

Ean NEuro-covid ReGistrY (ENERGY) [Day 0]

Patient Number
{[record_id] text}

_____ (automatically generated patientcounter)

{[startdt_d0] text}

Data entry is
{[data_entry] radio}

- {0} prospective
 {1} retrospective

Identification

Username
{[user_id_t0] text}

_____ (automatically filled out user ID)

Site of visit
{[site_of_visit] radio}

- {0} Hospital (Ward/ICU)
 {1} Emergency Room
 {2} Outpatient service
 {3} Other, specify
(Where is the patient seen by neurologist)

If site of visit is other, please specify
{[site_of_visit_other] text}
{Branching logic (show if): [site_of_visit] = '3'}

Reason for neurological assessment
{[consultation] radio}

- {0} Consultation
 {1} Other, specify

If reason is other, please specify
{[consultation_other] text}
{Branching logic (show if): [consultation] = '1'}

Date of registration
{[date_regist] text date_mdy}

_____ (Date in which the patient was first seen by neurologist (MM/DD/YYYY))

Date of admission

(If the exact day is unknown, enter 01 as day and check the next question!)

_____ (If hospitalized, date of patient admission (MM/DD/YYYY))

{[date_admit] text date_mdy}

{[date_admin_day] checkbox}
{Branching logic (show if): [date_admit] ''}

{0} I don't know the exact day

Demographics & History

Year of birth

{[dob] text integer}

((YYYY, 4-digits))

Biological sex

{[pat_sex] radio}

- {0} Male
 {1} Female
 {2} Intersex
 {9} Unknown

Patient's height

{[pat_height] text integer}

((in cm, 3-digits))

Patient's weight

{[pat_weight] text integer}

((in kg, 3-digits))

Current smoker

{[smoking] radio}

- {0} Yes {1} No
 {9} Unknown

Source of COVID-19 contact

{[source_contact] dropdown autocomplete}

- {0} Occupation
 {1} Family member
 {2} Social
 {3} Travel
 {9} Unknown
 {4} Other, specify
 (Where was the most probable exposure)

If source is other, please specify

{[source_contact_other] text}

{Branching logic (show if): [source_contact] = '4'}

Date of COVID-19 symptom onset

(If the exact day is unknown, enter 01 as day and check the next question!)

(Date when the patient started noticing first symptoms (MM/DD/YYYY))

{[date_covid_onset] text date_mdy}

{[date_covid_onset_day] checkbox}

{Branching logic (show if): [date_covid_onset] ""}

{0} I don't know the exact day

Final COVID-19 status (final diagnosis)

{[covid_19_final_status] checkbox}

- {0} Suspected
 {1} Confirmed
 {2} PCR negative
 {3} PCR positive (oropharyngeal AND/OR serum AND/OR CSF)
 {4} Antibodies positive
 {5} Other, specify
 (If patient first tested negative and then turned positive, please code as positive. (Multiselect))

If final status is other, please specify

{[covid_19_final_status_oth] text}

{Branching logic (show if): [covid_19_final_status(5)] = '1'}

Comorbidities in history

Any comorbidity with impact on patients perceived health?
 {[comorbidity] radio}

{0} Yes {1} No
 {9} Unknown

Arterial hypertension
 {[hypertension] radio}

{0} Yes {1} No
 {9} Unknown
 (History of hypertension or taking anti-hypertensive medications prior to admission)

Diabetes
 {[diabetes] dropdown}

{0} Type 1
 {1} Type 2
 {2} Unknown
 {3} No
 {9} Other, specify
 (History of diabetes (types 1 or 2) or taking antidiabetic medications)

If diabetes is other, please specify
 {[diabetes_other] text}

{Branching logic (show if): [diabetes] = '9'}

	{0} Yes	{1} No	{9} Unknown
Cardiovascular Disease {[cad] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic kidney disease {[kidney_disease] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic liver disease {[liver_disease] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic pulmonary disease {[lung_disease] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anemia {[anemia] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer {[cancer] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunosuppressed state {[immunosuppression] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cardiovascular Disease: History of cardiovascular disease (myocardial infarction; chronic heart failure, coronary artery disease, peripheral artery disease or taking cardiovascular drugs) Chronic kidney disease: History of any disease affecting renal function (includes undergoing dialysis) Chronic liver disease: History of any disease affecting liver function Chronic pulmonary disease: History of any disease affecting lung function (includes chronic obstructive pulmonary disease, asthma) Anemia: History of decrease in whole-blood Hb concentration requiring treatment Cancer: Any neoplasm with impact on patient's health Immunosuppressed state: Pre-existing immunosuppressed state (taking immunosuppressants/chemotherapy, chronic steroids, hematologic malignancy, HIV, other immunodeficiency syndrome)

