

## Impact on pulmonary, cardiac, and renal function and long-term quality of life after hospitalization for acute respiratory distress syndrome due to COVID-19: Protocol of the Post-COVID Brazil 3 study

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### Data collection form for the complementary exams

<b>Exam results</b>	
ID	
<b>Participant information</b>	
Name	[baseline data_arm_1][part name]
Sex	[baseline data_arm_1][sex]
<b>Patient released for the following exams</b>	
Spirometry	[teleconsultation_1_arm_1][spiro]
Ergospirometry	[teleconsultation_1_arm_1][ergo]
Resonance	[teleconsultation_1_arm_1][reso]
Tomography	[teleconsultation_1_arm_1][tomo]
Term of Consent in person	
<b>Spirometry</b>	
Was spirometry performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for nonperformance	<input type="checkbox"/> Prespecified contraindication <input type="checkbox"/> Another reason
What other reason?	.....
Date of exam	.....
VEF1 (L)	.....
VEF1 (% do predicted)	.....
VEF1/CVF (% do predicted)	.....
Forced vital capacity	.....
Forced vital capacity (%)	.....
Total lung capacity (% of predicted)	.....
Residual volume (L)	.....
Residual volume (% of predicted)	.....
Diffusion of carbon monoxide (DLCO)	.....
DLCO/VA (%)	.....

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<b>Ergospirometry</b>	
Was ergospirometry performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for nonperformance	<input type="checkbox"/> Prespecified contraindication <input type="checkbox"/> Another reason
What other reason?	.....
Exam date	.....
Peak VO <sub>2</sub> (mL/kg/minute)	.....
Peak VO <sub>2</sub> (L/minute)	.....
VE/VCO <sub>2</sub> slope	.....
RER or Rq or equivalent resp (Rpeak)	.....
O <sub>2</sub> saturation drop	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lowest value (%)	.....
Peak oxygen pulse (PuO <sub>2</sub> ) VO <sub>2</sub> /HR (mL/beat)	.....
Resting HR (bpm)	.....
Peak HR (bpm)	.....
Peak HR (% of predicted)	.....
Resting SAP (mmHg)	.....
Resting DBP (mmHg)	.....
SBP peak exertion (mmHg)	.....
DBP peak exertion (mmHg)	.....
Identified thresholds	<input type="checkbox"/> Yes <input type="checkbox"/> No
VO <sub>2</sub> at the first ventilatory threshold	.....
HR at the first ventilatory threshold	.....
VO <sub>2</sub> at the second threshold	.....
HR at the second threshold	.....
Presence of periodic ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No
OUES	.....
PetCO <sub>2</sub> at rest (mmHg)	.....
Was the exam interrupted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for interruption of the exam	<input type="checkbox"/> General fatigue <input type="checkbox"/> Fatigue in lower limbs <input type="checkbox"/> Angina <input type="checkbox"/> Dyspnea <input type="checkbox"/> Dizziness <input type="checkbox"/> Others
<b>Dynamic magnetic resonance imaging (nonstress)</b>	
Dynamic (nonstress) magnetic resonance imaging performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for nonperformance	<input type="checkbox"/> Prespecified contraindication <input type="checkbox"/> Another reason
What other reason?	.....
Exam date	.....
Left ventricular (LV) ejection fraction (%)	.....

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LV end-systolic volume	.....
LV end-diastolic volume (indexed to BS) (mL/m <sup>2</sup> )	.....
Effective LV volume (mL/m <sub>2</sub> )	.....
Left ventricular mass (index) (g/m <sup>2</sup> )	.....
Right ventricular (RV) ejection fraction (%)	.....
RV end-diastolic volume	.....
RV end-systolic volume	.....
RV stroke volume (mL/m <sup>2</sup> )	.....
RV volume (mL/m <sup>2</sup> )	.....
Map of T1 (ms)	.....
Map of T2 (ms)	.....
Pericardial delayed enhancement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pericardial effusion (> 10 mm)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delayed enhancement (fibrosis)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Standard	<input type="checkbox"/> Ischemic <input type="checkbox"/> Nonischemic
% of delayed enhancement (fibrosis)	.....
<b>Abdominal magnetic resonance imaging</b>	
Was abdominal magnetic resonance imaging performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kidney size (cm)	..... cm
Right kidney size	..... cm
Left kidney size	..... cm
Parenchyma thickness measured in the axial plane (avoiding scarring) (cm)	..... cm
Right kidney	..... cm
Left kidney	..... cm
Kidney volume (based on measurements and calculation of the volume as an ellipse – multiplier constant 0.52)	..... cm
Right kidney	..... cm <sup>3</sup>
Left kidney	..... cm <sup>3</sup>
Pattern of contrast uptake in the venous phase	<input type="checkbox"/> Homogeneous <input type="checkbox"/> Heterogeneous <input type="checkbox"/> Focal change suggestive of scarring
Signal strength standard	<input type="checkbox"/> Homogeneous <input type="checkbox"/> Heterogeneous <input type="checkbox"/> Focal change (do not include cysts or solid lesions in this item)
Morphology of pyelocaliceal systems	<input type="checkbox"/> Normal <input type="checkbox"/> Diffuse and bilateral hydronephrosis <input type="checkbox"/> Diffuse, unilateral hydronephrosis <input type="checkbox"/> Focal caliectasis
Comparative analysis with examination before admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Considerations	<input type="checkbox"/> Stable renal dimensions <input type="checkbox"/> Reduction in the size of the kidneys <input type="checkbox"/> Emergence of focal change/lesion

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<b>High-resolution chest tomography (noncontrast)</b>	
Was high-resolution tomography of the chest (noncontrast) performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for nonperformance	<input type="checkbox"/> Prespecified contraindication <input type="checkbox"/> Another reason
What other reason?	.....
Exam date	.....
Is there involvement of the lung parenchyma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of involvement	<input type="checkbox"/> Less than 25% <input type="checkbox"/> 25% a 50% <input type="checkbox"/> 51% a 75% <input type="checkbox"/> > 75%
Type of lung parenchyma involvement	<input type="checkbox"/> Infiltrated in frosted glass <input type="checkbox"/> Fibrosing interstitial pneumonia <input type="checkbox"/> Fibrous scar <input type="checkbox"/> Consolidation <input type="checkbox"/> Emphysema <input type="checkbox"/> Other .....
Emphysema level	<input type="checkbox"/> Lightweight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<b>Evaluation of sarcopenia</b>	
What is the unit of measurement for the cross-sectional area?	<input type="checkbox"/> cm <sup>2</sup> <input type="checkbox"/> mm <sup>2</sup>
What is the cross-sectional area of the pectoral muscles (measure immediately below the aortic arch)	.....
Mean muscle density at this level (Hounsfield units)	.....
Coronary calcifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not evaluated