Neuro Case Report Form (nCRF) - Live

Start of Block: Module 1 - Intro

Q123 Module 1 covers the available data at presentation/admission

End of Block: Module 1 - Intro

Start of Block: Module 1 - Admission enrollment

Q1 Name of facility:

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Q2 Country:

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Q3 Date of inpatient admission:

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Q4 Date of positive COVID-19 test:

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End of Block: Module 1 - Admission enrollment

Start of Block: Module 1 - Clinical inclusion criteria

Q5 COVID-19 case definition

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| --- | --- | --- |
|  | Yes/No | Date/specify |
|  | Yes (1) | No (2) | Date (1) | Specify (2) |
| Positive nasal swab for viral RNA by PCR? (1)  |  |  |  |  |
| Positive respiratory sample for viral RNA by PCR? (2)  |  |  |  |  |
| Chest x-ray evidence of COVID-19? (3)  |  |  |  |  |
| Positive antibody test? (specify IgG or IgM) (4)  |  |  |  |  |
| Lateral flow assay or other positive COVID-19 (SARS-CoV2) test? (specify) (5)  |  |  |  |  |
| Clinical diagnosis of COVID-19? (9)  |  |  |  |  |

End of Block: Module 1 - Clinical inclusion criteria

Start of Block: Module 1 - Demographics

Q6 Sex at birth

* Male (1)
* Female (2)
* Not specified (3)

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Q7 Date of birth

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Q8 Patient currently hospitalised?

* Yes (1)
* No (2)

Q9 Patient currently pregnant?

* Yes (1)
* No (2)

Q10 Patient currently incarcerated?

* Yes (1)
* No (2)

Q11 Patient in long term care facility?

* Yes (1)
* No (2)

Q12 Country of birth:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q13 Ethnicity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q14 Level of education:

* Primary school (1)
* Secondary school (2)
* Graduate (3)
* Postgraduate (4)

End of Block: Module 1 - Demographics

Start of Block: Module 1 - Date of onset and admission vital signs

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Q15 Respiratory symptom onset (if applicable)

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Q16 Fever symptom onset (if applicable)

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Q17 Neurological symptom onset (if applicable)

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Q18 Date of admission to this facility:

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Q19 Admitted for COVID (i.e. not a neurological complication)?

* Yes (1)
* No (2)

Q20 Admitted for a neurological complication (i.e. not for COVID-19 symptoms)?

* Yes (1)
* No (2)

Q21 Admitted for another disease?

* Yes (1)
* No (2)

Display This Question:

If Admitted for another disease? = Yes

Q22 Which disease?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q23 Vitals

* Temperature (°C ) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Heart rate (beats/min) (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Respiratory rate (breaths/min) (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* BP (systolic) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* BP (diastolic) (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q25 Severe dehydration?

* Yes (1)
* No (2)
* Unknown (3)

Q26 Oxygen saturation (%)

* Room air (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Oxygen therapy (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Unknown (3)

Q27 AVPU

* Awake (1)
* Verbal (2)
* Pain (3)
* Unresponsive (4)

Q28 Glasgow Coma Score:

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Q29 Malnutrition?

* Yes (1)
* No (2)
* Unknown (3)

Q30 Height (cm)

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Q31 Weight (kg)

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Q32 COVID-19 WHO severity within first 24 hours of admission

* Uninfected (No viral RNA detected) (1)
* Asymptomatic (Viral RNA detected) (2)
* Symptomatic (Independent) (3)
* Symptomatic (Assistance needed) (4)
* Hospitalised (No oxygen therapy) (5)
* Hospitalised (Oxygen by mask or nasal prongs) (6)
* Hospitalised (Oxygen by NIV or high flow) (7)
* Intubation and mechanical ventilation (pO2/FiO2 >= 150 or SpO2/FiO2 >= 200) (8)
* Mechanical ventilation (pO2/FiO2 (9)
* Mechanical ventilation (pO2/FiO2 (10)
* Dead (11)