Other non-neurological comorbidities
 {[pmh_non_neuro_disorder] radio}

{0} Yes, specify {1} No
 {9} Unknown
 (Any other non-neurological disease with impact on patient's health)

If any other non-neurological comorbidities is yes,
please specify

{[pmh_non_neuro_disorder_yes] text}
{Branching logic (show if): [pmh_non_neuro_disorder] =
'0'}

Premorbid modified Rankin Scale score (mRS)
{[premorbid_mrs] text integer}

(mRS score (0 - 5, 1-digit))

Another complication
{[other] radio}

{0} Yes, specify {1} No
 {9} Unknown
(Did the patient develop another complication)

Any neurological disease with impact on patient's
health
{[pmh_neuro_disorder] checkbox}

{0} Dementia
 {1} Parkinson's disease
 {2} Stroke: ICH, ischemic stroke, TIA
 {3} Multiple sclerosis
 {4} Motor neuron disease
 {5} Neuromuscular disorder
 {6} Neuropathy
 {7} Other, specify
 {8} No
 {9} Unknown
((Check all that apply, multiselect))

If another complication is yes, please specify
{[other_specify] text}
{Branching logic (show if): [other] = '0'}

If any other neurological disease, please specify
{[phm_neuro_disorder_other] text}
{Branching logic (show if): [pmh_neuro_disorder(7)] =
'1'}

Complications: Any complications requiring medical intervention and/or hospitalization
Dyspnea: Shortness of breath not explained by an overt pulmonary disease (e.g. pneumonia, ARDS)
Pneumonia: Did the patient develop clinical or radiographic evidence of pneumonia
Cardiovascular: Did the patient develop cardiovascular complications (including myocardial infarction)
Renal insufficiency/dialysis: Did the patient develop acute kidney injury requiring dialysis/continuous renal replacement therapy (CRRT)
Coagulation disorder/disseminated intravascular coagulation: Did the patient develop any coagulation disorder/disseminated intravascular coagulation
Refractory shock: Did the patient experience refractory shock while hospitalized
Extra-Corporeal Membrane Oxygenation (ECMO): Did the patient require ECMO therapy while hospitalized
Mechanical ventilation: Did the patient receive mechanical ventilation

	{0} Yes	{1} No	{9} Unknown
Complications {[any_disorder] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dyspnea {[dyspnea] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pneumonia {[pneumonia] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cardiovascular {[cardio_disorder] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renal insufficiency/dialysis {[dialysis_crrt] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coagulation disorder /Disseminated intravascular coagulation {[coag_disorder] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refractory shock {[refractory_shock] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extra-Corporeal Membrane Oxygenation (ECMO) {[ecmo] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mechanical ventilation {[mechanical_ventilation] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

New Neurological Findings

Neurological findings at visit
{[new_neuro_find] radio} {0} Yes {1} No
(Did the patient have any neurological complaint)

Neurological findings date

(If the exact day is unknown, enter 01 as day and check the next question!)

(Date of patient developed the first neurological signs and symptoms (MM/DD/YYYY))

{[date_neuro_find] text date_mdy}

{[date_neuro_find_day] checkbox} {0} I don't know the exact day
{Branching logic (show if): [date_neuro_find] ""}

