

# Update Patient's COVID19 status

**NOTE: BRANCHING LOGIC EXISTS IN THE QUESTIONS BELOW THAT IS NOT SHOWN IN THE LIST OF QUESTIONS BELOW(e.g. date of death is only shown if patient death is indicated).**

Is the patient receiving any care or treatment (for COVID-19 or cancer) via telemedicine?  Yes  
 No  
 Unsure

Date of clinical encounter associated with this report of the patient's COVID-19 and cancer status: \_\_\_\_\_

Patient's ECOG performance status at clinical encounter:  0 - Fully active, able to continue with all pre-disease activities without restriction.  
 1 - Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work.  
 2 - Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.  
 3 - Capable of only limited self-care. Confined to bed or chair more than 50% of waking hours.  
 4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.  
 5 - Dead

Has the patient died since the last clinical encounter?  Yes  
 No

Date of death: \_\_\_\_\_

Cause of death:  Cancer-related  
 COVID-19 or complications due to COVID-19  
 Another cause unrelated to Cancer or COVID-19  
 Unknown cause of death

## COVID-19 INFORMATION:

What is the patient's current COVID-19 status?  Symptomatic  
 Active infection but asymptomatic  
 Fully recovered with no current symptoms  
 Deceased due to COVID19 or COVID19 complication  
 Deceased due to other or unknown cause

Did the patient receive a test upon disappearance of symptoms to confirm full recovery of COVID-19?  Yes  
 No

What COVID-19 symptoms has the patient experienced?  
(check all that apply)

- Fever  
 Headache  
 Sore throat  
 Cough  
 Shortness of breath  
 Loss of taste or smell  
 Gastrointestinal symptoms  
 Vomiting  
 Other  
 None of the above (Asymptomatic)

Other COVID-19 symptoms:

\_\_\_\_\_

Has the patient developed pneumonia?

- Yes  
 No

Has the patient been hospitalized for COVID-19 or  
COVID-19 complications?

- No  
 Yes, but not in the intensive care unit  
 Yes, in the intensive care unit

Has the patient been admitted to a temporary  
hospital, such as a field hospital or other building  
converted to hospital for the COVID-19 crisis?

- Yes  
 No

Date of admission to hospital (if known):

\_\_\_\_\_

Date of admission to intensive care unit:

\_\_\_\_\_

Has the patient been discharged from the intensive  
care unit?

- Yes  
 No

Date of discharge from the ICU:

\_\_\_\_\_

Has the patient been discharged from the hospital?

- Yes  
 No

Date of discharge from hospital:

\_\_\_\_\_

### COVID-19 Treatment Approaches

Has the patient received treatment for COVID-19 as  
part of a therapeutic clinical trial?

- Yes  
 No

**What COVID-19 treatment approaches has the patient undergone?**

	yes	no	unsure or unknown
Supplemental oxygen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ventilator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-COVID-19 drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other treatment approaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What date did the patient start supplemental oxygen?

\_\_\_\_\_

Is the patient still on supplemental oxygen?

- Yes  
 No  
 Unsure

When did the patient stop using supplemental oxygen (if known)?

\_\_\_\_\_

What date did the patient start treatment with a ventilator?

\_\_\_\_\_

Is the patient still on a ventilator?

- Yes  
 No  
 Unsure

When did the patient stop using a ventilator (if known)?

\_\_\_\_\_

Which anti-COVID-19 drugs has the patient received? (check all that apply)

- ribavirin  
 remdesivir  
 lopinavir + ritonavir (kaletra)  
 avipiravir  
 hydroxychloroquine  
 chloroquine  
 tocilizumab  
 siltuximab  
 azithromycin  
 losartan  
 convalescent plasma  
 mesenchymal stem cells  
 IVIG  
 Other  
 Unknown

Other type of anti-COVID19 drugs:

\_\_\_\_\_