Q140 COVID-19 WHO severity at worst, whether or not during this admission

* Uninfected (No viral RNA detected) (1)
* Asymptomatic (Viral RNA detected) (2)
* Symptomatic (Independent) (3)
* Symptomatic (Assistance needed) (4)
* Hospitalised (No oxygen therapy) (5)
* Hospitalised (Oxygen by mask or nasal prongs) (6)
* Hospitalised (Oxygen by NIV or high flow) (7)
* Intubation and mechanical ventilation (pO2/FiO2 >= 150 or SpO2/FiO2 >= 200) (8)
* Mechanical ventilation (pO2/FiO2 (9)
* Mechanical ventilation (pO2/FiO2 (10)
* Dead (11)

Q141 Was COVID-19 severity at its worst prior to, or at the time of, the onset of the neurological or psychiatric complication? (cases only, if not a case select NA)

* Yes (1)
* No (2)
* Not Applicable (4)

Display This Question:

If Was COVID-19 severity at its worst prior to, or at the time of, the onset of the neurological or... = No

Q142 Worst COVID-19 WHO severity prior to onset of neurological or psychiatric complication?

* Uninfected (No viral RNA detected) (1)
* Asymptomatic (Viral RNA detected) (2)
* Symptomatic (Independent) (3)
* Symptomatic (Assistance needed) (4)
* Hospitalised (No oxygen therapy) (5)
* Hospitalised (Oxygen by mask or nasal prongs) (6)
* Hospitalised (Oxygen by NIV or high flow) (7)
* Intubation and mechanical ventilation (pO2/FiO2 >= 150 or SpO2/FiO2 >= 200) (8)
* Mechanical ventilation (pO2/FiO2 (9)
* Mechanical ventilation (pO2/FiO2 (10)
* Dead (11)

Q124 Any other issue of significance to note?

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End of Block: Module 1 - Date of onset and admission vital signs

Start of Block: Module 1 - Co-morbidities/Risk factors

Q33 Existing co-morbidities/risk factors (prior to onset of COVID-19)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes (1) | No (2) | Unknown (3) |
| Hypertension (1)  |  |  |  |
| Current tobacco smoking (2)  |  |  |  |
| Current e-cigarette smoking (3)  |  |  |  |
| Hypercholesterolaemia (4)  |  |  |  |
| Muscular disease (5)  |  |  |  |
| Multiple Sclerosis (6)  |  |  |  |
| Movement disorder (7)  |  |  |  |
| Dementia (8)  |  |  |  |
| Epilepsy (9)  |  |  |  |
| Ischemic stroke (10)  |  |  |  |
| Hemorrhagic stroke (11)  |  |  |  |
| Diabetes (12)  |  |  |  |
| Motor neuron disease (13)  |  |  |  |
| Other neurological disease (14)  |  |  |  |
| Atrial fibrillation (28)  |  |  |  |
| HIV (15)  |  |  |  |
| Psychiatric/Psychological disorder (16)  |  |  |  |
| Brain cancer (17)  |  |  |  |
| Chronic cardiac disease (18)  |  |  |  |
| Chronic kidney disease (19)  |  |  |  |
| TB (active) (20)  |  |  |  |
| TB (previous) (21)  |  |  |  |
| Malignant Neoplasm (22)  |  |  |  |
| Myasthenia gravis (23)  |  |  |  |
| Developmental delay (24)  |  |  |  |
| Chronic pulmonary disease (25)  |  |  |  |
| Chronic liver disease (26)  |  |  |  |
| Autoimmune disease (27)  |  |  |  |

Display This Question:

If Existing co-morbidities/risk factors (prior to onset of COVID-19) = Movement disorder [ Yes ]

Q34 Type of movement disorder:

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Display This Question:

If Existing co-morbidities/risk factors (prior to onset of COVID-19) = Diabetes [ Yes ]

Q35 Type of Diabetes:

* Type 1 (1)
* Type 2 on oral medication (2)
* Type 2 on insulin (3)

Display This Question:

If Existing co-morbidities/risk factors (prior to onset of COVID-19) = Other neurological disease [ Yes ]

Q36 Other neurological disease:

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Display This Question:

If Existing co-morbidities/risk factors (prior to onset of COVID-19) = Psychiatric/Psychological disorder [ Yes ]

Q37 Psychiatric/Psychological disorder:

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Q38 Clinical frailty scale:

* Very fit (1)
* Fit (2)
* Managing well (3)
* Living with very mild frailty (4)
* Living with mild frailty (5)
* Living wiht moderate frailty (6)
* Living with severe frailty (7)
* Living with very severe Frailty (8)
* Terminally ill (9)

Q125 Any other issue of significance to note?

