

CASE REPORT FORM (CRF)

English version 03

OUTPATIENT EVALUATION

VERSION 18 JANVIER 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/

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Site :	
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N° de participant Biobanque
Biobank participant ID

EVALUATION VISIT
Consent

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)
Ecgaric presentative / guardian (child dider 16 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)?



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ICF received was signed	Participant Legal representative (participant who has remained incapacitated or deceased) Legal representative / guardian (child under 14 years of age) Legal representative / guardian AND child between 14 and 18 years of age
If signed form not receiv	ved, 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
CECTION 4. Beauties to	
SECTION 4: Response to	
Conclusion of consent ap	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 withdra	wal of consent to participate in the BQC19 study (at any time during the project). Yes No
Date of withdrawal of co	onsent (yyyy-mm-dd):
Comments :	
SECTION 5: Database A	uthorizations
[Check all of the following options]	J
Authorized research	Genetic Health research
Link with administrative	database RAMQ MSSS LSPQ
Authorized for	☐ Academic researchers ☐ Industry researchers
Other studies in which the	he patient participates (other than the BQC study):
	Project title * Study participant ID/randomisation ID (if available)

^{* 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

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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 see	ction 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 Hospitalized	
outpatient? — Oupatient	
Age at the time of arrival: *Calculates automatically with	the date of consent
Sex at birth:	
Country of birth :	
Height: m n/a	
Weight kg n/a BMI (automatic calculation)	



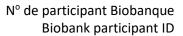
SECTION 1: Pediatrics (if applicable the link will be made automatically when the participant is under 18 years old)
Patient is an infant (less than 1 year old) Weight at birth: No Ves (if no, go to the next section) kg n/d
Gestational outcome :
SECTION 2 : Smoking and Drug Use
Smoking status : Smoker No 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 Wes 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 Pes 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?
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:
SECTION 2: Comments

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



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COVID-19

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SECTION 2: Home Medications (please refer to the help list - medic	cation - see 6.CRF -Tools)
ACE inhibitor or	Angiotensin Receptor Blocker?
	Systemic corticosteroid?
	Anticoagulants? Yes No n/a
	Colchicine?
	HGO or insulin? ☐ Yes ☐ No ☐ n/a
Other immunosuppressive medications (includes but not limited to system	
Please specify other immunosuppressive medication(s).	, .
Cumptoms desumented a	n aurital at the medical record
	n arrival at the medical record
Asymptomatic?	0
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

Yes No

Trouble speaking (Aphasia / Dysphasia)?



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

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SECTION 2 : Seve	rity					
If a screening test achieved?	for SARS-CoV-2 by PCF	R was performe	d, what is the most s	severe severity I	evel (according to WHO)	
	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		
ā.	*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		

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CASE REPORT FORM (CRF)

English version 03

OUTPATIENT

POST-DIAGNOSIS

(These visits are made x days SARS-CoV-2 screening test)

VERSION 18 JANVIER 2021



V° de	participa	nt Biol	banqu	ıe
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FOLLOW-UP VISIT 30 DAYS

Visit Description				
Planet de la facilità POCACA	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, w	hen 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 :			

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



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



Site:	Nº de participant Biobanque
site.	Biobank participant IE

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

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



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Nº de	participant Biobanque
	Biobank participant ID

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

EuroQol Group. (2011). EQ-5D-5L User Guide. Rotterdam: EuroQol Group. Available at http://www.euroqol.org/eq-5d/publications/user-quide.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 arrhythmi	ia?					
	Endocarditis? Myocardit	tis? Pericarditis?					
	New atrial fibrillation or	flutter (FA)?					
	Ventricular tachycardia	or fibrillation (VT/VF)?					
	Left ventricular fonction	1?					
	Decompensated heart fa	ailure??					
	Non-ST-elevation myoca myocardial infaction (ST	ardial infaction (NSTEMI)? ST-elevation TEMI)?					
	Deep vein throbosis (DV	/T)?					
	Dissiminated intravascu	lar coagulation?					
Respiratory complications?		Yes (complete the section) No (go to next)					
Connection with SARS-CoV-2 infection		Pathology already present but w	Recently appeared and directly linked to COVID-19 episode) Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined				



Site:		

			No	Yes				
	Asthma?							
	Bronchiolitis?							
	Pulmonary embolism (PE)?							
	Pleural effusion?							
	Interstitial lung disease?							
	COPD?							
	Bacterial, viral or cryptoger	nic organizing pneumonia?						
	Pneumothorax?	Sh st s s						
	Acute Respiratory Distress	Syndrome (ARDS)?						
	,							
Renal complications?	[Yes (complete the section) No (go to next)						
Connection with SARS-C	oV-2 infection	Recently appeared and directly	linked to COVI	D-19 episod	de)			
	[Pathology already present but w						
		Note related to SARS-CoV-2 infe	•					
]	Undetermined						
			No	Yes				
	Acute kidneay injury?							
	2							
Neurologic complication	ns?	Yes (complete the section)						
		No (go to next)						
Connection with SARS-C	oV-2 infection	Recently appeared and directly linked to COVID-19 episode						
		Pathology already present but v		terioration				
	l	Note related to SARS-CoV-2 infe	ection					
		Undetermined		1	Ī			
			No	Yes				
	TIA? Stroke?							
	Seizure?							
	Méningitis / encephalitis?							
	Insomia?							
	Difficulty with concentratio	n?						
	Memory problem? Brain Fr	og?						
Develietrie complication	v-2	Voc. / Link in the control of the co						
Psychiatric complication	15 f	Yes (complete the section) No (go to next)						
	_							
Connection with SARS-CoV-2 infection		Recently appeared and directly		•	de			
		Pathology already present but v	•	terioration				
	l	Note related to SARS-CoV-2 infe	ection					
		Undetermined	NI-	V				
	D		No	Yes				
	Depression?							
	Anxiety?							
	Mood change?							



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



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Electrocardiogram (EKG)?	☐ Yes	No No	
Percutaneous coronary intervention ("stented")?	☐ Yes	No No	
Medical imaging			
Chest X-ray?	☐ Yes	□ No	
CT Abdomen?	☐ Yes	□ No	
CT Thorax?	☐ Yes	No No	
CT Head?	☐ Yes	□ No	
Other imaging test(s)?			
Respiratory founction tests	I		
Spirometry?	Yes		
Metacholine?	Yes		
Lung founction test?	☐ Yes	No No	
SECTION 6: Labs Follow up OPTIONAL - To be completed if the participant had routine laboratories a	as part of the	eir follow-up. These tes	ts 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

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



Other sample #3

N° de participant Biobanque Biobank participant ID

FOLLOW-UP VISIT 90 DAYS

	Widt Based alle	
	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 blo		Automatic calculation in REDCap (do not complete)
Collected :	Ambulatory emergency	
	Emergency stretchers	
	Intensive Care Unit	
L	Outpatient clinic	
	Hospital floor (specify):	
	Other (specify):	
SECTION 2 : No samples taken for BQC19		
If no blood sample was taken for BQC19, whe	n was the clinical data col	lected? (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	Quai	ntity:
Other sample #2	Quai	ntity:

