

Global COVID-19 Clinical Platform

Case Report Form (CRF) for Post COVID condition (Post COVID-19 CRF)

The WHO has established a Global Clinical Data Platform¹ of COVID-19 and invites all Member States and health facilities to report anonymised patient-level clinical information to the WHO platform using standardized Case Report Form (CRF):

- *Core CRF* captures clinical information of individuals hospitalized for COVID-19
- *Core-P CRF* has information of pregnant women hospitalized for COVID-19
- *MIS-CRF* has information related to multisystemic inflammatory syndrome in children and adolescents temporally related to COVID-19
- *Post COVID-19 CRF*, designed to build upon the Core CRF and assess the medium- and long-term sequelae of COVID-19

The Post COVID-19 CRF includes 3 modules:

Module 1 includes background demographic and clinical information of the acute episode of COVID-19.

Module 2 includes questions to help identifying patients who require further clinical evaluation.

Module 3 includes medical assessment and results of examinations, tests, or diagnosis made during the follow up visit. Based on results, patients should be referred for clinical care, or rehabilitation as per national protocols.

The Post COVID-19 CRF is intended to serve as: (i) A clinical tool that can be used by Member States to document the mid- and long-term sequelae of COVID-19. Uniformity in the follow up of patients could ensure that mid- and long-term clinical and rehabilitation needs are identified, and patients are provided the care they need; (ii) WHO is not necessarily recommending the comprehensive testing described in the CRF for all individuals; clinician judgement is required to select the test needed for clinical care. This CRF is a tool for gathering standardized information regarding the post COVID-19 condition through the WHO Clinical Data Platform. Such data collation and its analysis would improve national and global knowledge of the consequences of COVID-19, inform further public health responses and prepare for large investigational studies.

Criteria for completion of Post COVID-19 CRF: Variables' dictionary available on WHO website¹ support data entry. The CRF can be administered either as part of routine follow up or at a specific time point to any patient in the post-acute phase of COVID-19, regardless of hospitalization. While it is suggested to prioritize the completion of the CRF for patients *who were hospitalized for a severe or critical* episode of COVID-19, the CRF should be administered, where possible, also to patients who suffered from COVID-19, including those with mild or moderate illness, and who *received care either at home or in a hospital setting*.

Time-points for administration: The form can be completed any time during follow up after an acute episode of COVID-19. However, to support standardization and data comparability, it should preferably be completed 4 to 8 weeks and 6 months and 6 months after hospital discharge from the acute ward or after acute illness for individuals who have not been hospitalized. In case of persistent symptoms/signs after hospital discharge or after acute illness, it is recommended to complete the CRF at 3-month intervals, for as long as needed, or at 6 months interval, if no symptoms persist (see figure below).

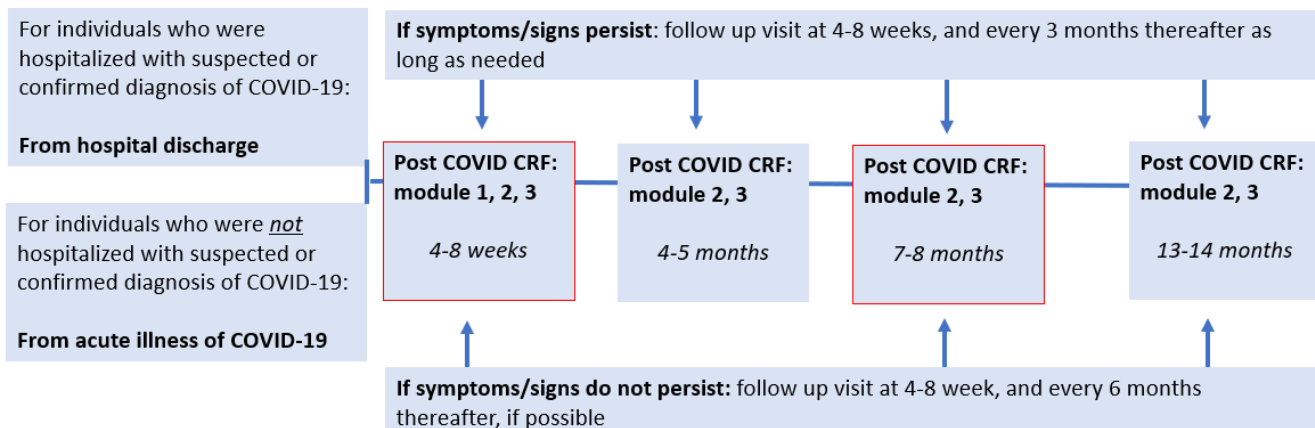
Mode of administration:

Module 1-2: face-to-face administration and completion by a health care worker is preferred. However, when this is not possible, the form can be either self-administered, or completed remotely (online or through telephone) by the caregiver. For children, the form should be completed by the primary caregiver (preferred) or by the legal guardian.

Module 3: face-to-face administration and completion by a health care worker.

Module 1 needs to be completed only once during the first follow up visit, while Modules 2 and 3 should be completed at every follow up visit.

General guidance: Please contact COVID_ClinPlatform@who.int if you need assistance with data entry, if you have any query on the CRF, and to let us know that you are using the forms.



¹ <https://www.who.int/teams/health-care-readiness-clinical-unit/covid-19/data-platform>

1.4 Diagnosis of acute illness of COVID-19 (first episode, in case of re-infection)

 Date of onset of symptoms of **acute** COVID-19: [D][D]/[M][M]/[Y][Y][Y][Y];

 Did the participant receive a **diagnosis** of COVID-19 by a health care worker during the **acute illness**?

 Yes No Unknown;

 Did the participant have a **diagnostic test**? Yes No Unknown;

If yes, complete the 3 questions below:

 Did the participant have a **PCR test** during the acute illness?

 Yes, positive Yes, negative Not performed Unknown;

If positive, date of positive PCR test: [D][D]/[M][M]/[Y][Y][Y][Y]

 Did the participant have an **antigen test** (rapid test) during acute illness?

 Yes, positive Yes, negative Not performed Unknown;

If positive, date of positive antigen test: [D][D]/[M][M]/[Y][Y][Y][Y]

 Did the participant have an **antibody test** during/after the acute illness?

 Yes, positive Yes, negative Not performed Unknown;

If positive, date of positive antibody test: [D][D]/[M][M]/[Y][Y][Y][Y]

 Please grade the **severity of acute illness** of COVID-19 based on WHO criteria described in the table below.

 Please tick the classification that applies: Mild Moderate Severe Critical Unknown

WHO Clinical Classification	Based on available clinical records	Based on self-report, if clinical records are not available
Mild	No hypoxia or pneumonia	Did not receive oxygen
Moderate	Clinical signs of non-severe pneumonia <i>AND</i> SpO ₂ > 90% on room air	
Severe	Adults/adolescents: Clinical signs of severe pneumonia <i>AND</i> SpO ₂ < 90% on room air; <i>OR</i> RR > 30 breaths/min Children: Clinical signs of severe pneumonia <i>AND at least one of the following:</i> central cyanosis; <i>OR</i> SpO ₂ < 90%; <i>OR</i> severe respiratory distress (e.g. fast breathing, grunting, very severe chest indrawing); <i>OR</i> general danger sign(s) (inability to breastfeed or drink, lethargy or unconsciousness, convulsions)	Received oxygen (or told you they needed it, but it was not available)
Critical	ARDS; <i>OR</i> sepsis/septic shock; <i>OR</i> pulmonary embolism, acute coronary syndrome, acute stroke; <i>OR</i> Multi-Inflammatory Syndrome in Children and adolescents temporally related to COVID-19	Received invasive ventilation (or max available respiratory support)

1.5 Clinical management while unwell during the acute COVID-19 episode
Highest level of care received during the acute episode? Admitted to the hospital Self-care/Over-the-counter Treated at home/Telemedicine Outpatient Unknown;

If admitted to the hospital:

Date of hospital admission: [D][D]/[M][M]/[Y][Y][Y][Y];

Date of hospital discharge: [D][D]/[M][M]/[Y][Y][Y][Y];

Duration of hospital stay (total) during acute episode of COVID-19: | | | days;

 Was the participant admitted to Intensive Care Unit or lower dependency unit? Yes No Unknown;