	{0} Yes, not COVID assoc	{1} Yes, likely COVID assoc	{3} Yes, unknown COVID assoc	{2} No	{9} Unknown
Headache {[headache] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hyposmia/Hypogeusia {[hyposmia_hypogeusia] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dysautonomia {[dysautonom] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vertigo {[vertigo] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myalgia {[myalgia] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disturbances {[sleep_disturbance] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleepiness/Hypersomnia {[sleep_hypers] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cognitive impairment {[cog_impair] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dysexecutive syndrome {[dysex_syndrom] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hyperactive delirium {[hyperact_delirium] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypoactive delirium/acute encephalopathy {[hypoact_delirium] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stupor/coma {[stupor_coma] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Syncope {[syncope] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seizures/status epilepticus {[clin_seiz_status_epilept] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meningitis/encephalitis {[mening_encephal] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke {[stroke] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Headache: Did the patient develop new on set headache before or or during hospitalization for COVID 19 (self report or family report)

Hyposmia/Hypogeusia: Did patient have abnormal smell or taste before or during hospitalization/clinical visit for COVID-19 (self-reported or family reported)

Dysautonomia: Did the patient exhibit signs/symptoms of dysautonomia

Vertigo: Did the patient report about dizziness with the feeling that (s)he or the objects around are moving when they are not

Myalgia: Did patient develop/complain about myalgia

Sleep disturbances: Did the patient complain/exhibit a disturbance of sleep or a non-restorative sleep

Sleepiness/Hypersomnia: Did patient develop excessive daytime sleepiness (involuntary napping, daily) and/or hypersomnia (>10 hours sleep/24h)

Cognitive impairment: Did the patient develop any symptoms of higher functions impairment (amnesia, aphasia, apraxia, agnosia, etc)

Dysexecutive syndrome: Does the patient present inattention, disorientation, poorly organized movements in response to command in off-sedation

Hyperactive delirium: Did the patient develop delirium (acute mental disturbance characterized by confused thinking and disrupted attention often accompanied by impaired speech or hallucinations)

Hypoactive delirium/acute encephalopathy: Did patient develop new onset altered mental status before or during hospitalization for COVID 19, EXCLUDING direct medication effect or hypotension (MAP < 60 mmHg)

Stupor/coma: Did patient develop stupor or coma (no speech, absent purposeful movements/reaction to painful stimuli, no eye opening or only for a short time even after painful stimuli)

Syncope: Did the patient exhibit transient loss of consciousness due to an insufficient blood flow to the brain

Seizures/status epilepticus: Did the patient present with transient or prolonged disruption of the brain's electrical activity accompanied by altered consciousness and/or other neurological and behavioural manifestations

Meningitis/encephalitis: Did patient have meningitis or encephalitis (confirmed by CSF findings)

Stroke: Is the patient exhibiting signs of acute stroke (confirmed by neuroimaging)

Does the patient present any of new observed movement disorders

{0} Yes, not
COVID assoc

{1} Yes, likely
COVID assoc

{3} Yes,
unknown COVID
assoc

{2} No

{9} Unknown

Tremor {[movement_disord_trem] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chorea {[movement_disord_chor] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dystonia {[movement_disord_dyst] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myoclonus {[movement_disord_hypk] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dyskinesia {[movement_disord_akin] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parkinsonism {[movement_disord_extp] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	{0} Yes, not COVID assoc	{1} Yes, likely COVID assoc	{3} Yes, unknown COVID assoc	{2} No	{9} Unknown
Ataxia {[ataxia] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinal cord disorder {[myleopathy] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peripheral neuropathy {[peri_neuro] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ataxia: Did patient have ataxia (lack of voluntary coordination of muscle movements that can include gait abnormality, speech changes, and abnormalities in eye movements)

Spinal cord disorder: Did patient show signs of myelopathy or evidence of myelitis (confirmed by CSF)

Peripheral neuropathy: Any type of impairment of peripheral nervous system

Other new neurological findings {[other_neuro] radio}	<input type="radio"/> {0} Yes - not COVID assoc <input type="radio"/> {1} Yes - likely COVID assoc <input type="radio"/> {3} Yes - unknown COVID assoc <input type="radio"/> {2} No <input type="radio"/> {9} Unknown (Did the patient develop other new neurological symptoms or signs)
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If other findings is yes, please specify

{[other_neuro_yes] text}

{Branching logic (show if): [other_neuro] = '0' or
[other_neuro] = '1'}

Additional Diagnostic Tools

CSF performed {[csf] radio}	<input type="radio"/> {0} Yes <input type="radio"/> {1} No <input type="radio"/> {9} Unknown (Did the patient undergo a lumbar puncture)
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If abnormal, please specify

