

COVID-19 Data Collection Tool

SECTION 1: BASELINE DATA

Demographics

Study ID#: _____ Date: DD/MM/YYYY

Date of Birth: DD/MM/YYYY Age: _____ (years) Gender: ☐ Male ☐ Female

County: ☐ Victoria ☐ St. Patrick ☐ Caroni South

Street Address: _____ Town: _____

Tel. No.: _____ Occupation: _____

Organization: _____ ☐ NA

Health Care Worker: ☐ Yes ☐ No

Source of Referral: ☐ MOH ☐ PHC ☐ ED ☐ Contact Tracing

Co-morbidities: ☐ None ☐ Asthma ☐ COPD ☐ Diabetes- type 2 ☐ Hypertension

☐ Ischaemic Heart Disease ☐ Immunodeficiency ☐ Malignancy

☐ Cerebrovascular Disease ☐ Chronic Kidney Disease ☐ Other _____

Smoking: ☐ Current smoker ☐ Ex-smoker ☐ Non-smoker **Pregnant:** ☐ Yes ☐ No ☐ NA

Signs/Symptoms: ☐ Fever ☐ Cough ☐ Runny Nose ☐ Sore Throat ☐ Shortness of Breath

☐ Body pains (Myalgia) ☐ Arthralgia ☐ Ageusia (loss of taste) ☐ Anosmia (loss of smell)

☐ Other _____

Date of Onset of Symptoms: DD/MM/YYYY ☐ Not Applicable

Number of days with symptoms: _____

Developed SARI symptoms: ☐ Yes ☐ No

Travel History: ☐ Yes ☐ No

Contact History: Contact: ☐ Yes ☐ No Primary Contact: ☐ Yes ☐ No

Secondary Contact: ☐ Yes ☐ No Tertiary Contact: ☐ Yes ☐ No

Epidemiologically Linked: ☐ Yes ☐ No

Quarantine: ☐ Yes ☐ No

Home Quarantine: ☐ Yes ☐ No State Quarantine: ☐ Yes ☐ No

Swabbed: ☐ Yes ☐ No

Location of Swab procedure: _____ ☐ NA

Swab Date: DD/MM/YYYY ☐ Not Applicable

Swab Results: ☐ Positive ☐ Negative ☐ Pending ☐ Rejected ☐ Not swabbed

Date Results Received: DD/MM/YYYY

Referral: Referred to SFGH: ☐ Yes ☐ No

Referred to Caura/Couva: ☐ Yes ☐ No

Home quarantined requiring transfer to facility: ☐ Yes ☐ No

Hospitalized: ☐ Yes ☐ No Length of hospital stay (days): _____ ☐ NA

Admitted to HDU: ☐ Yes ☐ No Length of HDU stay (days): _____ ☐ NA

Admitted to ICU: ☐ Yes ☐ No Length of ICU stay (days): _____ ☐ NA

Ventilated: ☐ Yes ☐ No

Mild Illness: ☐ Yes ☐ No

Moderate/Severe Illness: ☐ Yes ☐ No

Vaccinated: ☐ Yes ☐ No

Type of vaccine: _____ ☐ NA

Date of first dose: DD/MM/YYYY ☐ NA Date of second dose: DD/MM/YYYY ☐ NA

Outcome: ☐ Ongoing ☐ Warded ☐ Discharged ☐ Died ☐ County /RHA Transfer ☐ Unaccounted

ONE-YEAR FOLLOW-UP:

Time period, baseline to follow-up: _____ months

SECTION 2: Symptom Questionnaire:

1. Do you have any obvious discomfort since you were discharged from hospital?

If yes, please specify _____

2. How would you comment on your current health status?

- ☐ Same as prior to COVID-19
- ☐ Often feel fatigue, and easier to get tired after activity now than prior to COVID-19
- ☐ Better health condition than prior to COVID-19

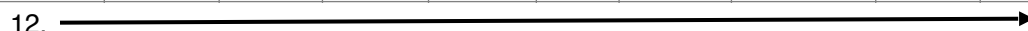
3. Have you experienced any of the following pain symptoms that appeared post COVID-19 and are persistent?

