INTERNATIONAL COVID-19 CLINICAL EVALUATION REGISTRY:

HOPE-2.

(Health Outcome Predictive Evaluation for COVID 19- 2)

PROTOCOL VERSION 1, APPENDIX

ENGLISH VERSION.

NCT04778020

HOPE -2.

Same inclusion/exclusion criteria as HOPE COVID-19. We propose the long-term follow-up of patients discharged after a COVID-19 admission up to *30st september 2020.*

Consecutive inclusion and the completion of patients previously included in the HOPE registry is strongly recommended.

Inclusion criteria

Patients discharged (deceased or alive), after any in hospital admission, from any hospital center with a confirmed diagnosis or a COVID-19 high suspicion (in case of death before testing).

There are no exclusion criteria, except for the patient's explicit refusal to participate.

CONFIRMED CASES

- **Confirmed**, COVID -19 case: Positive result to high-throughput sequencing or real-time reverse transcriptase polymerase chain reaction (PCR) assay for pharyngeal and nasal swab samples if their attending physician team consider it a true positive.
- **High suspicion**, COVID -19 case: If their attending physician team consider them highly likely to have presented the infection because compatible signs or symptoms together with any other finding (imaging, etc..) or with inconclusive PCR/other positive test type. The patient died before conclusive PCR testing or other type of tests are available.

DATABASE VARIABLES AND EVENTS DEFINITION.

As recorded in www.HopeProjectMD.com.

Any technical or scientific question (24/7): support@hopeprojectmd.com

In general, when certain data are not available (ie. race, anosmia, troponin levels…) , the researcher will leave empty the database square box and that variable's value would be considered as a missing value for analytic purposes.

Please remember to fulfill te alphanumeric fields (ie. Other antecedents). If blank we will consider there are not other remarks (antecedents in this case).

In red, we mark those new variables added to the HOPE registry.

GENERAL DATA

- **GENDER (MALE, FEMALE):** as the patient defines him/herself or if such information was not available, according to the relevant administrative documents.
- **RACE(CAUCASIAN/LATIN/BLACK/ORIENTAL/OTHER):** as the patient defines him/herself or if such information is not available, according to the relevant administrative documents or physician judgment.
- **HEALTH_PROFESSIONAL:** If the *patient* works as physician, nurse, auxiliary nurse or in other health professional position.
- **WEIGHT(KG):** Upon admission time.
- **HEIGHT(CM):** Upon admission time.
- **BORN(DATE):** Official data.
- **ONSETSYMPTOMS(DATE):** as reported by the patient himself or medical estimation (clear clinical history dating).
- **HOSPITAL ADMISSION (DATE):** The day of admission. In case there were various admissions, the index admission would be considered the closest to the COVID-19 test positive test date.
- **ADMISSION ICU (DATE):** Intensive care unit (or similar) admission, during the index admission.
- **ICUDISCHARGE_DATE:** During index admission.
- **DISCHARGE_DATE:** Regarding the index admission.
- **LASTFOLLOWUPDATE:** last follow up. It will be considered as such the death date and for survivors, office or phone follow up after discharge, is strongly recommended.

CLINICAL PROFILE

- **HYPERTENSION_(YES/NO):** If stated in the clinical record and/or the patient receives medication for that purpose.
- **DISLIPEMIA_(YES/NO):** If stated in the clinical record and/or the patient receives medication for that purpose.
- **DM(1/2/NO):** If stated in the clinical record and/or the patient receives medication for that purpose (ADA criteria).

