

**Tier 1 – Core & Daily CRF Data Entry Checklist**

**Complete DAILY form on first day of hospital admission & ICU admission**

**Complete ALL sections on data entry completion**

**Participant ID: - |\_\_|\_\_|\_\_| - |\_\_||\_\_||\_\_||\_\_|**

**Enrolment date: |\_\_||\_\_| |\_\_||\_\_| |2||0||1||\_\_|**

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| **Sprint- SARI Inclusion criteria** | **√ on entry** | **Initials** | **Date** |
| Demographics |  |  |  |
| Co-morbidities & Risk factors |  |  |  |
| Signs and symptoms at hospital admission |  |  |  |
| Complications |  |  |  |
| Pathogen testing |  |  |  |
| Treatment |  |  |  |
| Medication |  |  |  |
| Outcome |  |  |  |
| Daily treatment |  |  |  |
| Daily Lab results |  |  |  |
| Chest Xray |  |  |  |