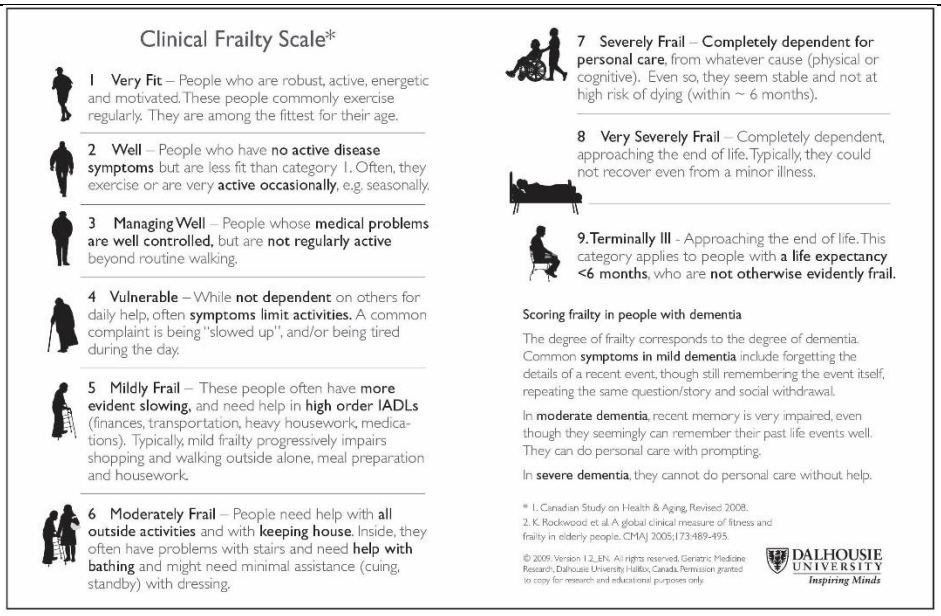
OPTIONAL - To be completed if the participant had routine laboratories as part of their follow-up. These tests are MANDATORY.

IgG				
Total WBC count		x 10^9 /L		☐ Not measured
	Neutrophil count	%	x 10^9 /L	☐ Not measured
	Lymphocyte count	%	x 10^9 /L	☐ Not measured
	Monocyte count	%	x 10^9 /L	☐ Not measured
	Eosinophil count	%	x 10^9 /L	☐ Not measured
	Basophil count	%	x 10^9 /L	☐ Not measured
Platelets		x 10^9 /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

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
Fibrinogen	_____	g/L	☐ Not measured
Ferritin	_____	µg/L	☐ Not measured
IL-6	_____	ng/L	☐ Not measured
CD4	_____	x 10^9/L	☐ Not measured
CD8	_____	x 10^9/L	☐ Not measured

SECTION 7 : Clinical frailty score

Frailty scale (clinical frailty scale) (circle) 1 2 3 4 5 6 7 8 9 ☐ n/d



Clinical Frailty Scale*

1 **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 1. 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 Ill** - 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.

* 1. 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.

DALHOUSIE UNIVERSITY *Inspiring Minds*

Site : _____ Nº de participant Biobanque / Biobank participant ID _____

END-OF-STUDY VISIT

SECTION 1: Vaccination (anytime)

Has the participant been vaccinated? ☐ Yes ☐ No

From which company did the participant receive the vaccine? _____
Pfizer, Morderna, Medicago, AstraZeneca, ...

Number of doses received? ☐ 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 appropriately documented? ☐ Yes ☐ No

General comments : _____