CASE REPORT FORM

for the Ean NEuro-covid ReGistrY

CRF version 2.0 beta

HOW TO READ

○ Radio button

This is a radio button. Only single selection is possible within one group. A radio button group has one column in exports.

☐ Checkbox

This is a checkbox. Multiple selections within one group are possible. Each checkbox has it's own column in exports.

Numerical (0.0 - 100.0 %)

This is a textbox. The darker box tells you which type of data is expected. Depending on the type additional information can be min and max values, decimal precision, units and expected formats for dates, times and decimals.

NEUROCRITICAL CARE QUESTIONNAIRE

SUPPLEMENTARY

Visit date	
	Date (MM/dd/yyyy)

30/90 day mortality
- ○ Yes
- ○ No
- ○ Unknown

COVID Status

COVID-19 re-infection since previous visit
- ○ Yes
- ○ No

If Yes:
Variant of COVID-19 re-infection
- ○ Alpha (B.1.1.7)
- ○ Beta (B.1.351)
- ○ Gamma (P.1)
- ○ Delta (B.1.617.2)
- ○ My (B.1.621)
- ○ Eta (B.1.525)
- ○ Theta (P.3)
- ○ Kappa (B.1.617.1)
- ○ Lambda (C.37)
- ○ Iota (B.1.526)
- ○ Zeta (P.2)
- ○ Unknown
- ○ Other:

Text

If Yes:
Date of COVID-19 re-infection

Date (MM/dd/yyyy)

| Was the patient vaccinated since previous visit? | ○ Yes |
| | ○ No |

If Yes:
Number of vaccination doses

Numerical (1 - *)

If Yes:
Vaccine of last dose

- ○ Spikevax (Moderna)
- ○ Comirnaty (Pfizer/BioNTech)
- ○ Janssen (Johnson & Johnson)
- ○ Vaxzevria (Oxford/AstraZeneca)
- ○ Covishield (Serum Institute of India)
- ○ Covilo (Sinopharm)
- ○ CoronaVac (Sinovac)
- ○ Unknown
- ○ Other:

Text

If Yes:
Date of last dose

Date (MM/dd/yyyy)

Any comment

Text