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End of Block: Module 1 - Co-morbidities/Risk factors

Start of Block: Module 1 - Pre-admission and chronic medication

Q39 Were any of the following taken within 3 months of presentation?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes (1) | No (2) | Unknown (3) |
| Had COVID-19 vaccine (1)  |  |  |  |
| Glatiramer acetate (2)  |  |  |  |
| Interferon beta (3)  |  |  |  |
| Oral MS therapy (4)  |  |  |  |
| Natalizumab (5)  |  |  |  |
| Rituximab (6)  |  |  |  |
| Other immunomodulatory medication (7)  |  |  |  |
| Corticosteroids (8)  |  |  |  |
| Steroids (9)  |  |  |  |
| Antiepileptic medications (10)  |  |  |  |
| Chemotherapy (11)  |  |  |  |
| Anti-depressants (12)  |  |  |  |
| Aspirin (13)  |  |  |  |
| Clopidogrel (14)  |  |  |  |
| Warfarin (15)  |  |  |  |
| Other anticoagulants (16)  |  |  |  |
| TPA, thrombectomy (17)  |  |  |  |
| Heparin (18)  |  |  |  |
| NSAIDS (19)  |  |  |  |
| ACE inhibitors (20)  |  |  |  |
| Angiotensin II receptor blockers (21)  |  |  |  |
| Statins (22)  |  |  |  |
| Illegal substance abuse (23)  |  |  |  |

Display This Question:

If Were any of the following taken within 3 months of presentation? = Had COVID-19 vaccine [ Yes ]

Q77 Date of COVID-19 vaccination:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Were any of the following taken within 3 months of presentation? = Illegal substance abuse [ Yes ]

Q40 Illegal substance abuse (please specify):

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Display This Question:

If Were any of the following taken within 3 months of presentation? = Other immunomodulatory medication [ Yes ]

Q41 Other immunomodulatory medication (please specify):

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Display This Question:

If Were any of the following taken within 3 months of presentation? = Other anticoagulants [ Yes ]

Q42 Other anticoagulants (please specify):

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Q126 Any other issue of significance to note?

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End of Block: Module 1 - Pre-admission and chronic medication

Start of Block: Module 1 - New onset/acute symptoms and signs on admission

Q43 New onset/acute symptoms

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|  | Yes (1) | No (2) | Unknown (3) |
| Loss or decreased taste (1)  |  |  |  |
| Loss or decreased smell (2)  |  |  |  |
| Headache (3)  |  |  |  |
| Neck stiffness (meningism) (4)  |  |  |  |
| Vomiting or nausea (5)  |  |  |  |
| Confusion, behavioral changes, acute or subacute agitation (6)  |  |  |  |
| Cognitive deterioration (7)  |  |  |  |
| Decreased consciousness (8)  |  |  |  |
| Psychosis (9)  |  |  |  |
| Depression (10)  |  |  |  |
| Catatonia (11)  |  |  |  |
| Can't move and/or feel one side of body or face (12)  |  |  |  |
| Stroke (13)  |  |  |  |
| New onset or increased weakness (14)  |  |  |  |
| Seizures (15)  |  |  |  |
| Fainting/blackouts (16)  |  |  |  |
| Myoclonus/jerks/other abnormal movements (17)  |  |  |  |
| Trouble with speech (18)  |  |  |  |
| Numbness/tingling/burning (19)  |  |  |  |
| Problems seeing (20)  |  |  |  |
| Problems hearing (21)  |  |  |  |
| Trouble urinating/having bowel movements (22)  |  |  |  |
| Cough (23)  |  |  |  |
| Runny nose (24)  |  |  |  |
| Lymphadenopathy (25)  |  |  |  |
| Skin rash or ulcers (26)  |  |  |  |
| Muscle pain (27)  |  |  |  |
| Wheezing (28)  |  |  |  |
| Sore throat (29)  |  |  |  |
| Conjuctivitus (30)  |  |  |  |
| Abdominal pain (31)  |  |  |  |
| Fatigue (32)  |  |  |  |
| Chest pain/palpatations (33)  |  |  |  |
| Problems sleeping (34)  |  |  |  |
| Bleeding (35)  |  |  |  |
| Worsening weakness and/or respiratory function in patients with neurological or neuromuscular condition (36)  |  |  |  |
| Deep vein thrombosis (37)  |  |  |  |
| Pulmonary embolus (38)  |  |  |  |
| Renal artery thrombosis (39)  |  |  |  |
| Other (non-brain) thrombosis/hemorrhage (40)  |  |  |  |
| Fever (41)  |  |  |  |
| Dyspnoea (42)  |  |  |  |
| Diarrhoea (43)  |  |  |  |