Did the participant receive oxygen therapy during the acute illness? Yes No Unknown

 If yes, did the participant receive invasive ventilation (a machine that breaths for you)? Yes No Unknown

 If yes, did the participant receive non-invasive ventilation (e.g. mask providing pressurized air and oxygen to help you breathing)? Yes No Unknown;

Treatment: Did the participant receive **treatment for COVID-19**? Yes No;

If yes, complete section below:

Antibiotic received? Yes No Unknown;

 If yes, specify: Macrolides (e.g. Azithromycin, clarithromycin) Fluoroquinolones (e.g. ciprofloxacin, levofloxacin) 3rd and 4th generation Cephalosporins (e.g. ceftriaxone, cefotaxime, ceftazidime, cefepime)

 Carbapenems (e.g. imipenem, meropenem) Piperacillin + Tazobactam Amoxicillin-clavulanate

 Cotrimoxazole Other antibiotics _____;

Duration of antibiotics therapy (days): [][]

Antithrombotic/anticoagulation drugs received? Yes No Unknown;

 If yes specify: Unfractionated heparin Low molecular weight heparin Warfarin Direct oral anticoagulant

 Other _____; Dose: Preventive dose Therapeutic dose

Antiviral drugs received? Yes No Unknown;

 If yes, specify: Lopinavir/Ritonavir Darunavir +/- cobicistat Remdesivir Favipiravir Acyclovir/Ganciclovir

 Oseltamivir Other _____;

1.5 Clinical management while unwell during the acute COVID-19 episode continuation**Blood-derived products received?** Yes No Unknown;If yes, specify: IV immune globulin Convalescent plasma Other _____;**Chloroquine/hydroxychloroquine received?** Yes No Unknown;If Yes, purpose: malaria prophylaxis COVID-19 prophylaxis; COVID-19 treatment**Experimental agents:**Ivermectin received? Yes No UnknownInterferon received? Yes No UnknownEculizumab received? Yes No UnknownPytotherapy received? Yes No UnknownIL-1 Antagonists received? Yes No Unknown;If Yes, specify: Anakinra Canakinumab; Other IL-1 antagonist;IL-6 Antagonists received? Yes No Unknown;If Yes, specify: Siltuximab Sarilumab Tocilizumab Other IL-6 antagonist;Kinase Inhibitors received? Yes No Unknown;If Yes, specify: Acalabrutinib Ibrutinib Zanubrutinib Baricitinib Ruxolitinib Tofacitinib Ruxolitinib; Other Kinase inhibitors;Neutralizing monoclonal antibodies received? Yes No Unknown; If Yes, specify: _____;Other agents: Yes No Unknown; If Yes, specify: _____;**Steroids received?** Yes No Unknown;If yes specify: Dexamethasone Hydrocortisone Prednisone Methylprednisolone Other _____Duration of steroid therapy (days): [] [] Dose: _____ Route: Oral Intravenous Inhaled



PARTICIPANT ID² |__| |__| |__| |__| |__| |__| - |__| |__| |__| |__| |__|

Module 2. Follow up interview

This module is completed by patient caregiver (in case of children) health care worker

Date of follow up interview: [D][D]/[M][M]/[Y][Y][Y][Y]

Country _____ City: _____ Facility name (if applies) _____

2.1 Hospital admission after the acute illness of COVID-19

Was the participant **admitted to the hospital** for a possible **complication** of COVID-19 **after the acute illness**?

Yes No Unknown; If yes, date of (re)admission [D][D]/[M][M]/[Y][Y][Y][Y] and please specify type of complication in section 3.5

2.2 Reinfection

Did the participant experience a second episode/reinfection with SARS-CoV-2? Yes No Unknown

If yes, date of **second positive PCR:** [D][D]/[M][M]/[Y][Y][Y][Y]

What is the highest level of care received during the second episode? Admitted to the hospital Self-care/Over-the-counter Outpatient/Telemedicine Community facility Unknown

2.3 Vaccination status for Covid-19

Did the patient receive a Covid-19 vaccine? Yes No Unknown

If yes, number of doses received: 1 2 Unknown

Product name of COVID-19 vaccine dose 1:

Moderna Pfizer-BioNTech AstraZeneca Janssen Novavax Other Unknown;

Date of vaccine dose 1: [D][D]/[M][M]/[Y][Y][Y][Y]

Product name of COVID-19 vaccine dose 2:

Moderna Pfizer-BioNTech AstraZeneca Janssen Novavax Other Unknown;

Date of vaccine dose 2: [D][D]/[M][M]/[Y][Y][Y][Y]

Source of information: Documented Evidence (Vaccine card/Vaccine Passport/Facility based record/other); Recall

2.4 Occupational status

Is there a change in the duration (hours) of working or schooling as compared to before acute illness of COVID-19?