☐ No ☐ Headache ☐ Myalgia ☐ Chest pain ☐ Joint pain

(if yes, please fill in the table below)

☐ Any other if yes, please specify _____

Joints	Hand	Foot	Wrist	Ankle	Jaw	Elbow	Shoulder	Neck	Hip	Knee
Tenderness										
Swollen										
Numerical pain scale (0-10)										

12.  10
No pain Intolerable pain

4. Do you have any of the following symptoms that are newly onset post COVID-19 and persistent?

☐ No ☐ Sore throat ☐ Difficult to swallow

5. Do you have any of the following symptoms that are newly onset post COVID-19 and persistent?

☐ No ☐ Low grade fever (37.3-38.0°C) ☐ Palpitations ☐ Dizziness ☐ Nasal congestion

☐ Skin rash

6. Are you more prone to suffer from the following symptoms after discharge?

☐ No ☐ Diarrhea ☐ Nausea ☐ Vomiting

7. How do you feel about your sense of smell compared with the status prior to COVID-19?

☐ Same as before ☐ Worse than before ☐ Better than before ☐ Total loss

8. How do you feel about your sense of taste compared with the status prior to COVID-19?

☐ Same as before ☐ Worse than before ☐ Better than before ☐ Total loss

9. How do you feel about your appetite compared with the status prior to COVID-19?

☐ Same as before ☐ Worse than before ☐ Better than before

10. What do you think about your sleeping compared with the status prior to COVID-19?

☐ Same as before ☐ Worse than before ☐ Better than before

11. How do you feel about your muscle strength compared with the status prior to COVID-19?

☐ Same as before ☐ Worse than before ☐ Better than before

10. Have you experienced hair loss now compared with the status prior to COVID-19?

☐ No hair loss before or after COVID-19 ☐ Hair loss is same as before

☐ Lose more hair than before ☐ Lose less hair than before

Reference: Huang C, Huang C, Huang L, Wang Y, Li X, Ren L, Gu X, et al. 6-month consequences of COVID-19 in patients discharged from hospital: a cohort study. Lancet [Internet]. 2021;397(10270):220–32. Available from: [http://dx.doi.org/10.1016/S0140-6736\(20\)32656-8](http://dx.doi.org/10.1016/S0140-6736(20)32656-8). Accessed on March 16, 2021. (Article retracted).

SECTION 3: Modified Medical Research Council (mMRC) dyspnea scale.

Grade	Description of Breathlessness
0	I only get breathless with strenuous exercise
1	I get short of breath when hurrying on level ground or walking up a slight hill
2	On level ground, I walk slower than people of the same age because of breathlessness or have to stop for breath when walking at my own pace
3	I stop for breath after walking about 100 yards or after a few minutes on level ground
4	I am too breathless to leave the house, or I am breathless when dressing

mMRC score: ☐ 0 ☐ ≥ 1

Reference: Fletcher CM, Elmes PC, Fairbairn AS, Wood CH. Significance of Respiratory Symptoms and the Diagnosis of Chronic Bronchitis in a Working Population. BMJ [Internet]. 1959 Aug 29;2(5147):257–66. Available from: <https://www.bmj.com/lookup/doi/10.1136/bmj.2.5147.257>

SECTION 4a: Health-related Quality of life

EQ-5D-5L descriptive system

Under each heading, please tick the ONE box that best describes your health TODAY

Mobility:

- ☐ I have no problems in walking about
- ☐ I have slight problems in walking about
- ☐ I have moderate problems in walking about
- ☐ I have severe problems with walking around
- ☐ I am unable to walk around

Self-Care:

- ☐ I have no problems washing or dressing myself
- ☐ I have slight problems washing or dressing myself
- ☐ I have moderate problems washing or dressing myself
- ☐ I have severe problems washing or dressing myself
- ☐ I am unable to wash or dress myself

Usual activities (e.g. work, study, housework, family or leisure activities):

- ☐ I have no problems doing my usual activities
- ☐ I have slight problems doing my usual activities
- ☐ I have moderate problems doing my usual activities
- ☐ I have severe problems doing my usual activities
- ☐ I am unable to do my usual activities

Pain/Discomfort:

- ☐ I have no pain or discomfort
- ☐ I have slight pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have severe pain or discomfort
- ☐ I have extreme pain or discomfort

Anxiety/Depression:

- ☐ I am not anxious or depressed
- ☐ I am slightly anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am severely anxious or depressed
- ☐ I am extremely anxious or depressed

Reference: Feng et al. Health and Quality of Life Outcomes. 2015; 13:171.