Display This Question:

If New onset/acute symptoms = Stroke [ Yes ]

Q44 Stroke (NIHSS score)

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Display This Question:

If New onset/acute symptoms = New onset or increased weakness [ Yes ]

Q45 New onset or increased weakness (please specify)

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Display This Question:

If New onset/acute symptoms = Myoclonus/jerks/other abnormal movements [ Yes ]

Q46 Myoclonus/jerks/other abnormal movements (please specify)

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Display This Question:

If New onset/acute symptoms = Seizures [ Yes ]

Q47 Seizures (please specify)

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Display This Question:

If New onset/acute symptoms = Trouble with speech [ Yes ]

Q48 Trouble with speech (please specify)

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Display This Question:

If New onset/acute symptoms = Problems seeing [ Yes ]

Q49 Problems seeing (please specify)

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Display This Question:

If New onset/acute symptoms = Other (non-brain) thrombosis/hemorrhage [ Yes ]

Q50 Other (non-brain) thrombosis/hemorrhage (please specify)

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Q127 Any other issue of significance to note?

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End of Block: Module 1 - New onset/acute symptoms and signs on admission

Start of Block: Module 1 - Supportive care

Q109 ICU or high dependency unit admission

* Yes (provide date) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (2)
* Unknown (3)

Q110 Oxygen therapy

* Yes (1)
* No (2)
* Unknown (3)

Display This Question:

If Oxygen therapy = Yes

Q111 O2 flow

* 1-5 L/min (1)
* 6-10 L/min (2)
* 11-15 L/min (3)
* Unknown (4)

Display This Question:

If Oxygen therapy = Yes

Q112 FiO2 (inhaled oxygen) Interface

* Nasal prongs (1)
* HF nasal canula (2)
* Mask (3)
* Mask with reservoir (4)
* CPAP/NIV mask (5)
* Unknown (6)

Q113 Overall duration of invasive ventilation

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Q114 Non-invasive ventilation

* Yes (1)
* No (2)
* Unknown (3)

Q115 EMCO

* Yes (1)
* No (2)
* Unknown (3)

Q116 Prone position

* Yes (1)
* No (2)
* Unknown (3)

Q117 Vasopressors

* Yes (1)
* No (2)
* Unknown (3)

Q118 Renal support

* Yes (1)
* No (2)
* Unknown (3)

Q119 Modified Rankin Score

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q135 Any other issue of significance to note?

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End of Block: Module 1 - Supportive care

Start of Block: Module 1- Laboratory results on admission

Q51 Laboratory results

|  |  |  |
| --- | --- | --- |
|  | Value (1) | Units (2) |
| Hemoglobin (1)  |  |  |
| WBC count (2)  |  |  |
| Hematocrit (3)  |  |  |
| Platelets (4)  |  |  |
| APTT/APTR (5)  |  |  |
| PT (seconds) (6)  |  |  |
| INR (7)  |  |  |
| AST/SGOT (8)  |  |  |
| Total bilirubin (9)  |  |  |
| Urea (10)  |  |  |
| Lactate (11)  |  |  |
| pO2 (if ABG) (12)  |  |  |
| Lowest pO2 (35)  |  |  |
| pCO2 (if ABG) (13)  |  |  |
| CSF WCC (differential) (14)  |  |  |
| CSF protein (15)  |  |  |
| Creatinine (16)  |  |  |
| Sodium (17)  |  |  |
| Potassium (18)  |  |  |
| Procalcitonin (19)  |  |  |
| CRP (20)  |  |  |
| LDH (21)  |  |  |
| Creatine kinase (22)  |  |  |
| Troponin (23)  |  |  |
| ESR (24)  |  |  |
| D-dimer (25)  |  |  |
| Ferritin (26)  |  |  |
| pH (if ABG) (27)  |  |  |
| Bicarbonate (if ABG) (28)  |  |  |
| CSF RCC (29)  |  |  |
| CSF/Serum glucose (30)  |  |  |
| CSF autoantibodies (31)  |  |  |
| CSF PCR (32)  |  |  |
| Serum autoantibodies (33)  |  |  |
| CSF antiviral antibodies (34)  |  |  |