Quantity:



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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		
	Following		
Have you been diagnosed with a new or recurrent cas since your last follow-up (based on PCR testing)?	rse of COVID Yes (If the participant has had a new positive VIDOC test - please complete the End of Participation form and start a new BQC19 registration for this patient). No		
 Have you been re-hospitalized since your initial vis	isit for COVID, Yes (go to section 1)		
excluding outpatient clinic visits and planned follow-up visits? No (go to section 2)			
SECTION 1 : Medical follow-up			
Have you been re-hospitalized since your initial visit for excluding outpatient clinic visit and planned follow-up multiple re-hospitalization, enter the most significant one and describe the additional comments fields at the end of the form)	tp visit? (If the other ones in the		
Type of repeat hospital visit? Check all that apply.	Emergency room visitHospital admission		
	☐ Not sure		



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If emergency or re-hospitalization, date of admission (yyyy-mm-dd):			
Facility:			
Cause :			
Were additionnal medical examinations requestes as part follow-up? (OPTIONAL – For clinical purpose)	of this	Yes (complete the section 5) No (go to next)	
Have laboratory tes been done for this day? (OPTIONAL – For a purpose)	linical	Yes (complete the section 6) No (go to next)	
Does the participant report pesisitant symptomes related CoV-2 infection?	to SARS-	Yes (complete the section 2) No (go to next)	
Has the participant had any new disease and/or worsenin deterioration of a pre-existing disease?	g and/or	Yes (complete the section 4) No (go to next)	
SECTION 2 : Current symptoms			
Joint pain (Arthralgia)?	☐ Yes ☐	No	
Confusion / altered mental status?	☐ Yes ☐	No	
Red eye (Conjunctivitis)?	☐ Yes ☐	No 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 No	
Loss of taste / lost of smell?	☐ Yes ☐	No No	



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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	I have no problems in walking about I have slight problems in walking about
	3. I have moderate problems in walking about4. I have severe problems in walking about 5, I am unable to walk about
Self-care	 I have no problem washing or dressing myself I have slight problems washing or dressing myself I have moderate problems washing or dressing myself I have severe problems washing or dressing myself am unable to wash or dress myself
Usual activities (i.e. work,	1. I have no problems doing my usual activities
study, housework, family or	2. I have slight problems doing my usual activities
leisure activities)	3. I have moderate problems doing my usual activities
	4. I have severe problems doing my usual activities
	5. I am unable to do my usual activities
Pain and discomfort	1. I have no pain or discomfort
	2. I have slight pain or discomfort
	3. I have moderate pain or discomfort
	4. I have severe pain or discomfort
	5. I have extreme pain or discomfort
Anxiety and depression	1. I am not anxious or depressed
	2. I am slightly anxious or depressed
	3. I am moderately anxious or depressed
	4. I am severely anxious or depressed
	5. I am extremely anxious or depressed
Breathlessness	1. I am breathless only with strenuous exercise
	2. I am short of breath when hurrying or going up a slight hill
	3. I am slower than most people of the same age on level ground
	4. I stop for breath walking 100m or few minutes on level ground
	5. I am too breathless to leave the house
Rate your health from 0	0 (worst / pire) 100 (best / meilleur)
(worst) to 100 (best)	
, ,	%
How much difficulty do you	1. Noe
have lifting or carrying 10	2. Some
lbs?	3. A lot or unable



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Nº de	participant Biobanque
	Biobank participant ID

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

EuroQol Group. (2011). EQ-5D-5L User Guide. Rotterdam: EuroQol Group. Available at http://www.euroqol.org/eq-5d/publications/user-quide.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 arrhythmi					
	Endocarditis? Myocardit	tis? Pericarditis?				
	New atrial fibrillation or	flutter (FA)?				
	Ventricular tachycardia	or fibrillation (VT/VF)?				
Left ventricular fonction		1?				
	Decompensated heart fa	ailure??				
	Non-ST-elevation myoca myocardial infaction (ST	ardial infaction (NSTEMI)? ST-elevation TEMI)?				
	Deep vein throbosis (DV	/T)?				
	Dissiminated intravascu	lar coagulation?				
Respiratory complicatio	ns?	Yes (complete the section) No (go to next)				
Connection with SARS-CoV-2 infection		Recently appeared and directly Pathology already present but w Note related to SARS-CoV-2 infe Undetermined	vorsening / de	•		



				No	Yes	
	Asthma?					
	Bronchiolitis?					
	Pulmonary embolism (PE)?					
	Pleural effusion?					
	Interstitial lung disease?					
	COPD?					
	Bacterial, viral or cryptoge	enic o	rganizing pneumonia?			
	Pneumothorax?		<u> </u>			
	Acute Respiratory Distres	s Synd	drome (ARDS)?			
Renal complications?			Yes (complete the section)			
			No (go to next)			
Connection with SARS-0	CoV-2 infection		Recently appeared and directly link	ed to COVI	D-19 episod	de)
			Pathology already present but wors	sening / det	terioration	
			Note related to SARS-CoV-2 infection	on		
			Undetermined	T	ı	1
				No	Yes	
	Acute kidneay injury?					
Neurologic complicatio	ns?		Yes (complete the section)			
recurologic complicatio	113:		No (go to next)			
Constant to the CARC (2.1/2.1.1.1.			- 11 - 60) //	D 40 '	.1.
Connection with SARS-C	Lov-2 infection		Recently appeared and directly link			ae
			Pathology already present but work Note related to SARS-CoV-2 infection		terioration	
			Undetermined	JII		
			Ondetermined	No	Yes]
	TIA? Stroke?					
	Seizure?					
	Méningitis / encephalitis?)				
	Insomia?					
		ion?				
	Memory problem: Brain	i i og :				
Psychiatric complication	ns?		Yes (complete the section)			
			No (go to next)			
Connection with SARS-0	CoV-2 infection		Recently appeared and directly link	ed to COVI	D-19 enisor	de
Connection with SANS-COV-Z IIIIettion					•	
			Note related to SARS-CoV-2 infection	_		
			Undetermined			
				No	Yes]
	Depression?					1
	Anxiety?					1
	Mood change?					
Psychiatric complication Connection with SARS-C			Yes (complete the section) No (go to next) Recently appeared and directly link Pathology already present but work	sening / det	•	de