- **OBESITY YES/NO**: If stated in the clinical record or assessed by medical team. Considering as cutoff a BMI>30.
- **CURRENTSMOKER(YES/NO/EX):** If stated in the clinical record and/or reported by the patient him/herself.
- **RENALINSUF. YES/NO:** If stated in the clinical record and/or the patient receives medication for that purpose, considering as such Cr. clearance < 30ml(min.
- **KNOWNALLERGIES:** recorded as such in the medical record. State it, please.
- **ANYLUNGDISEASE (1COPD,2RESTRICTIVE,3ASTHMA,4INTERSTICIAL,5 OTHER): If** stated in the clinical record and/or the patient receives medication for that purpose.
- **ANYHEARTDISEASE_YES/NO:** If stated in the clinical record and/or the patient receives medication for that purpose.
- **MAINHEARTDISEASE_(CORONARY/VALVE/HEARTFAILURE/MYOPATHY/ARRHYTHMIAS/COMBINED):** according the attending physician criteria. i.e.: A 67 yo. man with a previous myocardial infarction (CORONARY) or moderate aortic stenosis (VALVE) or paroxysmal atrial fibrillation (ARRHYTHMIAS). Two of them (COMBINED).
- **ANYCEREBROVASCULARDISEASE(YES/NO):** i.e.: Previous stroke or Transient ischemic attack. If stated in the clinical record and/or the patient receives medication for that purpose.
- **CONECTIVEDISEASE_YES/NO:** If stated in the clinical record and/or the patient receives medication for that purpose.
- **LIVER DISEASE(YES/NO):** If stated in the clinical record and/or the patient receives medication for that purpose.
- **ANYCANCER_YES/NO:** Any oncologic condition (acute, chronic or already solved).
- **TYPEOFCANCER (LUNG,BREAST,PHARYNX-LARYNX,INTESTINE COLON,GENITOURINARY,BLOOD-LEUK-LINPH,SKIN,VARIOUS):** As classified in the medical records. If more than one condition or unknown oncologic disease type, please check Various.
- **ANYIMMUNOSUPRESSIONCONDITION(YES/NO):** Regarding the moment of admission. If stated in the clinical record and/or the patient receives medication with that effect (steroid high doses, chemotherapy, immunosuppressants).
- **PERIFERALVESSELDISEASE_YES/NO:** If stated in the clinical record and/or the patient receives medication for that purpose.
- **OTHERRELEVANTANTECEDENT:** please state the other antecedents (tuberculosis, type of arrhythmias, Parkinson, etc..) present in the clinical records.
- **DEPENDENCYLEVEL(NONE/PARTIALLYDEPENDENT/TOTALLYDEPENDENT):** Upon researcher's judgment.
- **HOME OXIGEN THERAPY (YES/NO):** As stated in the clinical record or reported by the patient.
- **PREVIOUSASPIRIN(YES/NO):** As stated in the clinical record or reported by the patient, at the time of admission.
- **OTHERANTIPLATELET(YES/NO):** As stated in the clinical record or reported by the patient. (if dual antiplatelet therapy, check both previous aspirin and other antiplatelet fields).
- **ORALANTICOAGL(YES/NO):** As stated in the clinical record or reported by the patient. Please make sure to state the reason in OTHERRELEVANTANTECEDENT and if the patient is on vitamin K inhibitors or direct oral anticoagulants (DOACs) in OTHERPREVIOUSTREATMENT.

- **TYPE OF ANTICOAGULANT (AVK/DOAC).**
- **ACEI/ARB(YES/NO):** As stated in the clinical record or reported by the patient. ACEI (angiotensin-converting enzyme inhibitors)/ ARB (Angiotensin II receptor blockers).
- **BETABLOCKERS(YES/NO):** As stated in the clinical record or reported by the patient.
- **BETAGONISTINHALED(YES/NO):** As stated the clinical record or reported by the patient.
- **GLUCORTICOIDSINHALED(YES/NO**): As stated the clinical record or reported by the patient.
- **DVITAMINSUPLEMENT BENZODIACEPINES(YES/NO):** As stated the clinical record or reported by the patient.
- **ANTIDEPRESSANT(YES/NO):** As stated the clinical record or reported by the patient.
- **OTHERPREVIOUSTREATMENT:** importantly, please state the other drugs as recorded in the clinical records (antidiabetic drugs, anti-inflammatory, chemotherapy, etc..).