Display This Question:

If If Laboratory results CSF autoantibodies - Value Is Not Empty

Q52 CSF autoantibodies ( please specify):

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Display This Question:

If If Laboratory results CSF PCR - Value Is Not Empty

Q53 CSF PCR (please specify):

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Display This Question:

If If Laboratory results Serum autoantibodies - Value Is Not Empty

Q54 Serum autoantibodies (please specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If If Laboratory results CSF autoantibodies - Value Is Not Empty

Q55 CSF antiviral antibodies (please specify):

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Q128 Any other issue of significance to note?

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End of Block: Module 1- Laboratory results on admission

Start of Block: Module 2 - Intro

Q121 Module 2 captures new problems arising during admission. If there has been a new neurological or psychiatric problem, please complete Module 2 for this time point. If there has been no new complication or this time point is unclear, please complete Module 2 for approximately halfway through the participant’s admission. Please provide the date of this time point below.

End of Block: Module 2 - Intro

Start of Block: Module 2 - Vital signs

Q78 Date

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Q137 Vitals - At the point of these observations:

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| Was the patient intubated and ventilated? (1)  |  |  |
| Was the patient under sedation? (2)  |  |  |

Q80 Vitals

* Temperature (°C ) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Heart rate (beats/min) (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Respiratory rate (breaths/min) (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* BP (systolic) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* BP (diastolic) (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q81 Severe dehydration

* Yes (1)
* No (2)
* Unknown (3)

Q82 Oxygen saturation (%)

* Room air (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Oxygen therapy (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Unknown (3)

Q83 AVPU

* Awake (1)
* Verbal (2)
* Pain (3)
* Unresponsive (4)

Q84 Glasgow Coma Score (GCS/15)

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Q85 Lowest GCS during admission (GCS/15)

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Q129 Any other issue of significance to note?

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End of Block: Module 2 - Vital signs

Start of Block: Module 2 - New onset/acute symptoms and signs

Q86 New onset/acute symptoms

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes (1) | No (2) | Unknown (3) |
| Loss or decreased taste (1)  |  |  |  |
| Loss or decreased smell (2)  |  |  |  |
| Headache (3)  |  |  |  |
| Neck stiffness (meningism) (4)  |  |  |  |
| Vomiting or nausea (5)  |  |  |  |
| Confusion, behavioral changes, acute or subacute agitation (6)  |  |  |  |
| Cognitive deterioration (7)  |  |  |  |
| Decreased consciousness (8)  |  |  |  |
| Psychosis (9)  |  |  |  |
| Depression (10)  |  |  |  |
| Catatonia (11)  |  |  |  |
| Can't move and/or feel one side of body or face (12)  |  |  |  |
| Stroke (13)  |  |  |  |
| New onset or increased weakness (14)  |  |  |  |
| Seizures (15)  |  |  |  |
| Fainting/blackouts (16)  |  |  |  |
| Myoclonus/jerks/other abnormal movements (17)  |  |  |  |
| Trouble with speech (18)  |  |  |  |
| Numbness/tingling/burning (19)  |  |  |  |
| Problems seeing (20)  |  |  |  |
| Problems hearing (21)  |  |  |  |
| Trouble urinating/having bowel movements (22)  |  |  |  |
| Cough (23)  |  |  |  |
| Runny nose (24)  |  |  |  |
| Lymphadenopathy (25)  |  |  |  |
| Skin rash or ulcers (26)  |  |  |  |
| Muscle pain (27)  |  |  |  |
| Wheezing (28)  |  |  |  |
| Sore throat (29)  |  |  |  |
| Conjuctivitus (30)  |  |  |  |
| Abdominal pain (31)  |  |  |  |
| Fatigue (32)  |  |  |  |
| Chest pain/palpatations (33)  |  |  |  |
| Problems sleeping (34)  |  |  |  |
| Bleeding (35)  |  |  |  |
| Worsening weakness and/or respiratory function in patients with neurological or neuromuscular condition (36)  |  |  |  |
| Deep vein thrombosis (37)  |  |  |  |
| Pulmonary embolus (38)  |  |  |  |
| Renal artery thrombosis (39)  |  |  |  |
| Other (non-brain) thrombosis/hemorrhage (40)  |  |  |  |
| Fever (41)  |  |  |  |
| Dyspnoea (42)  |  |  |  |
| Diarrhoea (43)  |  |  |  |