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Gastrointestinal complications?		Y	es (complete the section)			
		□ N	O (go to next)			
Connection with SARS-CoV-2 infection		Recently appeared and directly linked to COVID-19 episodPathology already present but worsening / deterioration				
			lote related to SARS-CoV-2 infection	on		
		L U	Indetermined	I		1
				No	Yes	
	Liver dysfunction?					
	Gastrointestinal heamo	rrhage?				
	Pancreatitis?					
Complications of the en	docrine system?		es (complete the section) lo (go to next)			
Connection with SARS-C	CoV-2 infection	☐ P:	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection Indetermined	sening / det on	erioration	de
				No	Yes	
	Hyperglycemia?					
	Hypoglycemia?					
Others complications?			es (complete the section) lo (go to next)			
Connection with SARS-C	CoV-2 infection	☐ R ☐ P? ☐ N	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det	-	de
Connection with SARS-C	CoV-2 infection Anemia?	☐ R ☐ P? ☐ N	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de
Connection with SARS-C		☐ R ☐ P? ☐ N	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de
Connection with SARS-C	Anemia?	☐ R	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de
Connection with SARS-C	Anemia? Bacteriemia?	☐ R	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de
Connection with SARS-C	Anemia? Bacteriemia? Rhabdomyolysis or myc	☐ R	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de
SECTION 5 : Tests	Anemia? Bacteriemia? Rhabdomyolysis or myo	RI PR	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de
SECTION 5 : Tests	Anemia? Bacteriemia? Rhabdomyolysis or myc	RI PR	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de
SECTION 5 : Tests	Anemia? Bacteriemia? Rhabdomyolysis or myo	RI PR	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de
SECTION 5 : Tests Medical context of the	Anemia? Bacteriemia? Rhabdomyolysis or myo	RI PR	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de
SECTION 5 : Tests Medical context of the reconstruction of the re	Anemia? Bacteriemia? Rhabdomyolysis or myo Others requested follow-up exam	RI PR	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection indetermined	sening / det on	erioration	de
SECTION 5 : Tests Medical context of the reconstruction of the re	Anemia? Bacteriemia? Rhabdomyolysis or myo Others requested follow-up exam Cardiac catheterization)?	RI PR	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de



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Electrocardiogram (EKG)?		□ No	
Percutaneous coronary intervention ("stented")?		□ No	
Medical imaging			
Chest X-ray?	☐ Yes	□ No	
CT Abdomen?	☐ Yes	☐ No	
CT Thorax?	☐ Yes	□ No	
CT Head?	☐ Yes	☐ No	
Other imaging test(s)?			
Respiratory founction tests			
Spirometry?	Yes	□ No	
Metacholine?	Yes	□ No	
Lung founction test?	☐ Yes	L No	
SECTION 6: Labs Follow up OPTIONAL - To be completed if the participant had routine labor	oratories as part of the	ir follow-up. These to	ests are MANDATORY.
lgG			
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

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



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	Biobank	partici	pant I	D

FOLLOW-UP VISIT 180 DAYS

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



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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 REDC complete)	Cap (do not		
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 cas since your last follow-up (based on PCR testing)?	e of COVID Yes (If the participant has had a new positive VIDO complete the End of Participation form an BQC19 registration for this patient).			
	∐ No			
Have you been re-hospitalized since your initial vis excluding outpatient clinic visits and planned follow-u				
SECTION 1 : Medical follow-up	p visits: ivo (go to section 2)			
Have you been re-hospitalized since your initial visit for excluding outpatient clinic visit and planned follow-up multiple re-hospitalization, enter the most significant one and describe the additional comments fields at the end of the form)	visit? (If			
Type of repeat hospital visit? Check all that apply.	Emergency room visitHospital admissionNot sure			



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



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		Biobank	partici	pant ID

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

	Functional status
Circle the correct answers	
Mobility	I have no problems in walking about I have slight problems in walking about
	3. I have moderate problems in walking about4. I have severe problems in walking about 5, I am unable to walk about
Self-care	 I have no problem washing or dressing myself I have slight problems washing or dressing myself I have moderate problems washing or dressing myself I have severe problems washing or dressing myself am unable to wash or dress myself
Usual activities (i.e. work,	1. I have no problems doing my usual activities
study, housework, family or	2. I have slight problems doing my usual activities
leisure activities)	3. I have moderate problems doing my usual activities
	4. I have severe problems doing my usual activities
	5. I am unable to do my usual activities
Pain and discomfort	1. I have no pain or discomfort
	2. I have slight pain or discomfort
	3. I have moderate pain or discomfort
	4. I have severe pain or discomfort
	5. I have extreme pain or discomfort
Anxiety and depression	1. I am not anxious or depressed
	2. I am slightly anxious or depressed
	3. I am moderately anxious or depressed
	4. I am severely anxious or depressed
	5. I am extremely anxious or depressed
Breathlessness	1. I am breathless only with strenuous exercise
	2. I am short of breath when hurrying or going up a slight hill
	3. I am slower than most people of the same age on level ground
	4. I stop for breath walking 100m or few minutes on level ground
	5. I am too breathless to leave the house
Rate your health from 0	0 (worst / pire) 100 (best / meilleur)
(worst) to 100 (best)	
, ,	%
How much difficulty do you	1. Noe
have lifting or carrying 10	2. Some
lbs?	3. A lot or unable



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

EuroQol Group. (2011). EQ-5D-5L User Guide. Rotterdam: EuroQol Group. Available at http://www.euroqol.org/eq-5d/publications/user-quide.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		Pathology already present but w	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 arrhythmi	ia?			
	Endocarditis? Myocardit	tis? Pericarditis?			
	New atrial fibrillation or	flutter (FA)?			
	Ventricular tachycardia	or fibrillation (VT/VF)?			
	Left ventricular fonction	1?			
	Decompensated heart fa	ailure??			
	Non-ST-elevation myoca myocardial infaction (ST	ardial infaction (NSTEMI)? ST-elevation TEMI)?			
	Deep vein throbosis (DV	/T)?			
	Dissiminated intravascu	lar coagulation?			
Respiratory complicatio	ns?	Yes (complete the section) No (go to next)			
Connection with SARS-CoV-2 infection		Pathology already present but w	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 cryptoger	nic organizing pneumonia?			
	Pneumothorax?	3 31			
	Acute Respiratory Distress	Syndrome (ARDS)?			
	,				
Renal complications?	[Yes (complete the section) No (go to next)			
Connection with SARS-C	oV-2 infection	Recently appeared and directly	linked to COVI	D-19 episod	de)
	[Pathology already present but v			,
		Note related to SARS-CoV-2 infe	•		
]	Undetermined			
			No	Yes	
	Acute kidneay injury?				
	2				
Neurologic complication	ns?	Yes (complete the section)			
		NO (go to next)			
Connection with SARS-C	oV-2 infection	Recently appeared and directly			
		Pathology already present but v		terioration	
	l	Note related to SARS-CoV-2 infe	ection		
		Undetermined		1	Ī
			No	Yes	
	TIA? Stroke?				
	Seizure?				
	Méningitis / encephalitis?				
	Insomia?				
	Difficulty with concentratio	n?			
	Memory problem? Brain Fr	og?			
Develietrie complication	v-2	Voc. / Link iii)			
Psychiatric complication	15 f	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 v	•	terioration	
	l	Note related to SARS-CoV-2 infe	ection		
		Undetermined	NI-	V	
	D		No	Yes	
	Depression?				
	Anxiety?				
	Mood change?				



