Appendix 3 (as supplied by the authors): Supplementary information

Prospective data collection sheet

CCEDRRN — **Prospective Data Collection Form**

Patient Study ID ________________________ [Affix Patient Chart Label Here]

Complete for patients swabbed for COVID, OR patients presenting after a positive test and COVID symptoms

Hospital: __________ **Arrival Time**(hh:mm)___:___

Your Name: ______________________________

□ Physician □Nurse

PATIENT CHARACTERISTICS

Arrival from:

□ Home □ Long-term care/rehab

□ Shelter □ Single room occupancy

□ No fixed address □ Inter-hospital transfer

□ Other ________________________

EMS INFORMATION

Maximum oxygen delivered by EMS: __________

Mode of oxygen delivery by EMS:

□ Nasal prongs □ Simple rebreather □ BiPAP

□ Facemask □ Non-rebreather □ CPAP

HISTORY

Date of First Symptoms: ________________ (YYYY-MM-DD)

Symptoms (check all that apply):

□ Cough

□ Shortness of breath

□ Fever

□ Headache

□ Nausea/Vomiting

□ Diarrhea

□ Myalgias

□ Dysgusia/Anosmia

COVID Swab administered Prior to ED Arrival within 14 days:

□ Yes □No □Unknown

Results of Prior COVID Testing:

□Positive □ Negative □Indeterminate □Unknown

Risk for Infection (check all that apply):

□ Travel from country with known cases within 14d

□ Institutional exposure: __________________

□ Healthcare worker

□ Microbiology lab

□ Household/caregiver contact

COMORBID CONDITIONS

□ Congestive heart failure	□ Coronary artery disease	□ Hypertension
□ Asthma	□ Pulmonary fibrosis	□ Chronic lung disease (not asthma/IPF)
□ Chronic kidney disease	□ Dialysis	□ Diabetes
□ Mild liver disease	□ Moderate/severe liver disease	□ Organ transplant
□ Chronic neuro disorder (not dementia)	□ Dementia	□ Rheumatologic disorder
□ Active malignant neoplasm	□ Past malignant neoplasm	□ Obesity (clinical impression)

ED PROVIDER IMPRESSION: Is the patient in respiratory distress? □ Yes □No □Unknown

OTHER RISK FACTORS

ACE Inhibitors: □ Yes □ No □ Unknown

ACE Receptor Blocker: □ Yes □ No □ Unknown

Non-ACEI/ Non-ARB Antihypertensives: □ Yes □ No □ Unknown

NSAIDs: □ Reg □ Prn □ No □ Unknown

Tobacco Smoking: □ Never □ Past □ Current

Vaping: □ Never □ Past □ Current

Alcohol Misuse: □ Never □ Past □ Current

Illicit Substance Use: □ Never □ Past □ Current

Describe illicit substance use:

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Appendix to: Hohl CM, Rosychuk RJ, McRae AD, et al. Development of the Canadian COVID-19 Emergency Department Rapid Response Network population-based registry: a methodology study. *CMAJ Open* 2021. DOI:10.9778/cmajo.20200290. Copyright © 2021 The Author(s) or their employer(s). To receive this resource in an accessible format, please contact us at cmajgroup@cmaj.ca.