***SPRINT*-SARI**

 **Participant Checklist**

 *Patient Label here*

**Participant Identification #:** [ ] [ ] [ ] -[ ][ ] [ ][ ]

**Enrolment date:** [ ] [ ]/[ ][ ] /[2][0][1][ ]

**SPRINT-SARI INCLUSION CRITERIA**

**Tier 0 – RAPID CRF**

|  |  |
| --- | --- |
|  Section 1: Site Information  |  |
|  Section 2: Demographics  |  |
| Section 3: Onset & Admission  |  |
| Section 4: Intensive Care OR High Dependency Unit  |  |
|  Section 5: Infectious Respiratory Diagnosis  |  |
|  Section 6: Outcome (Censored at hospital discharge or 60 days) |  |

**Electronic Case Record Form Completed**

 

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**SPRINT-SARI INCLUSION CRITERIA**

**Tier 1 – CORE & DAILY CRF** (day 1 of hospital and ICU/HDU admission)

|  |
| --- |
| **CORE CRF** |
| Section 1: Demographics  |   |
|  Section 2: Co-Morbidities & Risk Factors |  |
| Section 3: Signs and Symptoms at Hospital Admission  |  |
| Section 4: Complications  |  |
|  Section 5: Pathogen Testing  |  |
| Section 6: Treatment (At ANY time during hospitalisation) |  |
| Section 7: Medication (While hospitalised or at discharge) |  |
| Section 6: Outcome (Censored at hospital discharge or 60 days) |  |
| **SUPPLEMENTARY to CORE** |
| CORE Section 1: Travel Extra Space  |   |
| CORE Section 1: Animal Exposure Extra Space  |  |
| CORE Section 2: Admission Immunosuppressant Extra Space  |  |
| CORE Section 2: Admission Anti-Infectives Extra Space  |  |
| CORE: Additional Information Extra Space  |  |
| CORE Section 5: Pathogen Testing Extra Space  |  |
| CORE Section 7: Medication: Anti-infectives & Corticosteroids Extra Space  |  |
| **DAILY CRF** Day 1 of hospital admission |
| Section 1: Date of Assessment  |  |
|  Section 2: Daily Treatment  |  |
| Section 3: Daily Laboratory Results  |  |
| Section 4: Chest X-Ray  |  |
| **DAILY CRF** Day 1 of ICU/HDU admission(If no ICU/HDU admission OR ICU/HDU admission is the same day as day 1 hospital admission skip this CRF) |
| Section 1: Date of Assessment  |  |
|  Section 2: Daily Treatment  |  |
| Section 3: Daily Laboratory Results  |  |
| Section 4: Chest X-Ray  |  |

**Electronic Case Record Form Completed**

 

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**SPRINT-SARI INCLUSION CRITERIA**

**Tier 2 CORE & DAILY CRF** (day 1 & 2 of hospital and ICU/HDU admission)

|  |
| --- |
| **CORE CRF** |
| Section 1: Demographics  |   |
|  Section 2: Co-Morbidities & Risk Factors |  |
| Section 3: Signs and Symptoms at Hospital Admission  |  |
| Section 4: Complications  |  |
|  Section 5: Pathogen Testing  |  |
| Section 6: Treatment (At ANY time during hospitalisation) |  |
| Section 7: Medication (While hospitalised or at discharge) |  |
| Section 6: Outcome (Censored at hospital discharge or 60 days) |  |
| **SUPPLEMENTARY to CORE** |
| CORE Section 1: Travel Extra Space  |   |
| CORE Section 1: Animal Exposure Extra Space  |  |
| CORE Section 2: Admission Immunosuppressant Extra Space  |  |
| CORE Section 2: Admission Anti-Infectives Extra Space  |  |
| CORE: Additional Information Extra Space  |  |
| CORE Section 5: Pathogen Testing Extra Space  |  |
| CORE Section 7: Medication: Anti-infectives & Corticosteroids Extra Space  |  |
| **DAILY CRF** Day 1 of hospital admission |
| Section 1: Date of Assessment  |  |
|  Section 2: Daily Treatment  |  |
| Section 3: Daily Laboratory Results  |  |
| Section 4: Chest X-Ray  |  |
| **DAILY CRF**Day 2 of hospital admission |
| Section 1: Date of Assessment  |  |
|  Section 2: Daily Treatment  |  |
| Section 3: Daily Laboratory Results  |  |
| Section 4: Chest X-Ray  |  |
| **DAILY CRF** Day 1 of ICU/HDU admission(If no ICU/HDU admission OR ICU/HDU admission is the same day as day 1 hospital admission skip this CRF) |
| Section 1: Date of Assessment  |  |
|  Section 2: Daily Treatment  |  |
| Section 3: Daily Laboratory Results  |  |
| Section 4: Chest X-Ray  |  |
| **DAILY CRF** Day 2 of ICU/HDU admission(If no ICU/HDU admission OR ICU/HDU admission is the same day as day 1 or 2 hospital admission skip this CRF) |
| Section 1: Date of Assessment  |  |
|  Section 2: Daily Treatment  |  |
| Section 3: Daily Laboratory Results  |  |
| Section 4: Chest X-Ray  |  |

**Electronic Case Record Form Completed**

 

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**Enrolment date:** [ ] [ ]/[ ][ ] /[2][0][1][ ]

**Tier 3 Additional Epidemiological Investigation CRF**

|  |  |
| --- | --- |
| Section 1: Exposure in the Previous 14 Days  |  |
|  Section 2: Living Arrangement  |  |
| Section 3: Occupation |  |
| Section 4: Vaccination History  |  |

**Electronic Case Record Form Completed**