Site	:		

Gastrointestinal complications?		□ Y	'es (complete the section)				
·			No (go to next)				
Connection with SARS-CoV-2 infection		P	Recently appeared and directly linked to COVID-19 episodePathology already present but worsening / deterioration				
			Note related to SARS-CoV-2 infection	on			
			Indetermined			1	
	Liver dustination?			No	Yes	-	
	Liver dysfunction?					-	
	Gastrointestinal heamo	rrnage?					
	Pancreatitis?						
Complications of the en	docrine system?		'es (complete the section)				
Connection with SARS-CoV-2 infection		☐ P	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? Connection with SARS-CoV-2 infection		Yes (complete the section) No (go to next) 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					
Connection with SARS-C	CoV-2 infection	□ R □ P □ N	Recently appeared and directly link Pathology already present but wors Note related to SARS-CoV-2 infection	sening / det		de]	
Connection with SARS-C	CoV-2 infection Anemia?	□ R □ P □ N	Recently appeared and directly link Pathology already present but wors Note related to SARS-CoV-2 infection	sening / det on	erioration	de	
Connection with SARS-C		□ R □ P □ N	Recently appeared and directly link Pathology already present but wors Note related to SARS-CoV-2 infection	sening / det on	erioration	de	
Connection with SARS-C	Anemia?	☐ R ☐ P ☐ N	Recently appeared and directly link Pathology already present but wors Note related to SARS-CoV-2 infection	sening / det on	erioration	de	
Connection with SARS-C	Anemia? Bacteriemia?	☐ R ☐ P ☐ N	Recently appeared and directly link Pathology already present but wors Note related to SARS-CoV-2 infection	sening / det on	erioration	de	
Connection with SARS-C	Anemia? Bacteriemia? Rhabdomyolysis or myo	☐ R ☐ P ☐ N	Recently appeared and directly link Pathology already present but wors Note related to SARS-CoV-2 infection	sening / det on	erioration	de	
SECTION 5 : Tests	Anemia? Bacteriemia? Rhabdomyolysis or myo Others	R P P N L	Recently appeared and directly link Pathology already present but wors Note related to SARS-CoV-2 infection	sening / det on	erioration	de	
SECTION 5 : Tests	Anemia? Bacteriemia? Rhabdomyolysis or myo	P R P N N N N N N N N N N N N N N N N N	Recently appeared and directly link Pathology already present but wors Note related to SARS-CoV-2 infection	sening / det on	erioration	de	
SECTION 5 : Tests	Anemia? Bacteriemia? Rhabdomyolysis or myo Others	P R P N N N N N N N N N N N N N N N N N	Recently appeared and directly link Pathology already present but wors Note related to SARS-CoV-2 infection	sening / det on	erioration	de	
SECTION 5 : Tests	Anemia? Bacteriemia? Rhabdomyolysis or myo Others	P R P N N N N N N N N N N N N N N N N N	Recently appeared and directly link Pathology already present but wors Note related to SARS-CoV-2 infection	sening / det on	erioration	de	
SECTION 5 : Tests Medical context of the reconstruction of the re	Anemia? Bacteriemia? Rhabdomyolysis or myo Others requested follow-up exam	P R P N N N N N N N N N N N N N N N N N	Recently appeared and directly link Pathology already present but worshote related to SARS-CoV-2 infection undetermined	sening / det on	erioration	de	
SECTION 5 : Tests Medical context of the reconstruction of the re	Anemia? Bacteriemia? Rhabdomyolysis or myo Others requested follow-up exam Cardiac catheterization)?	P R P N N N N N N N N N N N N N N N N N	Recently appeared and directly link Pathology already present but wors Note related to SARS-CoV-2 infection Undetermined	sening / det on	erioration	de	



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Electrocardiogram (EKG)?		□ No	
Percutaneous coronary intervention ("stented")?		□ No	
Medical imaging			
Chest X-ray?	☐ Yes	□ No	
CT Abdomen?	☐ Yes	□ No	
CT Thorax?		□ No	
CT Head?		☐ 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 labor	oratories as part of the	ir follow-up. These t	tests are MANDATORY.
lgG			
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

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AST				_ U/L			□ No	ot measu	red	
ALT				_ U/L			□ No	ot measu	red	
Procalcitonin (PCT)				_ μg/L			□ No	ot measu	red	
Troponin T hs (high sensitivity)				_ ng/L			□ No	ot measu	red	
Troponin I hs (high sensitivity)				ng/L			□ No	ot measu	red	
Troponin T				ng/L			□ No	ot measu	red	
Troponin I				_ ng/L			□ No	ot measu	red	
APTT (activated partial thromboplasting	n time)			sec			□ No	ot measu	red	
International Normalized Rati	io (INR)			<u> </u>			□ No	ot measu	red	
Triglycerides				_ mmol,	/L		□ No	ot measu	red	
Total bilirubin				_ μmol/	L		□ No	ot measu	red	
Direct bilirubin (conjugated)				_ μmol/	Ĺ		□ No	ot measu	red	
Glucose				mmol	/L		□ No	ot measu	red	
Fibrinogen				g/L			□ No	ot measu	red	
Ferritin				μg/L			□ No	ot measu	red	
IL-6				ng/L			□ No	ot measu	red	
CD4				- х 10 ⁹ /	L		□ No	ot measu	red	
CD8				_ x 10 ⁹ /	L		□ No	ot measu	red	
										_
SECTION 7 : Clinical frailty sc	ore									
Frailty scale (clinical frailty sca	ale) (circle)	1 :	2 3	4	5	6	7	8	9	☐ n/d
	Clinical Frailty Sci I Very Fit – People who are rot and motivated. These people com regularly. They are among the fitte	oust, active, energetic monly exercise	A	personal care cognitive). Ev	Frail – Comple e, from whateven so, they seven so, they seven so, they seven within ~	er cause (p em stable ar	hysical or			
1 1	2 Well – People who have no a symptoms but are less fit than cat exercise or are very active occasion.	egory I. Often, they		approaching t	erely Frail – Co the end of life. even from a mi	Typically, the				
The state of the s	3 Managing Well — People whose are well controlled, but are not rebeyond routine walking.		, j	category appl	III - Approachi lies to people who are not o t	with a life e	xpectancy			
	4 Vulnerable – While not dependaily help, often symptoms limit a complaint is being "slowed up", anduring the day.	ctivities. A common	The de	g frailty in people of gree of frailty correction symptoms in not a recent event,	responds to the mild dementia in	clude forgetti	ing the			
A CONTRACTOR OF THE PROPERTY O	5 Mildly Frail – These people of evident slowing, and need help in (finances, transportation, heavy ho tions). Typically, mild frailty progres shopping and walking outside alor and housework.	high order IADLs busework, medica- ssively impairs	repeati In mod though They c	ing the same quest lerate dementia, ro they seemingly ca an do personal car re dementia, they	cion/story and so ecent memory is in remember the re with promptir	ocial withdraw s very impaire eir past life ev ng.	val. ed, even ents well.			
刺	6 Moderately Frail – People nee outside activities and with keepin often have problems with stairs ar bathing and might need minimal a standby) with dressing.	ng house. Inside, they and need help with	2. K. Rock frailty in a 65 2005 V	idian Study on Health & cwood et al. A global clir elderly people. CMAJ 20 ersion 1.2.EN. All rights rese talhousie University Halitox, Ca r research and educational p.	nical measure of fitnes 105;173:489-495. Inved. Genatric Medicine	S and DAL	HOUSIE VERSITY piring Minds			