{[csf_abnormal] radio}

{Branching logic (show if): [csf] = '0' OR [csf] =
'9'}

<input type="radio"/> {0} Yes - not COVID assoc <input type="radio"/> {1} Yes - likely COVID assoc <input type="radio"/> {3} Yes - unknown COVID assoc <input type="radio"/> {2} No <input type="radio"/> {9} Unknown

CT/MRI
 {[neuroimagine] radio}

{0} Yes
 {1} No
 {2} Findings assoc. with neuro disease
 {9} Unknown
 (Did the patient undergo neuroimaging)

If abnormal, please specify
 {[neuroimagine_abnormal] radio}
 {Branching logic (show if): [neuroimagine] = '0' OR
 [neuroimagine] = '9'}

{0} Yes - not COVID assoc
 {1} Yes - likely COVID assoc
 {3} Yes - unknown COVID assoc
 {2} No
 {9} Unknown

Outcome

	{0} Yes	{1} No	{9} Unknown
Was the patient admitted to the hospital? {[hosp_adm] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the patient admitted to the ICU? {[icu_adm] radio}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Status at discharge/visit

Modified Rankin Scale score (mRS) (Discharge/visit)
 {[disch_mrs] text integer}

_____ (mRS score at discharge (0 - 6, 1-digit))

If (mRS=6): Date of death

(If the exact day is unknown, enter 01 as day and check the next question!) _____ ((MM/DD/YYYY))

{[disch_death_date] text date_mdy}
 {Branching logic (show if): [disch_mrs] = '6'}

{[disch_death_date_day] checkbox} {0} I don't know the exact day
 {Branching logic (show if): [disch_death_date] "" and [disch_mrs] = '6'}

If (mRS=6): Autopsy performed
 {[disch_death_autopsy] radio}

{0} Yes {1} No
 {9} Unknown
 {Branching logic (show if): [disch_mrs] = '6'}

If (mRS=0-5): Date of discharge

(If the exact day is unknown, enter 01 as day and check the next question!) _____ ((MM/DD/YYYY))

{[disch_hosp_date] text date_mdy}
 {Branching logic (show if): [disch_mrs] < 6}

{[disch_hosp_date_day] checkbox} {0} I don't know the exact day
 {Branching logic (show if): [disch_mrs] < 6 and [disch_hosp_date] ""}

NCC Questionnaire Supplementary

NCC additional values {[ncc_addon] radio}	<input type="radio"/> {0} Yes <input type="radio"/> {1} No (Optionally you have the possibility to fill out the NCC CRF)
Patient's ethnicity {[pat_ethnicity] radio} {Branching logic (show if): [ncc_addon] = '0'}	<input type="radio"/> {0} Hispanic or Latino <input type="radio"/> {1} Not Hispanic or Latino <input type="radio"/> {2} Unknown <input type="radio"/> {3} Not reported <input type="radio"/> {9} Other, specify (self-reported)
If patient's self-reported ethnicity is other, define {[pat_ethnicity_other] text} {Branching logic (show if): [ncc_addon] = '0' and [pat_ethnicity] = '9'}	_____
Empiric COVID 19 treatment {[covid_19_empiric_tx] radio} {Branching logic (show if): [ncc_addon] = '0'}	<input type="radio"/> {0} None <input type="radio"/> {1} Hydroxychloroquine <input type="radio"/> {2} Zithromax <input type="radio"/> {3} H+Z combo <input type="radio"/> {4} IVIG <input type="radio"/> {5} Remdesivir <input type="radio"/> {6} lopinavir/ritonavir <input type="radio"/> {7} Other, specify (What empiric COVID 19 treatemt(s) was given)
If empiric COVID 19 treatment is other, which? {[covid_19_empiric_tx_desc] text} {Branching logic (show if): [ncc_addon] = '0' and [covid_19_empiric_tx] = '7'}	_____ (Empiric COVID 19 tx (other))
Pre-Existing Code Status {[preexist_code_status] radio} {Branching logic (show if): [ncc_addon] = '0'}	<input type="radio"/> {0} Full <input type="radio"/> {1} DNR <input type="radio"/> {2} DNI <input type="radio"/> {3} CMO <input type="radio"/> {4} Other (Pre-existing code status prior to presentation to hospital)
ATII-RA {[atii_ra] radio} {Branching logic (show if): [ncc_addon] = '0'}	<input type="radio"/> {0} Yes <input type="radio"/> {1} No (Did the patient receive angiotension -II-receptor antagonists within last 30 days before admission)
Corticosteriods {[corticosteroids] radio} {Branching logic (show if): [ncc_addon] = '0'}	<input type="radio"/> {0} Yes <input type="radio"/> {1} No (Did the patient take nonsteriodal or corticosteriods 30 days prior to admission)
Other immunosuppressives {[other_immuno] radio} {Branching logic (show if): [ncc_addon] = '0'}	<input type="radio"/> {0} Yes <input type="radio"/> {1} No (Did the patient receive other immunosuppressive medications)
Plegia/paralysis {[plegia_paralysis] radio} {Branching logic (show if): [ncc_addon] = '0'}	<input type="radio"/> {0} Yes, specify <input type="radio"/> {1} No (Did patient develop new plegia/paresis, including single limb plegia/paresis, hemiplegia/paresis, and quadriplegia/paresis)

