LONG TERM Follow-up on Patient's COVID-19 Status

NOTE: BRANCHING LOGIC EXISTS IN THE FIELDS BELOW WHICH IS NOT INCLUDED IN THE FORMS IN THIS FORMAT

Please contact CENTRA@asco.org if you have any problems with the data capture instruments

Date of last clinical encounter with patient:

__________________________________________________________________________

The date you entered is in the future. Please revisit the date field above and revise your entry.

Has the patient died since the last clinical encounter?☐ Yes  ☐ No

What is the last date the patient was known to still be alive?

__________________________________________________________________________

Date of death:

__________________________________________________________________________

The date you entered is in the future. Please revisit the date field above and revise your entry.

The patient’s death was likely most related to which of the following?

☐ Cancer progression
☐ Complication of cancer treatment
☐ COVID-19 or complications due to COVID-19
☐ Another cause unrelated to Cancer or COVID-19
☐ Unknown cause of death

Patient’s ECOG performance status at most recent clinical encounter:

☐ 0 - Fully active, able to continue with all pre-disease activities without restriction.
☐ 1 - Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work.
☐ 2 - Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.
☐ 3 - Capable of only limited self-care. Confined to bed or chair more than 50% of waking hours.
☐ 4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
☐ Unknown ECOG status

Although the patient has died, please complete the following information regarding the patient’s COVID-19 experience prior to his/her death, and the next form regarding the patient’s cancer status and treatment prior to his/her death.
COVID-19 INFORMATION:

What is the patient’s current (or last known) COVID-19 status?
- Patient still reports symptoms or has complications believed to be related to COVID-19
- Patient is alive and has no symptoms or lingering effects of COVID-19
- Deceased

What symptoms or sequelae has the patient experienced after the acute phase of COVID-19 disease (i.e., 3 or more months after COVID-19 diagnosis)?
- Headache
- Sore throat
- Cough
- Shortness of breath
- Loss of taste or smell
- Fatigue
- Body or muscle aches
- Loss of appetite
- Chest pain
- Lack of cognitive acuity or focus (“brain fog”)
- Depression
- Anxiety
- Other
- None of the above (No remaining symptoms)

What other symptoms has the patient experienced in after the acute phase of COVID-19 (i.e., 3 or more months after COVID-19 diagnosis)? Please separate symptoms with a semi-colon (;)

Has the patient's functional status returned to his/her pre-COVID-19 functional status?
- Yes, the patient's functional status has returned to baseline level, pre-COVID-19
- No, the patient's functional status is worse than it was prior to COVID-19
- Unknown functional status

What COMPLICATIONS or SEQUELAE has the patient experienced after his/her COVID-19 illness? For patients with sequelae, please rate as severe or mild/moderate.

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<th></th>
<th>None</th>
<th>Mild/Moderate</th>
<th>Severe</th>
<th>Unsure/Unknown</th>
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<tbody>
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<td>Lung damage</td>
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<td>Neurologic decline/effects</td>
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