Site :

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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 bl	OOd 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, who	en 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 :			



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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	Complete)		
Who answered the questions? Check all that apply.	Patient Surrogate Health-care	e professional		
Name of interviewer				
SECTION 1 : Ongoing Consent				
Ongoing consent status:	Partial with Partial with	ol from the study ndrawal - consent to blood draws only ndrawal - consent to follow-up only 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 cas since your last follow-up (based on PCR testing)?	e of COVID	Yes (If the participant has had a new positive VIDOC test - please complete the End of Participation form and start a new BQC19 registration for this patient). No		
Have you been re-hospitalized since your initial visexcluding outpatient clinic visits and planned follow-u	_	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 excluding outpatient clinic visit and planned follow-up multiple re-hospitalization, enter the most significant one and describe the additional comments fields at the end of the form)	visit? (If	Yes No		
Type of repeat hospital visit? Check all that apply.		☐ Emergency room visit☐ Hospital admission☐ Not sure		



Site :

If emergency or re-hospitalization, date of admission (yyyy-mm-dd):			
Facility:			
Cause :			
Were additionnal medical examinations requestes as part follow-up? (OPTIONAL – For clinical purpose)	of this	Yes (complete the section 5) No (go to next)	
Have laboratory tes been done for this day? (OPTIONAL – For a purpose)	linical	Yes (complete the section 6) No (go to next)	
Does the participant report pesisitant symptomes related CoV-2 infection?	to SARS-	Yes (complete the section 2) No (go to next)	
Has the participant had any new disease and/or worsenin deterioration of a pre-existing disease?	g and/or	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 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 No	
Loss of taste / lost of smell?	☐ Yes ☐	No No	



Site:	Nº de participant Biobanqu
	Biobank participant II

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

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



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Nº de	participant Bioban	que
	Biobank participar	nt ID

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

EuroQol Group. (2011). EQ-5D-5L User Guide. Rotterdam: EuroQol Group. Available at http://www.euroqol.org/eq-5d/publications/user-quide.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 arrhythmi	ia?					
	Endocarditis? Myocardit	tis? Pericarditis?					
	New atrial fibrillation or	flutter (FA)?					
	Ventricular tachycardia	or fibrillation (VT/VF)?					
	Left ventricular fonction	1?					
	Decompensated heart fa	ailure??					
	Non-ST-elevation myoca myocardial infaction (ST	ardial infaction (NSTEMI)? ST-elevation TEMI)?					
	Deep vein throbosis (DV	/T)?					
	Dissiminated intravascu	lar coagulation?					
Respiratory complications?		Yes (complete the section) No (go to next)					
Connection with SARS-C	CoV-2 infection	Recently appeared and directly Pathology already present but w Note related to SARS-CoV-2 infe Undetermined	vorsening / de	•			



			No	Yes	
	Asthma?				
	Bronchiolitis?				
	Pulmonary embolism (PE)?				
	Pleural effusion?				
	Interstitial lung disease?				
	COPD?				
	Bacterial, viral or cryptoger	nic organizing pneumonia?			
	Pneumothorax?	Sh st s s			
	Acute Respiratory Distress	Syndrome (ARDS)?			
	,				
Renal complications?	[Yes (complete the section) No (go to next)			
Connection with SARS-C	oV-2 infection	Recently appeared and directly	linked to COVI	D-19 episod	de)
	[Pathology already present but w			
		Note related to SARS-CoV-2 infe	•		
]	Undetermined			
			No	Yes	
	Acute kidneay injury?				
	2				
Neurologic complication	ns?	Yes (complete the section)			
		NO (go to next)			
Connection with SARS-C	oV-2 infection	Recently appeared and directly		-	de
		Pathology already present but v		terioration	
	l	Note related to SARS-CoV-2 infe	ection		
		Undetermined		1	Ī
			No	Yes	
	TIA? Stroke?				
	Seizure?				
	Méningitis / encephalitis?				
	Insomia?				
	Difficulty with concentratio	n?			
	Memory problem? Brain Fr	og?			
Develietrie complication	v-2	Voc. / Link in the control of the co			
Psychiatric complication	15 f	Yes (complete the section) No (go to next)			
	_				
Connection with SARS-CoV-2 infection		Recently appeared and directly		•	de
		Pathology already present but v	•	terioration	
	l	Note related to SARS-CoV-2 infe	ection		
		Undetermined	NI-	V	
	D		No	Yes	
	Depression?				
	Anxiety?				
	Mood change?				



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Gastrointestinal compli	cations?	Y	'es (complete the section)					
		□ N	O (go to next)					
Connection with SARS-CoV-2 infection		Pa	Recently appeared and directly linked to COVID-19 episodePathology already present but worsening / deterioration					
			lote related to SARS-CoV-2 infection	on				
		L U	Indetermined	I		1		
				No	Yes			
	Liver dysfunction?							
	Gastrointestinal heamo	rrhage?						
	Pancreatitis?							
Complications of the en	docrine system?		es (complete the section) lo (go to next)					
Connection with SARS-C	CoV-2 infection	☐ P:	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection Indetermined	sening / det on	erioration	de		
				No	Yes			
	Hyperglycemia?							
	Hypoglycemia?							
Others complications? Connection with SARS-CoV-2 infection			es (complete the section) lo (go to next)					
Connection with SARS-C	CoV-2 infection	☐ R ☐ P? ☐ N	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det	-	de		
Connection with SARS-C	CoV-2 infection Anemia?	☐ R ☐ P? ☐ N	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de 		
Connection with SARS-C		☐ R ☐ P? ☐ N	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de		
Connection with SARS-C	Anemia?	☐ R	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de		
Connection with SARS-C	Anemia? Bacteriemia?	☐ R	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de		
Connection with SARS-C	Anemia? Bacteriemia? Rhabdomyolysis or myc	☐ R	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de		
SECTION 5 : Tests	Anemia? Bacteriemia? Rhabdomyolysis or myo	RI PR	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de		
SECTION 5 : Tests	Anemia? Bacteriemia? Rhabdomyolysis or myc	RI PR	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de		
SECTION 5 : Tests	Anemia? Bacteriemia? Rhabdomyolysis or myo	RI PR	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de		
SECTION 5 : Tests Medical context of the	Anemia? Bacteriemia? Rhabdomyolysis or myo	RI PR	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de		
SECTION 5 : Tests Medical context of the reconstruction of the re	Anemia? Bacteriemia? Rhabdomyolysis or myo Others requested follow-up exam	RI PR	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection indetermined	sening / det on	erioration	de		
SECTION 5 : Tests Medical context of the reconstruction of the re	Anemia? Bacteriemia? Rhabdomyolysis or myo Others requested follow-up exam Cardiac catheterization)?	RI PR	ecently appeared and directly link athology already present but wors lote related to SARS-CoV-2 infection	sening / det on	erioration	de		