ON ADMISSION/EMERGENCY ROOM ASSESSMENT VARIABLES

- **ASYMPTOMATIC(YES/NO):** As stated in clinical history or reported by patient, in the emergency room or office. The patient was admitted because something else (laboratory or imaging results). State it in **OTHERRELEVANTFINDINGS,** see below.
- **DYSPNOEA (NO/MILD/MODERATE/SEVERE):** As stated in clinical history or reported by patient, upon the medical team judgement.
- **TAQUIPNEA (>22 per minute, YES/NO):** Tachypnea considered as > 22 breaths per minute, as recorded in clinical history.
- **FATIGUE(YES/NO):** As stated in clinical history or reported by patient.
- **HIPO/ANOSMIA (YES/NO):** As stated in clinical history or reported by patient.
- **DISGEUSIA(YES/NO):** As stated in clinical history or reported by patient.
- **SORETHROAT(YES/NO):** As stated in clinical history or reported by patient.
- **FEVER (YES/NO):** As stated in clinical history or reported by patient. Usually considered -thermometered- as > 38ºC (100.4 F).
- **MAXTEMPDURINGADMISSION:** in Celsius degrees.
- **COUGH(YES/NO):** As stated in clinical history or reported by patient.
- **VOMITING(YES/NO):** As stated in clinical history or reported by patient.
- **DIARRHEA(YES/NO):** As stated in clinical history or reported by patient.
- **MYALGIAORARTHALGIA(YES/NO):** As stated in clinical history or reported by patient.
- **02SAT<92%(YES/NO):** Oxygen saturation at admission. As stated in clinical history, measured by transcutaneous pulsioximetry.
- **ELEVATEDDDIMER(YES/NO):** As defined by local laboratory cutoff levels. Suggested (≥0.5mg/L).
- **ELEVATEDPROCALCITONIN(YES/NO):** As defined by local laboratory cutoff levels. Suggested (≥0.5ng/ml).
- **ELEVATEDPCR(YES/NO):** As defined by local laboratory cutoff levels. Suggested (≥10mg/L).
- **ELEVATED TN (YES/NO):** As defined by local laboratory cutoff levels. Both (cardiac) troponin I and T are acceptable. Suggested > 99th percentile.
- **ELEVATEDTRANSAMINASES(GPTAND/ORGOT)YES/NO:** As defined by local laboratory cutoff levels. Suggested (≥40 U/L).

- **ONSETNALEVELS(mEq/L):** As measured (first determination).
- **TOTALONSETLEUCOCYTESCOUNT(/Ul):** As measured (first determination).
- **TOTALONSETLinphoCYTESCOUNT(/Ul):** As measured (first determination).
- **ONSEThemoglobin(gr/dl):** As measured (first determination).
- **TOTALONSETplateletCOUNT(/uL):** As measured (first determination).
- **ONSETCREATININELEVELS(mg/dL):** As measured (first determination).
- **ONSETARTERIALBLOODGASph:** As measured (first determination).
- **ONSETARTERIALBLOODGASPa02(mmHG):** As measured (first determination).
- **ONSETARTERIALBLOODGASPaC02(mmHG):** As measured (first determination).
- **ONSETARTERIALBLOODGAS02SATURATION(%), AIR ROOM:** As measured (first determination).
- **ANYCHESTRXABNORMALITY(NO/UNILATERAL/BILATERAL):** As stated in clinical history or reported by patient.
- **GLASGOW COMA SCORE:** as determined at admission.
- **Blood Pressure abnormal (SBP<90 and/or DBP < 60):** At admission. As mentioned, SBP (Systolic blood pressure) and DBP (diastolic blood pressure).
- **OTHERRELEVANTFINDINGS:** Please state them, ie neurologic or cutaneous findings. Whatever clinically relevant or unusual. This refers to test results as well, If available. IL6 levels, ie.

