COVID Treatment

ERROR! You must complete the enrollment form and the visit form before you can start this form.

Error: this participant has not had COVID. This instrument should not be collected. Please choose to cancel the instrument; do not save it.

Date of COVID Treatment form collection:

_____

Check this box if the coordinator is entering data: ☐ Coordinator data entry

Some people may have had COVID more than once. Please answer the following questions based on the first time you got COVID, around [visit_indexdt].

What kind of medical care did you get the first time you had COVID? Check all that apply.

☐ I had no symptoms
☐ I managed my symptoms at home by myself
☐ I managed my symptoms at home and saw a doctor about it (in person or by telehealth)
☐ I visited the emergency department
☐ I was admitted to the hospital
☐ I don't remember
☐ Prefer not to answer

Were you treated with any of the following during your first COVID illness?

	Yes	No	I don't know	I prefer not to answer
Nasal cannula (tube in nose) for oxygen	○	○	○	○
Treatment with steroids (e.g. dexamethasone, solumedrol, prednisone)	○	○	○	○
Treatment with hydroxychloroquine	○	○	○	○
Treatment with monoclonal antibody	○	○	○	○
Treatment with remdesivir	○	○	○	○
Treatment with other antiviral drug (e.g. lopinavir, ritonavir, molnupiravir, etc.)	○	○	○	○
Treatment with convalescent plasma	○	○	○	○

Treatment with anticoagulation (e.g. aspirin, heparin, warfarin (Coumadin), enoxaparin (Lovenox), apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa), etc.)	◯	◯	◯	◯
Treatment with antibiotics (e.g. azithromycin (Z-pack, Zithromax), levofloxacin (Levoquin), amoxicillin/clavulonic acid (Augmentin), etc.)	◯	◯	◯	◯
Treatment with ivermectin	◯	◯	◯	◯
Treatment with fluvoxamine (Luvox)	◯	◯	◯	◯
Treatment in the intensive care unit	◯	◯	◯	◯
Mechanical ventilation (intubated; placed on a machine to help you breathe through a tube down your throat)	◯	◯	◯	◯
ECMO (extracorporeal membrane oxygenation, bypass machine for oxygen)	◯	◯	◯	◯
Treatment with IL-6 antagonist (e.g. tocilizumab (Actemra), sarilumab (Kevzara), siltuximab (Sylvant), etc.)	◯	◯	◯	◯
Treatment with IL-1 antagonist (anakinra (Kineret), canakinumab (Ilaris))	◯	◯	◯	◯
Treatment with kinase inhibitor (e.g. acalabrutinib (Calquence), ibrutinib (Imbruvica), zanubrutinib (Brukinsa), baricitinib (Olumiant), ruxolitinib (Jakafi), tofacitinib (Xeljanz), etc.)	◯	◯	◯	◯
COVID experimental treatment trial	◯	◯	◯	◯
Other treatment	◯	◯	◯	◯

Please specify what other treatment you received:

_____

Name of the COVID experimental treatment trial (if known):

_____

Date enrolled in [rx_coenrollname] trial (best estimate):

_____

Name of the treatment(s) being tested (if known):

_____

Is (or was) this a randomized trial?

◯ Yes
◯ No
◯ Don't know

Do you know what treatment you are getting (or got)?

◯ Yes
◯ No

Name of treatment, or none if placebo:

_____