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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	L No	
SECTION 6: Labs Follow up OPTIONAL - To be completed if the participant had routine labor	oratories as part of the	ir follow-up. These to	ests are MANDATORY.
lgG			
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

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Site:

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



Nº de participa	nt Biobanque
Biobank	participant ID

FOLLOW-UP VISIT 540 DAYS

Visit Description				
Planet de la facilità POCACA				
Blood drawn for the BQC19?	Yes (go to section 1)	No (go to sect	ion 2)	
SECTION 1 : Samples taken for BQC19				
Date of blood draw (aaaa-mm-dd)				
Time of blood draw (hh:mm)				
Delay between the diagnosis and the draw	ood		Automatic calculation in REDCap (do not complete)	
Collected :	Ambulatory eme	rgency		
	Emergency stret	chers		
	Intensive Care U	nit		
	Outpatient clinic			
	Hospital floor (spe	ecify):		
	Other (specify):			
SECTION 2 : No samples taken for BQC19				
If no blood sample was taken for BQC19, w	n was the clinical da	ata collected? (yyy	y-mm-dd)?	
Why not collected?				
	BQC19 Sam	ples		
Number of ACD tubes collected:				
Number of PAXgene tubes collected:				
Number of serum tubes collected:				
Other blood draw tube(s) collected:				
PEDIATRIC - stool collected:	Yes	□ No □ N	N/A	
Were other biological samples collected?	☐ Yes	□ No		
Other sample #1		Quantity:		
Other sample #2		Quantity :		
Other sample #3		Quantity :		



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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 phon In perso		• ' '	
Who answered the questions? Check all that apply.	Patient Surroga			
Name of interviewer				
SECTION 1 : Ongoing Consent				
Ongoing consent status:	Partial v	wal from the study vithdrawal - consen vithdrawal - consen to all study proced	. ,	
SECTION 2 : Vital Status Update				
Date of last known vital status (yyyy-mm-dd):				
Vital status	Alive Decease Unknow			
	Follow up			
Have you been diagnosed with a new or recurrent cas since your last follow-up (based on PCR testing)?		complete t	pant has had a new positive VIDOC test - please the End of Participation form and start a new stration for this patient).	
Have you been re-hospitalized since your initial vis excluding outpatient clinic visits and planned follow-u		Yes (go to section No (go to section)	·	
SECTION 1 : Medical follow-up				
Have you been re-hospitalized since your initial visit for excluding outpatient clinic visit and planned follow-up multiple re-hospitalization, enter the most significant one and describe the additional comments fields at the end of the form)	visit? (If	Yes No		
Type of repeat hospital visit? Check all that apply.		☐ Emergency ro☐ Hospital adm☐ Not sure		



If emergency or re-hospitalization, date of admission (yyyy-mm-dd):			
Facility:			
Cause :			
Were additionnal medical examinations requestes as part follow-up? (OPTIONAL – For clinical purpose)	of this	Yes (complete the section 5) No (go to next)	
Have laboratory tes been done for this day? (OPTIONAL – For a purpose)	linical	Yes (complete the section 6) No (go to next)	
Does the participant report pesisitant symptomes related CoV-2 infection?	to SARS-	Yes (complete the section 2) No (go to next)	
Has the participant had any new disease and/or 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 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 No	
Loss of taste / lost of smell?	☐ Yes ☐	No No	



Site:	Nº de participant Biobanqu
	Biobank participant I

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

Functional status			
Circle the correct answers			
Mobility	I have no problems in walking about I have slight problems in walking about		
	3. I have moderate problems in walking about4. I have severe problems in walking about 5, I am unable to walk about		
Self-care	 I have no problem washing or dressing myself I have slight problems washing or dressing myself I have moderate problems washing or dressing myself I have severe problems washing or dressing myself am unable to wash or dress myself 		
Usual activities (i.e. work,	1. I have no problems doing my usual activities		
study, housework, family or	2. I have slight problems doing my usual activities		
leisure activities)	3. I have moderate problems doing my usual activities		
	4. I have severe problems doing my usual activities		
	5. I am unable to do my usual activities		
Pain and discomfort	1. I have no pain or discomfort		
	2. I have slight pain or discomfort		
	3. I have moderate pain or discomfort		
	4. I have severe pain or discomfort		
	5. I have extreme pain or discomfort		
Anxiety and depression	1. I am not anxious or depressed		
	2. I am slightly anxious or depressed		
	3. I am moderately anxious or depressed		
	4. I am severely anxious or depressed		
	5. I am extremely anxious or depressed		
Breathlessness	1. I am breathless only with strenuous exercise		
	2. I am short of breath when hurrying or going up a slight hill		
	3. I am slower than most people of the same age on level ground		
	4. I stop for breath walking 100m or few minutes on level ground		
	5. I am too breathless to leave the house		
Rate your health from 0	0 (worst / pire) 100 (best / meilleur)		
(worst) to 100 (best)			
, ,	%		
How much difficulty do you	1. Noe		
have lifting or carrying 10	2. Some		
lbs?	3. A lot or unable		



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Nº de	participant Bioban	que
	Biobank participar	nt ID

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

EuroQol Group. (2011). EQ-5D-5L User Guide. Rotterdam: EuroQol Group. Available at http://www.euroqol.org/eq-5d/publications/user-quide.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 arrhythm	ia?					
	Endocarditis? Myocardi	tis? Peric	carditis?				
	New atrial fibrillation or	r flutter (I	FA)?				
	Ventricular tachycardia	or fibrilla	ation (VT/VF)?				
	Left ventricular fonction	າ?					
	Decompensated heart f	ailure??					
	Non-ST-elevation myoc myocardial infaction (ST		action (NSTEMI)? ST-elevation				
	Deep vein throbosis (D\	/T)?					
	Dissiminated intravascu	ılar coagu	ulation?				
Respiratory complication	ns?		Yes (complete the section) No (go to next)				
Connection with SARS-CoV-2 infection			Recently appeared and directly link Pathology already present but wors Note related to SARS-CoV-2 infection Undetermined	sening / det	•		