DURING IN HOSPITAL STAY

- **COMMENTSDURING ADMISION:** Please state them, ie neurologic or cutaneous findings. Whatever clinically relevant or unusual.
- **RESPIRATORYINSUFFICIENCYADMISSION(YES/NO):** as determined by the attending medical team, usually requiring 02 supplements. Reported in the clinical history as such.
- **HEARTFAILUREADMISSION(YES/NO):** typical symptoms and signs, as determined by the attending medical team, usually requiring specific medical or other treatment. Reported in the clinical history as such.
- **RENALFAILURE(YES/NO):** as determined by the attending medical team, usually requiring specific medical or other treatment. Reported in the clinical history as such, usually when an acute increase in serum creatinine levels ≥0.3 mg/dl within 48 hours or an increase in serum creatinine levels≥1.5 times of the baseline level is demonstrated.
- **UPPERRESPIRAROTYTRACTINFECTIONDATA(YES/NO):** as determined by the attending medical team, usually requiring specific medical or other treatment. Reported in the clinical history as such.
- **PNEUMONIA(NO/UNI/BILATERAL):** as determined by the attending medical team, usually requiring specific medical or other treatment. Reported in the clinical history as such. As suggestion, it should be considered as an acute respiratory disorder characterized by the existence of cough and at least one of new-onset chest signs, fever for more than 4 days, dyspnea and/or tachypnea and supported by radiologic signs, with uni or bilateral involvement, assessed by chest X-ray or CT imaging, if available.
- **SEPSIS(YES/NO):** as determined by the attending medical team, usually requiring specific medical or other treatment. Reported in the clinical history as such.
- **SYSTEMICINFLAMATORYREPONSESYNDROME(YES/NO):** as determined by the attending medical team, usually requiring specific medical or other treatment. Reported in the clinical history as such.

- **ANYRELEVANTBLEEDING(YES/NO):** as determined by the attending medical team, usually requiring specific medical or other treatment. As classified in BARC bleeding score 2,3 and 5 types. Reported in the clinical history as such.
- **HEMOPTYSIS(YES/NO):** as determined by the attending medical team, usually requiring specific medical or other treatment. Reported in the clinical history as such.
- **EMBOLICEVENT(YES/NO):** as determined by the attending medical team, usually requiring specific medical or other treatment. Reported in the clinical history as such.
- **RASH/CUTANEOUS INVOLVEMENT.** Any abnormal cutaneous data. Please elaborate in **COMPLICATIONSDESCRIPTION.**
- **COMPLICATIONSDESCRIPTION:** When a complication/event or death is present, please elaborate.
- **DEATH(DATE).**
- **DEATHCAUSE:** Considering as such the main cause (respiratory, neurological, cardio, sepsis or sirs, combined), according the local medical team criteria. Please elaborate the death circumstances in the **COMPLICATIONSDESCRIPTION** field. If sudden or unknown cause, please, state it.
- **02DURINGADMISSION(YES/NO):** any kind of oxygen supplement during in hospital stay.
- **HIGHFLOWNASALCANNULA(YES/NO):** any kind of High-flow nasal cannula oxygenation, providing PEEP.
- **NOINVASIVEMECHANICALVENTILATION(YES/NO):** any kind of mechanical ventilation, with respirator, without intubation, during in hospital stay.
- **INVASIVEMECHANICALVENTILATION(YES/NO):** Mechanical ventilation through orotracheal intubation.
- **DAYSONMECHANICALVENTILATION,** regarding invasive ventilation.
- **PRONEDURINGADMISSION(YES/NO):** If performed, in any moment during in hospital stay (ICU or ward).
- **VASOACTIVE SUPPORT.** Use of any vasoactive/inotrope during inhospital stay.
- **ECMO OR SIMILAR SUPPORT(YES/NO):** Any moment during in hospital stay. Ecmo, or other type of ventricular assist devices, including intraortic balloon pump. Please detail further in **RELEVANTCOMMENTS,** below.
- **USEOFCORTICOIDSDURINGADMISSION(YES/NO).** Any moment during in hospital stay.
- **Glucocorticoids start date.**
- **USEOFCLOROQUINEORSIMILARDURINGADMISSION(YES/NO).** Any moment during in hospital stay.
- **USEOFANTIVIRALDRUGSDURINGADMISSION(YES/NO):** Any moment during in hospital stay. We consider as antiviral mainly lopinavir y ritonavir. If you use a different one (ie. Oseltamivir, remdesivir, please state it in **RELEVANTDRUGSDURINGADMISSION,** below.
- **Antiviral Start date.**
- **USEOFINTERFERONORSIMILARDURINGADMISSION(YES/NO):** Any moment during in hospital stay.
- **USEOFTOCILIZUMABORSIMILARDURINGADMISSION(YES/NO):** Any moment during in hospital stay.
- **TOCILIZUMAB Start date.**
- **USEOFANTIBIOTICS(AZITRO/BETALAC)YES/NO:** Any moment during in hospital stay.