Yes No Unknown;

If yes, specify: Working/schooling time increased Working/schooling time decreased Stopped working or schooling since COVID-19 Unknown;

If less or not working or schooling, what is the reason? Poor health New caring responsibility Work or school less or not available due to COVID-19 restrictions Other Prefer not to say Unknown

2.5 Functioning (do not need complete this section for children <15yrs)

Ability to self-care: Same as before COVID-19 Worse Better Unknown

Think back over the past 7 days.

How much difficulty has the participant had with the following:

Score:
 0 No Difficulty
 1 Mild Difficulty
 2 Moderate Difficulty
 3 Severe Difficulty
 4 Extreme Difficulty or Cannot do

Compared to before COVID-19, are you better/worse/same?

Better	Worse	Same
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Standing for long periods such as 30 minutes?			
Taking care of your household responsibilities?			
Learning a new task, e.g. learning how to get to a new place?			
Joining in community activities (e.g. festivities, religious, other)?			
Being emotionally affected by your health problems?			
Concentrating on doing something for ten minutes?			
Walking a long distance such as a kilometre (or equivalent)?			
Washing your whole body?			
Getting dressed?			
Dealing with people you do not know?			
Maintaining a friendship?			
Your day-to-day work/school?			
TOTAL score			

If other scales were used: Name of the scale: _____ Score [] []/[] [] []

² **Participant ID:** obtain the 4-digit **site code** by contacting COVID_ClinPlatform@who.int. Enter a 5-digit **patient number** (e.g. 00001, 00002, etc) and record the information in a logbook

2.6 Incidence of symptoms after acute illness of COVID-19

Did the participant experience any of the following symptoms after the acute illness of COVID-19/ since hospital discharge for COVID-19, that were **not experienced** before the acute episode of COVID-19? Yes No Unknown;
If **yes**, please respond to questions below:

- Anxiety:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Behaviour change:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Can't move and/or feel one side of body or face:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Chest pain:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Constipation:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Depressed mood:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Diarrhoea:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Dysmenorrhea** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Dizziness/light headedness:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Fainting/blackouts:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Fever:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Forgetfulness:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Jerking of limbs:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Joint pain/swelling:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Loss of appetite:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Loss of interest/pleasure:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Lumpy lesions: (purple/pink/bluish) on toes/COVID toes:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Nausea/vomiting:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Numbness or tingling:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Pain on breathing:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Palpitations:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Persistent dry cough:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Persistent fatigue:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Problems hearing:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Persistent headache:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Persistent muscle pain:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Post-exertional malaise:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Problems passing urine:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Problems seeing:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Problem swallowing:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Problems with balance:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Problems with gait/falls:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Reduced smell:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Reduced taste:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Ringing in ears:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Seizures:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Shortness of breath:** Yes, but not present anymore Yes, still present;
- If yes: Present At rest With activity; Yes, intermittent No Unknown;
- Skin rash:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- If yes, please tick all areas of the body that apply: Face Trunk (stomach or back) Arms Legs Buttocks Toes Fingers;
- Slowness of movement:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Sleeping less:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Sleeping more:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Stiffness of muscles:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Stomach pain:** Yes, but not present anymore Yes still present Yes, intermittent No Unknown;
- Swollen ankles:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Tremors:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Trouble in concentrating:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Weakness in limbs:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Weight loss:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- The following questions should not be completed for children <15yrs:*
- Erectile dysfunction:** Yes, but not present anymore Yes, still present Yes, intermittent No Unknown;
- Hallucinations** (seeing or hearing things others don't see or hear): Yes, but not present anymore Yes, still present Yes, intermittent No Unknown

