**Mortality status**

- [ ] Alive
- [ ] Dead

**Date of death**

- [ ] dd/mmy

**Respiratory pathogen confirmed**

- [ ] Influenza
  - (Pandemic or seasonal)
- [ ] Covid-19
- [ ] Other
  - (provide details)

**Was patient admitted at initial assessment**

- [ ] Yes
- [ ] No

**Discharged home**

- [ ] Transferred to other hospital
- [ ] Other / destination unknown

**Admissions up to 30 days:**

*using patient’s notes please complete as fully as possible, indicating dates for events and what support provided. Please include initial assessment if patient was admitted.*

<table>
<thead>
<tr>
<th>Reason for admission</th>
<th>Ward</th>
<th>Admission dates</th>
<th>Respiratory support</th>
<th>Cardiovascular support</th>
<th>Renal support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Days</td>
<td>Type</td>
<td>Days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ward</th>
<th>Start</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward</td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy</td>
</tr>
<tr>
<td>ITU</td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy</td>
</tr>
<tr>
<td>HDU</td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy</td>
</tr>
</tbody>
</table>
If patient experienced any events that did not require respiratory, cardiovascular or renal support, but that:

- were life threatening,
- resulted in persistent or significant disability or incapacity
- prolonged hospitalisation

Please add details below

**Adverse events:** using patient’s notes please complete as fully as possible, indicating dates for events and what support provided

<table>
<thead>
<tr>
<th>Event details</th>
<th>Event dates</th>
<th>Seriousness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Start</td>
<td>End</td>
</tr>
</tbody>
</table>
|               | d d m m y y y | Ongoing | Life threatening
|               | d d m m y y y | Ongoing | Persistent or significant disability or incapacity
|               | d d m m y y y | Ongoing | Prolongs hospitalisation
|               | Start       | End         | Ongoing |
|               | d d m m y y y | Ongoing | Life threatening
|               | d d m m y y y | Ongoing | Persistent or significant disability or incapacity
|               | d d m m y y y | Ongoing | Prolongs hospitalisation
|               | Start       | End         | Ongoing |
|               | d d m m y y y | Ongoing | Life threatening
|               | d d m m y y y | Ongoing | Persistent or significant disability or incapacity
|               | d d m m y y y | Ongoing | Prolongs hospitalisation

30 day follow-up – for researcher use only

PRIEST Study Follow-Up Form
Version 3.0, 23rd March 2020