Display This Question:

If New onset/acute symptoms = Stroke [ Yes ]

Q87 Stroke (NIHSS score)

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Display This Question:

If New onset/acute symptoms = New onset or increased weakness [ Yes ]

Q88 New onset or increased weakness (please specify)

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Display This Question:

If New onset/acute symptoms = Myoclonus/jerks/other abnormal movements [ Yes ]

Q89 Myoclonus/jerks/other abnormal movements (please specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If New onset/acute symptoms = Seizures [ Yes ]

Q90 Seizures (please specify)

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Display This Question:

If New onset/acute symptoms = Trouble with speech [ Yes ]

Q91 Trouble with speech (please specify)

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Display This Question:

If New onset/acute symptoms = Problems seeing [ Yes ]

Q92 Problems seeing (please specify)

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Display This Question:

If New onset/acute symptoms = Other (non-brain) thrombosis/hemorrhage [ Yes ]

Q93 Other (non-brain) thrombosis/hemorrhage (please specify)

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Q130 Any other issue of significance to note?

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End of Block: Module 2 - New onset/acute symptoms and signs

Start of Block: Module 2 - Laboratory results

Q94 Laboratory results

Please include the laboratory results closest to the Module 2 date

|  |  |  |
| --- | --- | --- |
|  | Value (1) | Units (2) |
| Hemoglobin (1)  |  |  |
| WBC count (2)  |  |  |
| Hematocrit (3)  |  |  |
| Platelets (4)  |  |  |
| APTT/APTR (5)  |  |  |
| PT (seconds) (6)  |  |  |
| INR (7)  |  |  |
| AST/SGOT (8)  |  |  |
| Total bilirubin (9)  |  |  |
| Urea (10)  |  |  |
| Lactate (11)  |  |  |
| pO2 (if ABG) (12)  |  |  |
| Lowest pO2 (35)  |  |  |
| pCO2 (if ABG) (13)  |  |  |
| CSF WCC (differential) (14)  |  |  |
| CSF protein (15)  |  |  |
| Creatinine (16)  |  |  |
| Sodium (17)  |  |  |
| Potassium (18)  |  |  |
| Procalcitonin (19)  |  |  |
| CRP (20)  |  |  |
| LDH (21)  |  |  |
| Creatine kinase (22)  |  |  |
| Troponin (23)  |  |  |
| ESR (24)  |  |  |
| D-dimer (25)  |  |  |
| Ferritin (26)  |  |  |
| pH (if ABG) (27)  |  |  |
| Bicarbonate (if ABG) (28)  |  |  |
| CSF RCC (29)  |  |  |
| CSF/Serum glucose (30)  |  |  |
| CSF autoantibodies (31)  |  |  |
| CSF PCR (32)  |  |  |
| Serum autoantibodies (33)  |  |  |
| CSF antiviral antibodies (34)  |  |  |

Display This Question:

If If Laboratory results Please include the laboratory results closest to the Module 2 date Text Response Is Not Empty

Q95 CSF autoantibodies ( please specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If If Laboratory results Please include the laboratory results closest to the Module 2 date Text Response Is Not Empty

Q96 CSF PCR (please specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If If Laboratory results Please include the laboratory results closest to the Module 2 date Text Response Is Not Empty

Q97 Serum autoantibodies (please specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If If Laboratory results Please include the laboratory results closest to the Module 2 date Text Response Is Not Empty

Q98 CSF antiviral antibodies (please specify):

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Q131 Any other issue of significance to note?