- **RELEVANTDRUGSDURINGADMISSION:** please record specific (Ej.Remdesivir, Ivermectina, …) treatment (Antiviral, antibiotic,….) and antithrombotic treatment during in stay.
- **ACEi/ARBs* during inhospital stay (YES/NO):** If the patient receives during his/her hospital stay this type of drugs.
- **ANTICOAGULATION DURING IN HOSPITAL STAY (NONE/PROPHYLACTIC/PARENTERAL/AVK OR DOAC).** Select the main anticoagulant treatment received during in hospital stay for the patient.
- **RELEVANTCOMMENTS:** Any important comments about the patient and his stay or discharge.
- **DISCHARGEANTIPLATELET:** Yes or no.
- **DISCHARGECLACEI/ARBS:** Yes or no
- **DISCHARGEANTICOAGU(YES/NO):** yes or no. Please state the type (aVK, DOAC..) in DISCHARGE MEDS.
- **DISCHARGE MEDS**: Specify discharge complete medical treatment.
- **DISCHARGEDIAGNOSIS:** As stated in discharge report.
- **COVID19_CONFIRMED(RNA+)YES/NO:** Positive result to high-throughput sequencing or real-time reverse transcriptase polymerase-chain-reaction (PCR) assay for pharyngeal and nasal swab samples if their attending physician team consider it a true positive.
- **COVID16HIGHSUSPICION(NORNA+ORNOTTESTED)YES/NO:** If the attending physician team consider the patient highly likely to have presented the infection because compatible signs or symptoms together with any other finding (imaging, etc..) or with inconclusive PCR/other positive test type.
- **ALIVE(YES/NO):** discharged alive.
- **DISCHARGETO(HOME/LOWLEVEHEALTCAREFCILITY-HOSPICE/DEATH):** Discharge destiny (home, medicalized hotel or hospice-residence or death).

FOLLOW UP (HOPE 2 NEW VARIABLES)

- **FINAL FOLLOW-UP OVERVIEW.**

- **FINAL FOLLOW-UP DATE: Date of last assessment. This variable is MANDATORY, to identify right-truncation and censoring in all analyses.**
- **FINAL VITAL STATUS (YES/NO):** alive at the end of follow-up.
- **DISCHARGE CARDIAC RHYTHM (SINUSAL, ATRIAL FIB, PACEMAKER, OTHER)**
- **DISCHARGE LVEF (UNKOWN/NOT ASSESED, NORMAL, LOW (54-50%), MOD LOW (49-36%),SEVERE LOW (<35%))**
- **DATE OF DEATH DURING FOLLOW-UP:** DATE of DEATH.
- **FUP-DEATHCAUSE:** Considering as such the main cause (respiratory, neurological, cardio, sepsis/sirs, oncologic, combined), according the local medical team criteria. Please elaborate the death circumstances in the FUP-**COMPLICATIONSDESCRIPTION** field. If sudden or unknown cause, please, state it.
- **READMISSION (YES/NO):** Readmission during follow-up
- **READMISSION DATE:** Date of (first) readmission during follow-up.
- **CAUSE OF READMISSION:** State the main cause (respiratory, neurological, cardiovascular, thromboembolic, bleeding, renal, infectious, other).
- **OVERALL FUP COMMENTS:** Please state relevant clinical incidences during follow-up. If the patient had various admissions please state cause and death. For bleeding we use the BARC bleeding scale.
- **VACCINATION (YES/NO):** if the patient receives any dose of any COVID19 vaccine
- **DATE OF VACCINATION:** Date of vaccination.
- **BRAND OF VACCINE:** PFIZER/MODERNA/ASTRA-OXFORD/SPUTNIK/SINOVAC/CANSINO/GAMALEYA/COVAXX/OTHER
- **VACCINATION COMMENTS:** Any effect, incidence. Please state the specific vaccine if it was not included in the previous list.
- **NEW COVID-19:** If recurrence or reinfection proved by a new positive PCR.
- **NEW COVID-19 DIAGNOSIS DATE:** Date of recurrence or reinfection proved by a new positive PCR.

