CONTROL COVID

CONTROL OF COVID-19 OUTBREAKS IN LONG TERM CARE

Today's Date_____ dd/mm/yyyy

Resident ID: ___ ___ ___ R ___ ___ ___ Day 14 Assessment Date_____

DAY 60 DATA EXTRACTION FOR RESIDENTS

Research staff name: _____ Date of last chart review_____
dd/mm/yy

1. Please list all new medications taken since the last assessment:

_____

_____

2. Have any adverse events been recorded since the last assessment?

Line-List	**Chart Review** Consistent with line-list: ☐ Yes ☐ No *If no, record answer to question 5, as per chart review:*	**Resolution** *If discrepancy between line-list and chart review, record the resolved answer to question 5:*
☐Yes ☐No *If yes*, please describe:_____	☐Yes ☐No *If yes*, please describe:_____	☐Yes ☐No *If yes*, please describe:_____

(*For adverse events, fill out adverse event form and indicate form number:_____)*

3. Has the resident been assessed by the LTCH physician since the last assessment?
   ☐Yes ☐No
   If yes, specify date of assessment (dd/mm/yyyy): ____ / ____ /____
   Specify reason/outcome of assessment:_____
   (*If this is an adverse event, fill out adverse event form and indicate form number:_____)*

4. Has the resident undergone bloodwork at the LTCH since the last assessment?
   ☐Yes ☐No
   If yes, specify date of bloodwork (dd/mm/yyyy): ____ / ____ /_____
   Specify reason:_____
   Specify test (and result):_____
   (*If this is an adverse event, fill out adverse event form and indicate form number:_____)*

5. Has the resident developed any other new medical problems since the last assessment?
   ☐Yes ☐No
   If yes, specify date of identification (dd/mm/yyyy): ____ / ____ /_____

Today's Date_____ dd/mm/yyyy

Resident ID: ___ ___ ___ R ___ ___ ___ Day 14 Assessment Date_____

Specify medical problem:_____
(*If this is an adverse event, fill out adverse event form and indicate form number:_____)*

6. Has the resident been transferred to acute care facility/hospital since the last assessment?

Line-List	**Chart Review** Consistent with line-list: ☐ Yes ☐ No *If no, record answer to question 9, as per chart review:*	**Resolution** *If discrepancy between line-list and chart review, record the resolved answer to question 9:*
☐Yes ☐No *If yes*, specify date of transfer (dd/mm/yyyy): ____ / ____ /_____ Specify reason for transfer:_____	☐Yes ☐No *If yes*, specify date of transfer (dd/mm/yyyy): ____ / ____ / ____ Specify reason for transfer:_____	☐Yes ☐No *If yes*, specify date of transfer (dd/mm/yyyy): ____ / ____ /____ Specify reason for transfer:_____

(*If this is an adverse event, fill out adverse event form and indicate form number:_____)*

7. Has the resident died?

Line-List	**Chart Review** Consistent with line-list: ☐ Yes ☐ No *If no, record answer to question 10, as per chart review:*	**Resolution** *If discrepancy between line-list and chart review, record the resolved answer to question 10:*
☐Yes ☐No *If yes*, specify date of death (dd/mm/yyyy): ____ / ____ /_____ Specify cause of death: _____	☐Yes ☐No *If yes*, specify date of death (dd/mm/yyyy): ____ / ____ /____ Specify cause of death: _____	☐Yes ☐No *If yes*, specify date of death (dd/mm/yyyy): ____ / ____ /____ Specify cause of death: _____

(*If this is an adverse event, fill out adverse event form with participant and indicate form number:_____)*