Form: COVID-19 Hospitalization

Question	Response
Was the participant hospitalized? If "No", end of form.	Yes ◯ No ◯
Baseline independence with activities of daily living	Requires no assistance ◯ Some assistance needed ◯ Complete assistance needed ◯
Date of admission	______________
Did the participant receive intensive care? If "No", go to "Did the participant receive supplemental oxygen?"	Yes ◯ No ◯
ICU start date	______________
Number of days in ICU	Fixed Unit: # days ______________
Did the participant receive supplemental oxygen? If "Yes", mark all that apply. If "No", go to "Did the participant experience hypotension requiring vasopressors?"	Yes ◯ No ◯
High-flow oxygen (e.g., >15L/min)	☐
Non-invasive ventilation (e.g., CPAP, BiPAP)	☐
Invasive ventilation	☐
ECMO	☐
Any other oxygen (e.g., 2L/min nasal cannula)	☐
Days of invasive ventilation (including ECMO)	Fixed Unit: # days ______________
Did the participant experience hypotension requiring vasopressors?	Yes ◯ No ◯
Did the participant experience kidney injury?	Yes ◯ No ◯
If "Yes", did the participant receive renal replacement therapy (e.g., dialysis)?	Yes ◯ No ◯
Did the participant experience thrombosis or other vascular event, including stroke?	Yes ◯ No ◯
Did the participant experience myocarditis or pericarditis?	Yes ◯ No ◯
Did the participant have pneumonia on radiologic imaging (e.g., chest x-ray or CT scan)?	Yes ◯ No ◯

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	Unknown, chest imaging not performed ☐
Was the participant enrolled in any experimental treatment trials?	Yes ☐ No ☐
If "Yes", specify treatment (max. 200 characters): Record any medications on the Concomitant Medications log.	____________
Did the participant receive any of the following medications? Complete below AND record on the Concomitant Medications log.	
Remdesivir	Yes ☐ No ☐
Chloroquine/hydroxychloroquine +/- azithromycin	Yes ☐ No ☐
Tocilizumab or other IL-6 pathway inhibitors	Yes ☐ No ☐
Anti-SARS-CoV-2 monoclonal antibody	Yes ☐ No ☐
Convalescent plasma	Yes ☐ No ☐
Corticosteroids	Yes ☐ No ☐
Off-label immunomodulatory therapy (not in the context of a clinical trial)	Yes ☐ No ☐
If "Yes", specify (max. 200 characters):	____________
Off-label antiviral therapy (not in the context of a clinical trial)	Yes ☐ No ☐
If "Yes", specify (max. 200 characters):	____________
Other COVID-19 specific therapy	Yes ☐ No ☐
If "Yes", specify (max. 200 characters):	____________
Discharge Information	
Has the participant been discharged? If "No", end of form.	Yes ☐ No ☐
Date of discharge	____________
What is the participant's vital status? If "Deceased", complete Study Termination CRF and end of form.	Alive ☐ Deceased ☐

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Question	Response
Discharge independence with activities of daily living	Requires no assistance ☐ Some assistance needed ☐ Complete assistance needed ☐
Was the participant discharged on supplemental oxygen?	Yes ☐ No ☐

This module contains Form "COVID-19 Hospitalization" (pages 4-6) from the full document "Prospective Study of Acute Immune Responses to SARS COV-2 Infection"