				No	Yes	
	Asthma?					
	Bronchiolitis?					
	Pulmonary embolism (PE)					
	Pleural effusion?					
	Interstitial lung disease?					
	COPD?					
	Bacterial, viral or cryptoge	enic o	rganizing pneumonia?			
	Pneumothorax?		<u> </u>			
	Acute Respiratory Distres	s Synd	drome (ARDS)?			
Renal complications?			Yes (complete the section)			
			No (go to next)			
Connection with SARS-0	CoV-2 infection		Recently appeared and directly link	ed to COVI	D-19 episod	de)
			Pathology already present but wors	sening / det	terioration	
			Note related to SARS-CoV-2 infection	on		
			Undetermined	T	ı	1
				No	Yes	
	Acute kidneay injury?					
Neurologic complicatio	ns?		Yes (complete the section)			
recurologic complicatio	113:		No (go to next)			
Constant to the CARC (2.1/2.1.1.1.			- 11 - 60) //	D 40 '	.1.
Connection with SARS-C	Lov-2 infection		Recently appeared and directly link			ae
			Pathology already present but work Note related to SARS-CoV-2 infection		terioration	
			Undetermined	JII		
			Ondetermined	No	Yes]
	TIA? Stroke?					
	Seizure?					
	Méningitis / encephalitis?)				
	Insomia?					
		ion?				
	Memory problem: Brain	i i og :				
Psychiatric complication	ns?		Yes (complete the section)			
			No (go to next)			
Connection with SARS-CoV-2 infection			Recently appeared and directly link	ed to COVI	D-19 enisor	de
Someone Will State 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?					1
	Anxiety?					1
	Mood change?					
			Yes (complete the section) No (go to next) Recently appeared and directly link Pathology already present but work	sening / det	•	de



Site	:		

Gastrointestinai compii	Gastrointestinal complications?		Yes (complete the section)				
		No (go to next)					
Connection with SARS-0	CoV-2 infection	Recently appeared and directly linked to COVID-19 episode Pathology already present but worsening / deterioration					
		Note related to SARS-CoV-2	_	erioration			
		Undetermined					
			No	Yes			
	Liver dysfunction?						
	Gastrointestinal heam	norrhage?					
	Pancreatitis?						
Complications of the en							
Complications of the en	idocinie system:	Yes (complete the section) No (go to next)					
Constitution the CARC (0.14.0 (0.4)		al Palada com	2.40			
Connection with SARS-0	Lov-2 intection	Recently appeared and directly appeared and directly Pathology already present b	=				
		Note related to SARS-CoV-2	•	erioration			
		Undetermined	meedon				
			No	Yes			
	Hyperglycemia?						
	Hypoglycemia?						
Others complications?		Yes (complete the section)					
Others complications:		No (go to next)					
Connection with SARS-0	CoV-2 infection	Recently appeared and directly appeared and directly appeared and directly pathology already present by Note related to SARS-CoV-2 Undetermined	out worsening / det				
			No	Yes			
	Anemia?						
	Bacteriemia?						
	Rhabdomyolysis or m	yositis?					
	Others	yositis?					
		yositis?					
		yositis?					
		yositis?					
SECTION 5 : Tests		yositis?					
SECTION 5 : Tests Medical context of the	Others						
	Others						
	Others						
	Others						
Medical context of the	Others requested follow-up exa	aminations					
Medical context of the	Others requested follow-up exactly continuous continuo	aminations					



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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	L No	
SECTION 6: Labs Follow up OPTIONAL - To be completed if the participant had routine labor	oratories as part of the	ir follow-up. These to	ests are MANDATORY.
lgG			
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

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Site:

N° de participant Biobanque Biobank participant ID

AST				U/L			□ N	ot measu	red	
ALT				U/L			□ N	ot measu	red	
Procalcitonin (PCT)				μg/L			□ N	ot measu	red	
Troponin T hs (high sensitivity)				ng/L			□ N	ot measu	red	
Troponin I hs (high sensitivity)				ng/L			□ N	ot measu	red	
Troponin T				ng/L			□ No	ot measu	red	
Troponin I				ng/L			□ N	ot measu	red	
APTT (activated partial thromboplastin time)				sec			□ No	ot measu	red	
International Normalized Ratio (INR)				_			No	ot measu	red	
Triglycerides				mmol	/L		No	ot measu	red	
Total bilirubin				μmol/	L		No	ot measu	red	
Direct bilirubin (conjugated)				μmol/	L		No	ot measu	red	
Glucose				mmol	L/L		□ N	ot measu	red	
Fibrinogen				g/L			□ N	ot measu	red	
Ferritin				μg/L			□ N	ot measu	red	
IL-6				ng/L			□ N	ot measu	red	
CD4				x 10 ⁹ /l	L		□ N	ot measu	red	
CD8				x 10 ⁹ /I	L		□ No	ot measu	red	
SECTION 7 : Clinical frailty score										
Frailty scale (clinical frailty scale) (circle)	1	2	3	4	5	6	7	8	9	☐ n/d
Clinical Fra I Very Fit – People wh and motivated. These pec regularly. They are amon Well – People who h symptoms but are less fit exercise or are very activ Managing Well – Peo	no are robust, active, ene ople commonly exercise g the fittest for their age have no active disease t than category 1. Often, we occasionally, e.g. seaso	e, e, they sonally.		7 Severely Personal care cognitive). Evhigh risk of dy 8 Very Seve approaching the not recover experience of the severe e	, from whate en so, they se ring (within ~ rely Frail – C he end of life	ver cause (peem stable a 6 months) Completely Typically, th	physical or and not at dependent, ney could			
are well controlled, but beyond routine walking.				9.Terminally III - Approaching the end of life.This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.						



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.

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.



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

Scoring frailty in people with dementia

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

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





V° de	participa	nt Biol	banqu	ıe
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FOLLOW-UP VISIT 730 DAYS

	Minis Prominsion	
	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 b	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, wh	n was the clinical data collected? (yyyy-mm-dd)?	
Why not collected?		
	BQC19 Samples	
Number of ACD tubes collected:		
Number of PAXgene tubes collected:		
Number of serum tubes collected:		
Other blood draw tube(s) collected:		
PEDIATRIC - stool collected:	☐ Yes ☐ No ☐ N/A	
Were other biological samples collected?	☐ Yes ☐ No	
Other sample #1	Quantity:	
Other sample #2	Quantity :	_
Other sample #3	Quantity :	_



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Esse	ntial 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 phon In perso		• ' '
Who answered the questions? Check all that apply.	Patient Surroga		
Name of interviewer			
SECTION 1 : Ongoing Consent			
Ongoing consent status:	Partial v	wal from the study vithdrawal - consen vithdrawal - consen to all study proced	. ,
SECTION 2 : Vital Status Update			
Date of last known vital status (yyyy-mm-dd):			
Vital status	Alive Decease Unknow		
	Follow up		
Have you been diagnosed with a new or recurrent cas since your last follow-up (based on PCR testing)?		complete t	pant has had a new positive VIDOC test - please the End of Participation form and start a new stration for this patient).
Have you been re-hospitalized since your initial vis excluding outpatient clinic visits and planned follow-u		Yes (go to section No (go to section)	·
SECTION 1 : Medical follow-up			
Have you been re-hospitalized since your initial visit for excluding outpatient clinic visit and planned follow-up multiple re-hospitalization, enter the most significant one and describe the additional comments fields at the end of the form)	visit? (If	Yes No	
Type of repeat hospital visit? Check all that apply.		☐ Emergency ro☐ Hospital adm☐ Not sure	