<p>If plegia/paralysis is yes, please specify {[plegia_paralysis_dec] text} {Branching logic (show if): [ncc_addon] = '0' and [plegia_paralysis] = '0'}</p>	<p>_____ (Describe new plegia or paralysis including limb, location)</p>
<p>Aphasia {[aphasia] radio} {Branching logic (show if): [ncc_addon] = '0'}</p>	<p><input type="radio"/> {0} Yes <input type="radio"/> {1} No (Did patient present with new aphasia or develop aphasia during hospitalization)</p>
<p>Abnormal tone {[abnorm_tone] radio} {Branching logic (show if): [ncc_addon] = '0'}</p>	<p><input type="radio"/> {0} Yes, specify <input type="radio"/> {1} No (Did the patient have abnormal tone)</p>
<p>If description of abnormal is other, please specify {[abnorm_tone_other] text} {Branching logic (show if): [ncc_addon] = '0' and [abnorm_tone] = '0'}</p>	<p>_____ (If abnormal tone, describe (other))</p>
<p>Movement disorder {[movement_disord] radio} {Branching logic (show if): [ncc_addon] = '0'}</p>	<p><input type="radio"/> {1} Tremor <input type="radio"/> {2} Stiffness <input type="radio"/> {3} Change in facial expression <input type="radio"/> {4} Disturbances of dexterity <input type="radio"/> {5} Micrographia <input type="radio"/> {6} Weakness <input type="radio"/> {7} Dystonia <input type="radio"/> {8} Ambulatory/Axial Difficulties-Freezing <input type="radio"/> {9} Ambulatory/Axial Difficulties-Lack of arm swing <input type="radio"/> {10} Ambulatory/Axial Difficulties-Leg dragging <input type="radio"/> {11} Ambulatory/Axial Difficulties-Shuffling of gait <input type="radio"/> {12} Ambulatory/Axial Difficulties-Postural imbalance <input type="radio"/> {13} Ambulatory/Axial Difficulties-Falls <input type="radio"/> {14} Ambulatory/Axial Difficulties-Slowness of gait <input type="radio"/> {15} Ambulatory/Axial Difficulties-Stooped posture <input type="radio"/> {16} Ambulatory/Axial Difficulties-Other abnormality of posture or gait <input type="radio"/> {17} other, specify (Indicate the type of new movement disorder experienced)</p>
<p>If movement disorder is other, please specify {[movement_disord_desc] text} {Branching logic (show if): [ncc_addon] = '0' and [movement_disord] = '17'}</p>	<p>_____</p>
<p>Abnormal brainstem reflexes {[abnorm_brain_stem] radio} {Branching logic (show if): [ncc_addon] = '0'}</p>	<p><input type="radio"/> {1} abnormal corneal <input type="radio"/> {2} abnormal pupillary <input type="radio"/> {3} abnormal cough <input type="radio"/> {4} abnormal gag <input type="radio"/> {5} no abnormal reflexes <input type="radio"/> {9} other, specify (Specify if any of the following brainstem reflexes abnormal)</p>
<p>If abnormal brainstem reflexes is other, specify {[abnorm_brain_stem_desc] text} {Branching logic (show if): [ncc_addon] = '0' and [abnorm_brain_stem] = '9'}</p>	<p>_____</p>

