CONTROL COVID

CONTROL OF COVID-19 OUTBREAKS IN LONG TERM CARE

Resident ID: __ __ __R __ __ __

RESIDENT CASE REPORT FORM

1. Study drug status
   - ☐ Consented and receiving study drug
   - ☐ Consented but ineligible to receive study drug:
     - ☐ Hepatic cirrhosis
     - ☐ Drug interaction, specify _____
     - ☐ Other, specify _____
   - ☐ Consented for follow-up but declined to receive study drug
   - ☐ Declined study

2. YOB (yyyy): _____ 3. Sex: ☐Female ☐Male

4. Underlying chronic illness: check Yes or No to the following:

[_]$_Y$ Yes [_]$_N$ No Diabetes mellitus
[_]$_Y$ Yes [_]$_N$ No Underlying lung disease (e.g. asthma, COPD)
[_]$_Y$ Yes [_]$_N$ No Underlying cardiac disease
[_]$_Y$ Yes [_]$_N$ No Underlying kidney disease
[_]$_Y$ Yes [_]$_N$ No HIV infection
[_]$_Y$ Yes [_]$_N$ No Hepatic cirrhosis, any cause
[_]$_Y$ Yes [_]$_N$ No Alcoholism
[_]$_Y$ Yes [_]$_N$ No Dementia
[_]$_Y$ Yes [_]$_N$ No Previous stroke with residual deficits
[_]$_Y$ Yes [_]$_N$ No Venous thrombosis (e.g. deep vein thrombosis, pulmonary embolism)

5. Devices in use

[_]$_Y$ Yes [_]$_N$ No Urinary catheter
[_]$_Y$ Yes [_]$_N$ No Feeding tube (e.g. nasogastric tube, gastric tube)

6. Influenza vaccination (fall of 2019): [_]$_Y$ Yes [_]$_N$ No [_]$_N$ Unknown

7. Barthel index (attached) – to be asked of SDM during consent interview

8. Does resident wander?
   - [_]$_0$ Definitely not
   - [_]$_1$ At times
   - [_]$_2$ Yes, but it is not a problem
   - [_]$_3$ Yes, and it is a problem

9. Has patient had ED visits or been hospitalized in the 3 months prior to enrolment?
   - ☐ No
   - ☐ ED visit(s) only
   - ☐ At least one hospitalization

10. Care directive: ☐ no transfer to hospital ☐ transfer to hospital if required

11. Is patient a current smoker: ☐$_Y$ Yes ☐$_N$ No

12. Current medications (list – up to 15)

_____

_____

Resident ID: __ __ __R __ __ __

13. COVID-19 testing:

Specimen type	Collection Schedule	Reason for Collection*	Date collected (dd/mm/yyyy)	Result (positive/ negative)	Lab name	Lab number
NP	Day 1					
NP	Day 14					
NP	Day 40					
	Other					

*Select one of: Study swab, Clinical swab, Public Health Surveillance

14. Hospitalizations/ED visits day 0-60: ☐ No
☐ Yes

If yes, fill in a row for each hospitalization (if multiple):

Hospital name	Reason for visit/ admission	Date admitted (dd/mm/yyyy)	Date returned to LTCH (dd/mm/yyyy)
	☐ COVID-19 ☐ Other, specify:		
	☐ COVID-19 ☐ Other, specify:		
	☐ COVID-19 ☐ Other, specify:		

15. Outcome (day 60): ☐ Died, date of death (dd/mm/yyyy):_____/_____/_____
Cause of death: _____

☐ Transferred to hospital, remains hospitalized

Date of transfer (dd/mm/yyyy):____/____/_____

☐ Alive in LTCH

16. Did the resident have any adverse events (AEs)? ☐Yes, list AE codes – link to form_____
☐No

17. Medication adherence

Date/time first dose (dd/mm/yyyy/hh:hh):____/____/_____/_____

Date/time last dose (dd/mm/yyyy/hh:hh):____/____/_____/_____

Number of doses missed/refused: _____

Reason for discontinuation: ☐ End of study
☐ Adverse event, Form number: _____
☐ Died
☐ Transferred to hospital
☐ Decision to withdraw from meds/refusal to take
☐ Other, specify: _____