SECTION 4b: EUROQoL VISUAL ANALOG SCALE:

We would like to know how good or bad your health is TODAY.

This scale is numbered from 0 to 100.

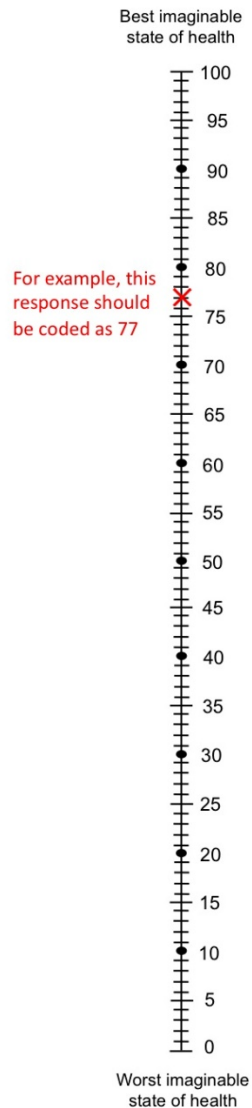
100 means the best health you can imagine.
0 means the worst health you can imagine.

Mark an X on the scale to indicate how your health is TODAY.

Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

77



Reference: Feng et al. Health and Quality of Life Outcomes. 2015; 13:171.

SECTION 5: PATIENT HEALTH QUESTIONNAIRE-2 (PHQ-2)

The PHQ-2 inquires about the frequency of depressed mood and anhedonia over the past two weeks. The PHQ-2 includes the first two items of the PHQ-9.

- The purpose of the PHQ-2 is to screen for depression in a “first-step” approach.
- Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

Over the last two (2) weeks, how often have you been bothered by any of the following problems?

PHQ-2	Not at all	Several days	More than half the	Nearly every day
1.Little interest or pleasure in doing things	0	1	2	3
2.Feeling down, depressed, or hopeless	0	1	2	3

PHQ-2 score obtained by adding score for each question (total points).

Interpretation:

- A PHQ-2 score ranges from 0-6. The authors identified a score of 3 as the optimal cut-point when using the PHQ-2 to screen for depression.
- If the score is 3 or greater, major depressive disorder is likely.
- Patients who screen positive should be further evaluated with the PHQ-9 other diagnostic instruments, or direct interview to determine whether they meet criteria for a depressive disorder.

Reference: Kroenke K, Spitzer RL, Williams JBW. The Patient Health Questionnaire-2: validity of a Two-Item depression screener. Med Care [Internet]. 2003 Nov; 41(11):1284–92.

SECTION 6: GENERALIZED ANXIETY DISORDER QUESTIONNAIRE-2-item (GAD-2)

The Generalized Anxiety Disorder 2-item (GAD-2) is a very brief and easy-to-perform initial screening tool for generalized anxiety disorder.

Over the last two (2) weeks, how often have you been bothered by any of the following problems?

GAD-7	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control	0	1	2	3

GAD-2 score obtained by adding the score for each question (total points)

Interpretation: A score of 3 points is the preferred cut-off for identifying possible cases in which further diagnostic evaluation for generalized anxiety disorder is warranted. Using a cut-off of 3 the GAD-2 has a sensitivity of 86% and specificity of 83% for diagnosis of generalized anxiety disorder.

Reference: Kroenke K, Spitzer RL, Williams JBW, Monahan PO, Löwe B. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. Ann Intern Med [Internet]. 2007 Mar 6;146(5):317–25.

SECTION 7: PATIENT HEALTH QUESTIONNAIRE-4 (PHQ-4)

Over the last two (2) weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Feeling down, depressed, or hopeless	0	1	2	3
4. Little interest or pleasure in doing things	0	1	2	3

Total score is determined by adding together the scores of each of the 4 items.

Interpretation:

- Scores are rated as normal (0-2), mild (3-5), moderate (6-8) and severe (9-12).
- Total score ≥ 3 for the first 2 questions suggests anxiety.
- Total score ≥ 3 for the last 2 questions suggests depression.

Reference: Kroenke K, Spitzer RL, Williams JB, Lowe B. An ultra-brief screening scale for anxiety and depression: the PHQ-4. Psychosomatics [Internet]. 2009; 50 (6): 613-21.