Did patient exhibit or report new sensory symptoms {[acute_sensory_sympt] radio} {Branching logic (show if): [ncc_addon] = '0' and [abnorm_brain_stem] = '9'}	<input type="radio"/> {0} Yes <input type="radio"/> {1} No (Did patient exhibit or report new sensory symptoms)
Best GCS {[best_gcs] text integer} {Branching logic (show if): [ncc_addon] = '0'}	(BEST documented Glasgow Coma Score AFTER onset of severe neurological complication. For intubated patients: please use imputed GCS (1 - 15))
Baseline Oxygen Saturation (SPO2) {[baseline_oxygen_sat] text number_3dp} {Branching logic (show if): [ncc_addon] = '0'}	((0.000 - 100.000))
Baseline respiratory rate {[baseline_respiratory_rate] text integer} {Branching logic (show if): [ncc_addon] = '0'}	((0 - 50))
Baseline arterial blood gas Ph (first available since acute hospital admission) {[baseline_art_bg_ph] text number_2dp} {Branching logic (show if): [ncc_addon] = '0'}	((6.00 - 8.00))
Baseline arterial blood gas PaO2 (first available since acute hospital admission) {[baseline_art_bg_pao2] text number_2dp} {Branching logic (show if): [ncc_addon] = '0'}	((10.00 - 200.00))
Baseline arterial blood gas PaCO2 (first available since acute hospital admission) {[baseline_art_bg_paco2] text number_2dp} {Branching logic (show if): [ncc_addon] = '0'}	((10.00 - 100.00))
Baseline arterial blood gas HCO3 (first available since acute hospital admission) {[baseline_art_bg_hco3] text number_2dp} {Branching logic (show if): [ncc_addon] = '0'}	((10.00 - 40.00))
Baseline arterial blood gas O2 sat {[baseline_art_bg_o2sat] text integer} {Branching logic (show if): [ncc_addon] = '0'}	((40 - 100))
Pre-intubation Oxygen Saturation (SPO2) {[preintub_oxygen_sat] text integer} {Branching logic (show if): [ncc_addon] = '0'}	((0 - 100))
Pre-intubation Respiratory Rate {[preintub_respiration_rate] text integer} {Branching logic (show if): [ncc_addon] = '0'}	((0 - 50))
Pre-intubation arterial blood gas Ph {[preintub_abg_ph] text number_2dp} {Branching logic (show if): [ncc_addon] = '0'}	((6.00 - 8.00))
Pre-intubation arterial blood gas PaO2 {[preintub_abg_pao2] text number_2dp} {Branching logic (show if): [ncc_addon] = '0'}	((10.00 - 200.00))