Site :

If emergency or re-hospitalization, date of admission (yyyy	mm-dd):	
Facility:		
Cause :		
Were additionnal medical examinations requestes as part follow-up? (OPTIONAL – For clinical purpose)	of this	Yes (complete the section 5) No (go to next)
Have laboratory tes been done for this day? (OPTIONAL – For a purpose)	linical	Yes (complete the section 6) No (go to next)
Does the participant report pesisitant symptomes related CoV-2 infection?	to SARS-	Yes (complete the section 2) No (go to next)
Has the participant had any new disease and/or worsenin deterioration of a pre-existing disease?	g and/or	Yes (complete the section 4) No (go to next)
SECTION 2 : Current symptoms		
Joint pain (Arthralgia)?	☐ Yes ☐	No
Confusion / altered mental status?	☐ Yes ☐	No
Red eye (Conjunctivitis)?	☐ Yes ☐	No 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 No
Loss of taste / lost of smell?	☐ Yes ☐	No No



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

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

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



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Nº de	participant Biobanque
	Biobank participant ID

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

EuroQol Group. (2011). EQ-5D-5L User Guide. Rotterdam: EuroQol Group. Available at http://www.euroqol.org/eq-5d/publications/user-quide.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		Pathology already present but w	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 arrhythmi	ia?			
	Endocarditis? Myocardit	tis? Pericarditis?			
	New atrial fibrillation or	flutter (FA)?			
	Ventricular tachycardia	or fibrillation (VT/VF)?			
	Left ventricular fonction	1?			
	Decompensated heart fa	ailure??			
	Non-ST-elevation myoca myocardial infaction (ST	ardial infaction (NSTEMI)? ST-elevation TEMI)?			
	Deep vein throbosis (DV	/T)?			
	Dissiminated intravascu	lar coagulation?			
Respiratory complicatio	ns?	Yes (complete the section) No (go to next)			
Connection with SARS-CoV-2 infection		Pathology already present but w	Recently appeared and directly linked to COVID-19 episode) Pathology already present but worsening / deterioration Note related to SARS-CoV-2 infection Undetermined		



Site :		
Site:		

				No	Yes	
	Asthma?					
	Bronchiolitis?					
	Pulmonary embolism (PE)?					1
	Pleural effusion?					1
	Interstitial lung disease?					
	COPD?					
	Bacterial, viral or cryptoge	enic o	rganizing pneumonia?			
	Pneumothorax?					1
	Acute Respiratory Distress	SVno	drome (ARDS)?			
	Troute Heaphratory Blatress	, o y	ine (/ inde/).			
Renal complications?			Yes (complete the section) No (go to next)			
Connection with SARS-C	oV-2 infection		Recently appeared and directly link	ed to COVI	D-19 episod	de)
			Pathology already present but wor			
			Note related to SARS-CoV-2 infection	•		
			Undetermined			
				No	Yes	
	Acute kidneay injury?					
Neurologic complication	ns?		Yes (complete the section) No (go to next)			
Connection with SARS-C	oV-2 infection		Recently appeared and directly link Pathology already present but work Note related to SARS-CoV-2 infection Undetermined	sening / det	-	de
			Ondetermined	No	Yes	1
	TIA? Stroke?					
	Seizure?					
	Méningitis / encephalitis?					1
	Insomia?					
	Difficulty with concentrati	on?				
	Memory problem? Brain F					
	Welliory problems Brain F	TUg:				
Psychiatric complication	ns?		Yes (complete the section) No (go to next)			
Connection with SARS-C	oV-2 infection		Recently appeared and directly link	ed to COVI	D-19 episod	de
23			Pathology already present but wor			
			Note related to SARS-CoV-2 infection			
			Undetermined			
				No	Yes]
	Depression?					1
	Anxiety?					1
	Mood change?					1



Site			
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Gastrointestinal compli	cations?	Yes (complete the section)			
		No (go to next)			
Connection with SARS-C	CoV-2 infection	Recently appeared and direct Pathology already present bu Note related to SARS-CoV-2 in Undetermined	it worsening / det	•	le
			No	Yes	
	Liver dysfunction?				
	Gastrointestinal heamo	rrhage?			
	Pancreatitis?				
Complications of the en	docrine system?	Yes (complete the section) No (go to next)			
Connection with SARS-C	CoV-2 infection	Recently appeared and direct Pathology already present bu Note related to SARS-CoV-2 in Undetermined	it worsening / det	-	le
			No	Yes	
	Hyperglycemia?				
	Hypoglycemia?				
Others complications? Connection with SARS-C	CoV-2 infection	Yes (complete the section) No (go to next) Recently appeared and direct Pathology already present bu Note related to SARS-CoV-2 in	it worsening / det		le
	Anemia? Bacteriemia? Rhabdomyolysis or myo Others	Undetermined ositis?	No	Yes	
SECTION 5 : Tests Medical context of the r	Bacteriemia? Rhabdomyolysis or myo	ositis?	No O	Yes	
Medical context of the r	Bacteriemia? Rhabdomyolysis or myo Others	ositis?	No Control of the con	Yes	
Medical context of the r	Bacteriemia? Rhabdomyolysis or myo Others requested follow-up exan	ninations	No O	Yes	
Medical context of the r Cardiac assessment Coronary angiography (Bacteriemia? Rhabdomyolysis or myo Others requested follow-up exan Cardiac catheterization)?	ninations	No O	Yes	
Medical context of the r	Bacteriemia? Rhabdomyolysis or myo Others requested follow-up exan Cardiac catheterization)?	ninations	No Control of the con	Yes	



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Electrocardiogram (EKG)?	☐ Yes	No No			
Percutaneous coronary intervention ("stented")?	☐ Yes	No No			
Medical imaging					
Chest X-ray?	☐ Yes	No No			
CT Abdomen?	☐ Yes	No No			
CT Thorax?	☐ Yes	No No			
CT Head?	☐ Yes	No No			
Other imaging test(s)?					
Respiratory founction tests	I				
Spirometry?	Yes				
Metacholine?	Yes				
Lung founction test?	☐ Yes	No No			
SECTION 6: Labs Follow up OPTIONAL - To be completed if the participant had routine laboratories a	as part of the	eir follow-up. These tes	ts are MANDATORY.		
lgG					
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		

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Site:

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



END-OF-STUDY VISIT

SECTION 1: Vaccination (anytime)	
Has the participant been vaccinated?	☐ Yes ☐ No
From which company did the participant receive the vaccine?	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
L	Withdrawal of consent
[✓ Loss to follow up✓ New positive PCR test for COVID
]	Study completed
	Other
F	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 appropria	ately documented?
General comments :	