- **CLINICAL EVENTS**

- **Any clinical event/symptom after discharge (YES/NO):** potentially due to the previous COVID-19.
- **DEPENDENCYLEVEL(NONE/PARTIALLYDEPENDENT/TOTALLYDEPENDENT):** Upon researcher's judgment after discharge.
- **PREVIOUS FUNCTIONAL CLASS (NYHA CLASS I,II, III OR IV).** Upon researcher's judgment before COVID-19.
- **FUNCTIONAL CLASS (NYHA CLASS I,II, III OR IV).** Upon researcher's judgment at discharge.
- **TIME TO TOTAL RESOLUTION OF SYMPTOMS (MONTHS):** As stated in clinical history or reported by patient. Months after discharge.
- **FINAL FUP FUNCTIONAL CLASS (I,II,III,IV):** NYHA Class at the final FUP, upon researcher's judgment.

CARDIOVASCULAR AREA

- **FATIGUE (YES/NO):** As stated in clinical history or reported by patient.

- **DYSPNEA (I,II,III,IV):** As stated in clinical history or reported by patient.
- **DIZZINESS (YES/NO):** As stated in clinical history or reported by patient.
- **CHEST PAIN (YES/NO):** As stated in clinical history or reported by patient.
- **ACUTE CORONARY SYNDROME AFTER COVID19 (YES/NO):** As stated in clinical history or reported by patient.
- **PALPITATIONS (YES/NO):** As stated in clinical history or reported by patient.
- **RESTING HEART RATE INCREASE (YES/NO):** As stated in clinical history or reported by patient.
- **SYNCOPE (YES/NO):** As stated in clinical history or reported by patient.
- **ANY ARRYTHMIA (YES/NO):** As stated in clinical history or reported by patient.
- **ATRIAL FIBRILLATION (YES/NO):** As stated in clinical history or reported by patient.
- **PERI/MYOCARDITIS (YES/NO):** As stated in clinical history or reported by patient.
- **LIMB EDEMA (YES/NO):** As stated in clinical history or reported by patient.
- **NEW HYPERTENSION (YES/NO):** As stated in clinical history or reported by patient.
- **NEW LV DYSFUNCTION (YES/NO):** As stated in clinical history or reported by patient.
- **RELEVANT BLEEDING, BARC type 3-5 (YES/NO):** As stated in clinical history or reported by patient.
- **CARDIOVASCULAR AREA (OTHER):** researcher´s comments.

NEURO/PSYCH AREA

- **HEADACHE (YES/NO):** As stated in clinical history or reported by patient.
- **MIGRAINE (YES/NO):** As stated in clinical history or reported by patient.
- **AGEUSIA (YES/NO):** As stated in clinical history or reported by patient.
- **ANOSMIA (YES/NO):** As stated in clinical history or reported by patient.
- **ATTENTION DISORDER (YES/NO):** As stated in clinical history or reported by patient.
- **MEMORY LOSS (YES/NO):** As stated in clinical history or reported by patient.
- **COGNITIVE DISORDER (YES/NO):** As stated in clinical history or reported by patient.
- **ANXIETY (YES/NO):** As stated in clinical history or reported by patient.
- **DEPRESSION (YES/NO):** As stated in clinical history or reported by patient.
- **TINNITUS OR HEARING LOSS (YES/NO):** As stated in clinical history or reported by patient.
- **SLEEP DISORDER (YES/NO):** As stated in clinical history or reported by patient.
- **MOOD DISORDER (YES/NO):** As stated in clinical history or reported by patient.
- **POST TRAUMATIC STRESS DISORDER (YES/NO):** As stated in clinical history or reported by patient.
- **PARANOIA (YES/NO):** As stated in clinical history or reported by patient.
- **NEURO/PSYCH AREA (OTHER):** researcher´s comments.