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End of Block: Module 2 - Laboratory results

Start of Block: Module 2 - Medication

Q56 At any time during this hospital stay, did the patient receive:

|  |  |  |
| --- | --- | --- |
|  | Yes/No/Unknown | If yes |
|  | Yes (1) | No (2) | Unknown (3) | Date started (1) | Specify medication/treatment (2) |
| Oral/orogastrics fluids (1)  |  |  |  |  |  |
| Antiviral (2)  |  |  |  |  |  |
| Antibiotic (3)  |  |  |  |  |  |
| Antimalarial (4)  |  |  |  |  |  |
| NSAID (5)  |  |  |  |  |  |
| Angiotensin receptor blockers (6)  |  |  |  |  |  |
| Antipsychotic (7)  |  |  |  |  |  |
| IV fluids (8)  |  |  |  |  |  |
| Corticosteroid (9)  |  |  |  |  |  |
| Antifungal (10)  |  |  |  |  |  |
| ACE inhibitor (11)  |  |  |  |  |  |
| Systemic anticoagulation (12)  |  |  |  |  |  |
| Anxiolytic (13)  |  |  |  |  |  |
| Antidepressant (14)  |  |  |  |  |  |
| Immunomodulatory medication (16)  |  |  |  |  |  |
| Is the patient enrolled in a Clinical Trial? (15)  |  |  |  |  |  |

Q139 Additional medications/treatments received by the patient during their hospital stay

|  |  |  |
| --- | --- | --- |
|  | Category of medication/treatment (e.g. Antiviral, Antibiotic, Antidepressant, etc.) (1) | Date started (2) |
| Name of medication/treatment\_1 (1)  |  |  |
| Name of medication/treatment\_2 (2)  |  |  |
| Name of medication/treatment\_3 (3)  |  |  |
| Name of medication/treatment\_4 (4)  |  |  |
| Name of medication/treatment\_5 (5)  |  |  |
| Name of medication/treatment\_6 (6)  |  |  |
| Name of medication/treatment\_7 (7)  |  |  |
| Name of medication/treatment\_8 (8)  |  |  |
| Name of medication/treatment\_9 (9)  |  |  |
| Name of medication/treatment\_10 (10)  |  |  |
| Name of medication/treatment\_11 (11)  |  |  |
| Name of medication/treatment\_12 (12)  |  |  |
| Name of medication/treatment\_13 (13)  |  |  |
| Name of medication/treatment\_14 (14)  |  |  |
| Name of medication/treatment\_15 (15)  |  |  |
| Name of medication/treatment\_16 (16)  |  |  |
| Name of medication/treatment\_17 (17)  |  |  |
| Name of medication/treatment\_18 (18)  |  |  |
| Name of medication/treatment\_19 (19)  |  |  |
| Name of medication/treatment\_20 (20)  |  |  |

End of Block: Module 2 - Medication

Start of Block: Module 2 - Supportive care

Q61 ICU or high dependency unit admission

* Yes (provide date) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (2)
* Unknown (3)

Q99 Oxygen therapy

* Yes (1)
* No (2)
* Unknown (3)

Display This Question:

If Oxygen therapy = Yes

Q100 O2 flow

* 1-5 L/min (1)
* 6-10 L/min (2)
* 11-15 L/min (3)
* Unknown (4)

Display This Question:

If Oxygen therapy = Yes

Q101 FiO2 (inhaled oxygen) Interface

* Nasal prongs (1)
* HF nasal canula (2)
* Mask (3)
* Mask with reservoir (4)
* CPAP/NIV mask (5)
* Unknown (6)

Q102 Overall duration of invasive ventilation

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Q103 Non-invasive ventilation

* Yes (1)
* No (2)
* Unknown (3)

Q104 ECMO

* Yes (1)
* No (2)
* Unknown (3)

Q105 Prone position

* Yes (1)
* No (2)
* Unknown (3)

Q106 Vasopressors

* Yes (1)
* No (2)
* Unknown (3)

Q107 Renal support

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Q108 Modified Rankin Score

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Q134 Any other issue of significance to note?