Pre-intubation arterial blood gas PaCO2 {[preintub_abg_paco2] text number_2dp} {Branching logic (show if): [ncc_addon] = '0'}	<hr/> <hr/> ((10.00 - 100.00))
Pre-intubation arterial blood gas HCO3 {[preintub_abg_hco3] text number_2dp} {Branching logic (show if): [ncc_addon] = '0'}	<hr/> <hr/> ((10.00 - 40.00))
Pre-intubation arterial blood gas O2 sat {[preintub_abg_o2sat] text integer} {Branching logic (show if): [ncc_addon] = '0'}	<hr/> <hr/> ((40 - 100))
Days on Mechanical Ventilation {[days_mech_vent] text integer} {Branching logic (show if): [ncc_addon] = '0'}	<hr/> <hr/> ((0 - 60))
WBC on presentation {[presentation_wbc] text number_2dp} {Branching logic (show if): [ncc_addon] = '0'}	<hr/> <hr/> ((0.00 - 50.00) (unit: 10 ⁹ /L))
Lymph on presentation {[presentation_lymph] text number_2dp} {Branching logic (show if): [ncc_addon] = '0'}	<hr/> <hr/> ((0.00 - 50.00) (unit: 10 ⁹ /L))
Neuroimaging type {[neuroimagine_type] checkbox} {Branching logic (show if): [ncc_addon] = '0'}	<input type="checkbox"/> {1} CT scan head <input type="checkbox"/> {2} MRI head <input type="checkbox"/> {3} MRI spine <input type="checkbox"/> {4} none <input type="checkbox"/> {9} other, specify (Describe the type of neuroimaging performed (Multiselect))
If neuroimaging type is other, please specify {[neuroimagine_type_other] text} {Branching logic (show if): [ncc_addon] = '0' and [neuroimagine_type(9)] = '1'}	<hr/>
ICU LOS {[icu_los] text integer} {Branching logic (show if): [ncc_addon] = '0'}	<hr/> <hr/> (Number of days patient received care in the critical care unit (0 - 100))
Hospital LOS {[hospital_los] text integer} {Branching logic (show if): [ncc_addon] = '0'}	<hr/> <hr/> (Number of days patient received care in the hospital (0 - 100))
Discharge disposition {[dispos_discharge] radio} {Branching logic (show if): [ncc_addon] = '0'}	<input type="radio"/> {1} home <input type="radio"/> {2} nursing home/SNF <input type="radio"/> {3} LTACH <input type="radio"/> {4} hospice <input type="radio"/> {6} acute rehab <input type="radio"/> {7} subacute rehab <input type="radio"/> {5} other, specify (State the discharge location)

If dischare disposition type is other, please specify
{[dispos_discharge_other] text}
{Branching logic (show if): [ncc_addon] = '0' and
[dispos_discharge] = '5'}

(Discharge disposition (other))

Finally

Any comment
{[comment] textarea}

Ean NEuro-covid ReGistrY (ENERGY) [Day 30]

{[startdt_d30] text}

Identification

Username

{[user_id_t30] text}

(automatically filled out user ID)

Date of evaluation

{[date_30d] text date_mdy}

NCC Questionnaire Supplementary - 30 Day Mortality

(only available, if you have filled out 'NCC Questionnaire Supplementary' in the DAY 0-Form)

30 Day Mortality

{[day_mortality_30] radio}

{Branching logic (show if): [ncc_addon] = '0'}

{0} Yes {1} No

{9} Unknown

(Was the patient alive at 30 days after hospital discharge)

Finally

Any comment

{[comment_30d] textarea}

Ean NEuro-covid ReGistrY (ENERGY) [Day 90]

{[startdt_d90] text}

Identification

Username

{[user_id_t90] text}

(automatically filled out user ID)

Date of evaluation

{[date_90d] text date_mdy}

NCC Questionnaire Supplementary - 90 Day Mortality

(only available, if you have filled out 'NCC Questionnaire Supplementary' in the DAY 0-Form)

90 Day Mortality

{[day_mortality_90] radio}

{Branching logic (show if): [ncc_addon] = '0'}

{0} Yes {1} No

{9} Unknown

(Was the patient alive at 90 days after hospital discharge)

Finally

Any comment

{[comment_90d] textarea}

Ean NEuro-covid ReGistrY (ENERGY) [6 mo - Followup]

{[startdt_6mo] text}

Identification

Username

{[user_id_t6] text}

(automatically filled out user ID)

Date of evaluation

{[date_6mo] text date_mdy}

6-month follow-up

Modified Rankin Scale score (mRS) (6 Months)

{[mo6_mrs] text integer}

(mRS score after 6 month (0 - 6, 1-digit))

If (mRS=6): Date of death

(If the exact day is unknown, enter 01 as day and check the next question!)

((MM/DD/YYYY))

