

Registration Extended PPAS RECOVER v2 19MAR2020

Eligibility: register data on sequential patients who present or **phone** with CA-ARTI with either:

- a) lower and/or upper respiratory tract infection ( $\leq 14$  days)
- b) another suspicion of COVID-19

Exclusion: Patients with only ear symptoms

ID: AA-X-000

Consultation date:

Consultation during:  office hours  out-of-hours

Consultation at:  practice  telephone  video/skype  home

Consultation in this illness episode:  first  follow-up  unknown

C1. Has the patient contacted official/governmental phone/online services regarding suspected COVID-19 infection:

yes  no  unknown

C2. Has the patient already been tested for COVID-19 infection:  yes  no  unknown

If yes:  positive  negative  unknown

C3. Does the patient have a known, established risk factor for COVID-19 infection:  yes  no  unknown

If yes:  travel to high-risk region/country

contact with COVID-19 infected patient

other: .....

C4. Did you as a GP take protective measures:  yes  no

If yes:  apron/body protection

face, nose/mouth protection

safety glasses

gloves

### Patient characteristics

1.1 Sex:  male  female

1.2 Age: .... months (0-11 months) .... years ( $\geq 1$  year of age)

2. Number of days with acute RTI symptoms before this consultation: ... days

3. Any comorbidity present:  yes  no  unknown

If yes:  chronic respiratory condition (asthma, COPD, CF)  diabetes  cardiovascular disease

neoplasm  chronic renal failure  chronic neurological condition  other

4.1. Patient reported fever:  yes  no

4.2. Temperature taken in clinic:  yes  no

If yes, physician measured temperature: ...°C

5. Have you measured? O<sub>2</sub> saturation:  yes  no

If yes, value:

Respiratory rate:  yes  no

If yes, value:

6.2. How many days has the patient missed work/out-of-home care/school? .... days  unknown

### 7. Signs and symptoms (either reason for consulting or part of consultation)

7.2. Rhinitis:  yes  no  unknown

7.3. Sore throat or difficulty swallowing:  yes  no  unknown

7.4. Cough:  yes  no  unknown

If yes, tick all that apply:  short of breath (dyspnea)

increased, or purulent sputum

abnormal auscultation

(pleuritic) chest pain

wheezing

tachypnea

none of the above

7.5 General symptoms:  yes  no  unknown

- If yes, tick all that apply  headache  
 muscle ache  
 altered mental status/confusion  
 fatigue/extremely low energy/sleepiness  
 diarrhea  none of the above

8.1. Overall illness severity (physician's impression):  mild  moderate  severe

8.2. How confident are you in your assessment of the patient's condition:  
 very confident  confident  moderately  unconfident  very unconfident

9. Have you done/ordered additional diagnostic tests?  yes  no

- If yes:  Group A  $\beta$ -hemolytic Strep antigen  POC  LAB  
 CRP  POC  LAB If POC yes, value: .....  
 RSV  POC  LAB  
 Influenza  POC  LAB  
 COVID-19 test  POC  LAB  
 Total white blood cell count  POC  LAB  
 Multiplex PCR panel  POC  LAB  
 Chest X-ray  
 Other test, specify: .....

10.1 What was the suspected etiology:  viral (other than COVID-19)  COVID-19  bacterial  allergic  not clear

10.2 How certain are you about this suspected etiology:

- very certain  certain  moderately  uncertain  very uncertain

11. Initial working diagnosis  acute pharyngitis  acute tonsillitis  laryngitis/laryngotracheitis (croup)  
 peritonsillar abscess  influenza-like-illness  
 bronchiolitis  acute bronchitis  community acquired pneumonia  
 wheezing  exacerbation of chronic respiratory condition  
 upper RTI / common cold / sinusitis  
 COVID-19 infection, if yes:

Have you contacted (public health) authorities about this patient:  yes  no

Would you recommend this patient be tested for COVID-19:  yes  no

other, specify: .....

17.1 Have you provided?  advice for home isolation, if ticked, for how many days? .....

- advice for symptomatic treatment  
 a scheduled follow-up visit/call  
 prescribed medication, if ticked:  inhaled medication  
 antibiotic  
 antiviral medication, if ticked, which one: .....  
 antihistamines  
 other  
 advice for family members, if ticked:  home isolation (quarantine)  
 social distancing  
 other, specify: .....  
 preventive measures, if ticked:  extra handwashing  
 sneezing in sleeve  
 social distancing  
 nose/mouth protection  
 staying in a separate room in the house  
 other, specify: .....  
 where to find reliable (home care) information  none of the above

17.2. How confident are you that you have provided advice/treatment that will benefit this patient:

- very confident  confident  moderately  unconfident  very unconfident

18.1 Did you refer the patient to hospital?  yes  no

18.2 Did you advise the patient contacting, or did you refer to a COVID-19 specific health service?  yes  no