RESPIRATORY AREA

- **COUGH (YES/NO):** As stated in clinical history or reported by patient.
- **REDUCED PULMONARY DIFFUSING CAPACITY (YES/NO):** As stated in clinical history or reported by patient.
- **POLYPNEA (YES/NO):** As stated in clinical history or reported by patient.
- **SLEEP APNEA (YES/NO):** As stated in clinical history or reported by patient.
- **RESPIRATORY AREA (OTHER):** researcher´s comments.

GASTRO AREA

- **TONGUE INVOLVEMENT (YES/NO):** As stated in clinical history or reported by patient.
- **DIGESTIVE DISORDERS (YES/NO):** As stated in clinical history or reported by patient.
- **NAUSEA/VOMITING (YES/NO):** As stated in clinical history or reported by patient.
- **GASTRO AREA (OTHER):** researcher´s comments.

OTHER AREAS

- **INTERMITTENT FEVER (YES/NO):** As stated in clinical history or reported by patient.
- **CHILLS (YES/NO):** As stated in clinical history or reported by patient.
- **HAIR LOSS (YES/NO):** As stated in clinical history or reported by patient.
- **JOINT PAIN (YES/NO):** As stated in clinical history or reported by patient.
- **MYALGIAS (YES/NO):** As stated in clinical history or reported by patient.
- **SWEAT (YES/NO):** As stated in clinical history or reported by patient.
- **WEIGH LOSS (YES/NO):** As stated in clinical history or reported by patient.
- **CUTANEOUS INVOLVEMENT (YES/NO):** As stated in clinical history or reported by patient.
- **NEW DIABETES (YES/NO):** As stated in clinical history or reported by patient.
- **RENAL FAILURE (YES/NO):** As stated in clinical history or reported by patient.
- **OTHER PAIN (YES/NO):** As stated in clinical history or reported by patient.
- **RED EYES (YES/NO):** As stated in clinical history or reported by patient.
- **FLUSHING (YES/NO):** As stated in clinical history or reported by patient.
- **INCIDENT NEOPLASIA (YES/NO):** As stated in clinical history or reported by patient. After discharge diagnosis.
- **OTHER AREAS (OTHER):** researcher´s comments.

- **MANAGEMENT AFTER DISCHARGE (treatment at discharge)**
- **DISCHARGE HOME OXIGEN THERAPY (YES/NO):** As stated in clinical history or reported by patient.
- **DISCHARGE ASPIRIN(YES/NO):** As stated in clinical history or reported by patient, at the time of admission.
- **DISCHARGE OTHERANTIPLATELET(YES/NO):** As stated in clinical history or reported by patient. (if dual antiplatelet therapy, check both previous aspirin and other antiplatelet fields).
- **DISCHARGE ORALANTICOAGL(YES/NO):** As stated in clinical history or reported by patient. Please make sure to state the reason in OTHERRELEVANTANTECEDENT and if the patient is on vitamin K inhibitors or direct oral anticoagulants (DOACs) in OTHERPREVIOUSTREATMENT.
- **TYPE OF DISCHARGE ANTICOAGULANT (AVK/DOAC/PARENTERAL).**
- **IF DOAC, STATE THE DRUG (Apixaban/dabigatran/edoxaban/rivaroxaban).**
- **IF PARENTERAL STATE THE DOSE (full dose/prophylactic)**
- **COMMENTS ON ANTITHROMBOTIC MANAGEMENT:** incidences, changes or important remarks.
- **DISCHARGE_ACEI/ARB(YES/NO):** As stated in clinical history or reported by patient. ACEI (angiotensin-converting enzyme inhibitors)/ ARB (Angiotensin II receptor blockers).