{[mo6_death_date] text date_mdy}

{Branching logic (show if): [mo6_mrs] = '6'}

{[mo6_death_date_day] checkbox}

{Branching logic (show if): [mo6_mrs] = '6' and [mo6_death_date] ''}

{0} I don't know the exact day

If (mRS=6): Autopsy performed

{[mo6_death_autopsy] radio}

{Branching logic (show if): [mo6_mrs] = '6'}

{0} Yes {1} No

{9} Unknown

If (mRS=0-5): Are there remaining neurological problems since discharge

{[mo6_rem_neuro_prob] radio}

{Branching logic (show if): [mo6_mrs] < '6'}

{0} Yes, specify {1} No

{9} Unknown

If remaining neuro problems are yes, specify

{[mo6_rem_neuro_prob_spec] text}

{Branching logic (show if): [mo6_mrs] < 6 and [mo6_rem_neuro_prob] = '0'}

If (mRS=0-5): Occurrence of new neurological problems since discharge

{[mo6_new_neuro_prob] radio}

{Branching logic (show if): [mo6_mrs] < 6}

{0} Yes, specify {1} No

{2} Unknown

If new neuro problems are yes, specify

{[mo6_new_neuro_prob_spec] text}

{Branching logic (show if): [mo6_mrs] < 6 and [mo6_new_neuro_prob] = '0'}

Was the participant vaccinated? {0} Yes {1} No
{[mo6_vaccinated] radio} {9} Unknown

If yes, insert date and time

(If the exact day is unknown, enter 01 as day and
check the next question!)

((MM/DD/YYYY hh:mm))

(If the exact time is unknown, enter 00:00 as time and
check the next question!)

{[mo6_vaccinated_datetime] text datetime_mdy}
{Branching logic (show if): [mo6_vaccinated] = '0'}

{[mo6_vaccinated_day] checkbox}
{Branching logic (show if): [mo6_vaccinated_datetime]
"}

{0} I don't know the exact day

{[mo6_vaccinated_time] checkbox}
{Branching logic (show if): [mo6_vaccinated_datetime]
"}

{0} I don't know the exact time

Finally

Any comment
{[comment_6mo] textarea}

Ean NEuro-covid ReGistrY (ENERGY) [12 mo - FollowUp]

{[startdt_12mo] text}

Identification

Username

{[user_id_t12] text}

(automatically filled out user ID)

Date of evaluation

{[date_12mo] text date_mdy}

12-month follow-up

Modified Rankin Scale score (mRS) (12 Months)

{[mo12_mrs] text integer}

(mRS score after 12 month (0 - 6, 1-digit))

If (mRS=6): Date of death

(If the exact day is unknown, enter 01 as day and check the next question!)

((MM/DD/YYYY))

{[mo12_death_date] text date_mdy}

{Branching logic (show if): [mo12_mrs] = '6'}

{[mo12_death_date_day] checkbox}

{Branching logic (show if): [mo12_mrs] = '6' and [mo12_death_date] ''}

{0} I don't know the exact day

If (mRS=6): Autopsy performed

{[mo12_death_autopsy] radio}

{Branching logic (show if): [mo12_mrs] = '6'}

{0} Yes {1} No
 {9} Unknown

If (mRS=0-5): Are there remaining neurological problems since discharge

{[mo12_rem_neuro_prob] radio}

{Branching logic (show if): [mo12_mrs] < '6'}

{0} Yes, specify {1} No
 {9} Unknown

If remaining neuro problems are yes, specify

{[mo12_rem_neuro_prob_spec] text}

{Branching logic (show if): [mo12_mrs] < 6 and [mo12_rem_neuro_prob] = '0'}

If (mRS=0-5): Occurrence of new neurological problems since discharge

{[mo12_new_neuro_prob] radio}

{Branching logic (show if): [mo12_mrs] < 6}

{0} Yes, specify {1} No
 {2} Unknown

If new neuro problems are yes, specify

{[mo12_new_neuro_prob_spec] text}

{Branching logic (show if): [mo12_mrs] < 6 and [mo12_new_neuro_prob] = '0'}

Was the participant vaccinated? {0} Yes {1} No
{[mo12_vaccinated] radio} {9} Unknown

If yes, insert date and time

(If the exact day is unknown, enter 01 as day and check the next question!)

((MM/DD/YYYY hh:mm))

(If the exact time is unknown, enter 00:00 as time and check the next question!)

{[mo12_vaccinated_datetime] text datetime_mdy}
{Branching logic (show if): [mo12_vaccinated] = '0'}

{[mo12_vaccinated_day] checkbox}
{Branching logic (show if): [mo12_vaccinated_datetime]
"}

{0} I don't know the exact day

{[mo12_vaccinated_time] checkbox}
{Branching logic (show if): [mo12_vaccinated_datetime]
"}

{0} I don't know the exact time

Finally

Any comment
{[comment_12mo] textarea}
