



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 its 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.

FOLLOW-UP

Visit date

Date (MM/dd/yyyy)

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)

Modified Rankin Scale score (mRS)

Numerical (0 - 6)

If mRS = 6:
Date of death

Date (MM/dd/yyyy)

If mRS = 6:
Autopsy performed

- Yes
- No
- Unknown

Persisting Symptoms

If mRS < 6:
Persisting symptoms after COVID

- Yes
- No

If persisting symptoms:
Fatigue

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Hypersomnia/EDS

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Insomnia

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Headache

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Muscle pain

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Altered smell

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Altered taste

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Breathing problems

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Chest pain

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Palpitations

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Impaired concentration

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Impaired memory

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Hearing impairment

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Visual impairment

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Pain/Numbness

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Depression

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Anxiety

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Altered physical fitness

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Altered quality of life

- No
- Yes, persisting
- Yes, resolved

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

If persisting symptoms:
Other:

- No
- Yes, persisting
- Yes, resolved

If Yes:
Specify

Text

If resolved:
Month

Numerical (1 - 12)

If resolved:
Year

Numerical (2020 - *)

New Symptoms

If mRS < 6:
New symptoms after COVID

- Yes
- No

If new symptoms:
Did these symptoms occur after vaccination?

- Yes
- No

If new symptoms:
Did the patient see a doctor (non-neurologist)?

- Yes
- No

If new symptoms:
Did the patient see a neurologist?

- Yes
- No

If new symptoms:
Demyelinating or other inflammatory white matter lesions

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Dementia/other cognitive disorders

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Dysautonomia

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Hemorrhagic Stroke

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Hypoxic ischemic brain injury

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Ischemic Stroke

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Meningitis

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Parkinson's disease/Parkinsonism

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Motor Neuron Disease

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Myelopathy/Spinal Cord Disease

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Myopathy

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Neuromuscular junction disorder

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Non-traumatic subarachnoid haemorrhage

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Polyneuropathy

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Polyradiculoneuropathy (GBS)

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Radiculopathy/Plexopathy

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Seizures/Epilepsy

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Toxic/Metabolic Encephalopathy

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Other neurological:

- No
- Yes, persisting
- Yes, resolved

If Yes:
Specify

Text

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Post-COVID Headache

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Post-COVID fatigue

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

If new symptoms:
Post-COVID sleep-wake disorder

- No
- Yes, persisting
- Yes, resolved

If Yes:
Onset month

Numerical (1 - 12)

If Yes:
Onset year

Numerical (2020 - *)

Other Diseases

If mRS < 6:
Does the patient have any pre-existing diseases?

- Yes
- No

If Yes:
Does the patient attend periodical control visits
for pre-existent diseases?

- Yes
- No

If No:
Please select the most suitable choice

- Because of fear of in-hospital infection
- Inefficient leading by family practitioners or other doctors in primary level
- Disrupted functioning at contact center
- Because of milder symptoms
- Lack of family members or bystanders to activate emergency services
- Lack of contact with others
- Because of warning about stay-at-home and social distancing practices

Further Details

For patients experiencing persisting sleep disturbances and/or fatigue and/or cognitive impairment and/or poor quality of life the following scales should be used:

If mRS < 6: Insomnia Severity Index	<input type="text"/> Numerical (0 - 28)
If mRS < 6: Epworth Sleepiness Scale	<input type="text"/> Numerical (0 - 24)
If mRS < 6: Fatigue Severity Scale	<input type="text"/> Numerical (9 - 63)
If mRS < 6: Quality of Life After Brain Injury	<input type="text"/> Numerical (6 - 30)
If mRS < 6: Telephone Interview for Cognitive Status (TICS)	<input type="text"/> Numerical (0 - 41)
Any comment	<input type="text"/> Text