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End of Block: Module 2 - Supportive care

Start of Block: Module 3 - Intro

Q122 Module 3 is to be completed on discharge/death

End of Block: Module 3 - Intro

Start of Block: Module 3 - Diagnostic testing

Q62 Diagnostic testing

* CT brain (1)
* MRI brain (2)
* MRI spine (3)
* EMG/NCS (4)
* EEG (5)
* CSF analysis (6)
* Angiogram (7)
* Other (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q120 Please provide any report or additional information regarding diagnostic testing in the box below

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Q63 HIV

* Positive (1)
* Negative (2)
* Not done (3)

Q64 Influenza

* Positive (1)
* Negative (2)
* Not done (3)

Q65 Other pathogen of public interest detected

* Yes (specify) (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No (2)

Q66 Number of days in ITU

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Q67 Number of days on ventilator

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Q68 Was a tracheostomy needed?

* Yes (1)
* No (2)

Q69 Continuous number of days in any hospital

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q70 Numbers of days in rehabilitation

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Q71 Modified Rankin Score

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Q132 Any other issue of significance to note?

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End of Block: Module 3 - Diagnostic testing

Start of Block: Module 3 - Complications

Q72 At any time did the patient experience a NEW diagnosis of:

|  |  |  |
| --- | --- | --- |
|  | Yes/No | If yes |
|  | Yes (1) | No (2) | Date (1) |
| Encephalitis (1)  |  |  |  |
| Encephalopathy or delirium (2)  |  |  |  |
| Acute Necrotizing Encephalopathy (3)  |  |  |  |
| Posterior reversible encephalopathy syndrome (PRES) (4)  |  |  |  |
| Coma not otherwise diagnosed (5)  |  |  |  |
| Meningitis (6)  |  |  |  |
| Demyelinating disease (7)  |  |  |  |
| Acute hemorrhagic necrotizing encephalopathy (8)  |  |  |  |
| Acute Disseminated Encephalomyelitis (ADEM) (9)  |  |  |  |
| Myelitis (10)  |  |  |  |
| Seizures (11)  |  |  |  |
| Stroke (ischemic) (12)  |  |  |  |
| Stroke (vasulitic) (13)  |  |  |  |
| Intracerebral haemorrhage (14)  |  |  |  |
| Sub-arachnoid haemorrhage (15)  |  |  |  |
| Venous Sinus Thrombosis (16)  |  |  |  |
| Cerebral microangiopathy (17)  |  |  |  |
| Cranial nerve Palsy (18)  |  |  |  |
| Parkinsonism (19)  |  |  |  |
| Guillain Barre Syndrome/ Miller Fisher syndrome (20)  |  |  |  |
| Neuromuscular junction disorder (21)  |  |  |  |
| Autonomic dysfucntion (22)  |  |  |  |
| Anosmia/ageusia (loss of smell or taste) (23)  |  |  |  |
| Psychosis (24)  |  |  |  |
| Depression (25)  |  |  |  |
| Catatonia (26)  |  |  |  |
| Anxiety (27)  |  |  |  |
| Dysexecutive syndrome/cognitive changes (28)  |  |  |  |
| Psychiatric diagnosis (29)  |  |  |  |
| Compression or critical illness neuropathy/myopathy (30)  |  |  |  |
| Hypoxic brain injury (31)  |  |  |  |
| Myalgia, myositis, myopathy (32)  |  |  |  |
| Neuroleptic malignant syndrome (33)  |  |  |  |

Display This Question:

If At any time did the patient experience a NEW diagnosis of: : Yes/No = Cranial nerve Palsy [ Yes ]

Q73 Cranial nerve palsy (please specify)

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Display This Question:

If At any time did the patient experience a NEW diagnosis of: : Yes/No = Dysexecutive syndrome/cognitive changes [ Yes ]

Q74 Dysexecutive syndrome/cognitive changes (please specify)

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Display This Question:

If At any time did the patient experience a NEW diagnosis of: : Yes/No = Psychiatric diagnosis [ Yes ]

Q75 Psychiatric diagnosis (please specify)

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Q133 Any other issue of significance to note?

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End of Block: Module 3 - Complications

Start of Block: nCRFf\_submit

Q136 Please complete the survey by clicking the submit button below.

End of Block: nCRFf\_submit