- **DISCHARGE_BETABLOCKERS(YES/NO):** As stated in clinical history or reported by patient.
- **DISCHARGE BETAGONISTINHALED(YES/NO):** As stated in clinical history or reported by patient.
- **DISCHARGE_GLUCORTICOIDSINHALED(YES/NO**): As stated in clinical history or reported by patient.
- **DISCHARGE_DVITAMINSUPLEMENT BENZODIACEPINES(YES/NO):** As stated in clinical history or reported by patient.
- **DISCHARGE_ANTIDEPRESSANT(YES/NO):** As stated in clinical history or reported by patient.
- **DISCHARGE_STATIN(YES/NO):** As stated in clinical history or reported by patient.
- **OTHERDISCHARGE_TREATMENT:** importantly, please state the other drugs as recorded in the clinical records (antidiabetic drugs, anti-inflammatory, chemotherapy, etc..).

- **DIAGNOSTIC TESTS AFTER DISCHARGE (LAST ONE AVAILABLE)**

- **DISCHARGE-ELEVATEDDDIMER(YES/NO):** As defined by local laboratory cutoff levels. Suggested (≥0.5mg/L).
- **DISCHARGE -ELEVATEDPROCALCITONIN(YES/NO):** As defined by local laboratory cutoff levels. Suggested (≥0.5ng/ml).
- **DISCHARGE -ELEVATEDPCR(YES/NO):** As defined by local laboratory cutoff levels. Suggested (≥10mg/L).
- **DISCHARGE -ELEVATED TN (YES/NO):** As defined by local laboratory cutoff levels. Both (cardiac) troponin I and T are acceptable. Suggested > 99th percentile.
- **DISCHARGE -ELEVATED-nt PROBNP(YES/NO):** Or similar (BNP). As defined by local laboratory cutoff levels and depending age. Suggested for NT ProBNP (400≥pg/mL).
- **DISCHARGE -ELEVATEDTRANSAMINASES GOT/GPT (YES/NO):** As defined by local laboratory cutoff levels. Suggested (≥40 U/L).
- **DISCHARGE -GLUCOSE LEVELS(mg/dL):** As measured in the last blood test before index discharge.
- **DISCHARGE -NALEVELS(mEq/L):** As measured in the last blood test before index discharge.
- **DISCHARGE -LEUCOCYTESCOUNT(/Ul):** As measured in the last blood test before index discharge.
- **DISCHARGE -LinphoCYTESCOUNT(/Ul):** As measured in the last blood test before index discharge.
- **DISCHARGE hemoglobin(gr/dl):** As measured in the last blood test before index discharge.
- **DISCHARGE plateletCOUNT(/uL):** As measured in the last blood test before index discharge.
- **DISCHARGE CREATININELEVELS(mg/dL):** As measured in the last blood test before index discharge.
- **ABNORMAL SPIROMETRY (NO/OBSTRUCTIVE/RESTRICTIVE/MIXED):** As stated in clinical history.

- **FUP-ANYCHESTRXABNORMALITY(NO/UNILATERAL/BILATERAL):** As stated in clinical history or reported by patient, after discharge.
- **FUP-ANYCTSCAN-ABNORMALITY(NO/ GROUND-GLASS OPACITIES (GGO)/ CONSOLIDATION/RETICULATION/FIBROTIC-LIKE CHANGES/COMBINED):** As stated in clinical history or reported by patient, after discharge.
- **OTHERRELEVANTFINDINGS:** Please state them, ie neurologic or cutaneous findings. Whatever clinically relevant or unusual. This refers to test results as well, If available. IL6 levels, or other imaging techniques (catheterization…ie). If you find any marked change in one test (ie. CT scan), please report it here.

SCIENTIFIC COMMITTEE AND LIST OF PARTICIPATING HOSPITALS: Available updated at www.HopeProjectMD.com.

COORDINATOR CENTRE: HOSPITAL CLINICO SAN CARLOS, MADRID, SPAIN.

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