

# 18 and 24 Month Followup On Covid19 Status

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

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Date of last clinical encounter with patient:

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

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Has the patient died since the last clinical encounter?

- Yes  
 No

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

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Date of death:

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

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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

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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

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Although the patient has died, please complete the following information regarding the patient's risk factors and 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.

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Use of tobacco products:

- Current smoker (including e-cigarettes and vaping)  
 Former smoker (including e-cigarettes and vaping)  
 Never smoked  
 Unsure

Type of tobacco products for former or current smokers: (check all that apply)

- Cigarette  
 E-cigarette or vaping  
 Cigar  
 Pipe  
 Unknown

How many years ago did the patient start smoking (any type of tobacco product)?

- < 1 year  
 1 - 5 years  
 6 - 9 years  
 10 or more years  
 Unknown

How long since the patient quit smoking?

- < 1 year  
 1 - 5 years  
 6 - 9 years  
 10 or more years  
 Unknown

Comorbidities or healthcare conditions requiring active treatment since the patient has tested positive for SARS-CoV-2:

(check all that apply)

- Alcoholism  
 Chronic supplemental oxygen needed  
 Cirrhosis  
 Congestive heart failure (CHF)  
 Coronary artery disease (CAD)  
 Dementia  
 Diabetes  
 Hepatitis  
 History of solid organ transplant  
 HIV/AIDS  
 Hypertension  
 Immuno-suppressed due to non-cancer related treatment (defined as outpatient use of systemic corticosteroids ( $\geq 10\text{mg/d}$  prednisone), use of chemotherapy, use of immunosuppressive agents for solid organ transplant or for an autoimmune disease).  
 Inflammatory bowel disease  
 Pulmonary disease (specify pulmonary condition below)  
 Renal (specify renal condition below)  
 Systemic autoimmune disease  
 Patient has NONE of the above listed comorbidities or conditions

Is the patient taking an ACE inhibitor for his/her hypertension?

- Yes  
 No  
 Unsure

Please specify pulmonary conditions: (check all that apply)

- Asthma  
 COPD/Emphysema  
 Obstructive sleep apnea  
 History of pulmonary embolism  
 Radiation pneumonitis  
 Immune checkpoint inhibitor pneumonitis

Please specify renal conditions: (check all that apply)

- Chronic renal insufficiency (CRI/CKD)  
 End-stage renal disease, NOT on dialysis  
 End-stage renal disease, on dialysis

What other comorbidities or health conditions has the patient received treatment for in since his/her positive SARS-CoV-2 test?

Please separate multiple conditions with a semicolon (;).

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Patient's height (in cm):

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Patient's weight (in kg):

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Patient's BMI is:

(If patient's BMI is available in his/her chart,  
please check for consistency with this  
calculation.)

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**COVID-19 INFORMATION:**

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Has the patient received at least one dose of a  
COVID-19 vaccine?

- Yes  
 No  
 Unsure

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Do you have the date that the COVID-19 vaccine (1st  
injection) was obtained?

- Yes  
 No

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Approximately when did the patient receive the  
COVID-19 vaccine (1st injection)?

- Within the last 7 days  
 2 - 4 weeks ago  
 More than 1 month ago  
 Unsure

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Date of COVID-19 vaccine (1st injection):

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Which vaccine did the patient receive?

- Moderna  
 Pfizer  
 Johnson & Johnson / Janssen  
 AstraZeneca  
 Unsure/Unknown

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Do you have the date that the COVID-19 vaccine (2nd  
injection) was obtained?

- Yes  
 No

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Approximately when did the patient receive the  
COVID-19 vaccine (2nd injection)?

- Within the last 7 days  
 2 - 4 weeks ago  
 More than 1 month ago  
 Has not received it yet  
 Will not be getting a second dose  
 Unsure

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Date of 2nd injection of vaccine (if received):

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Has the patient received a 3rd dose of the COVID-19  
vaccine (3rd injection)?

- Yes  
 No  
 Unsure

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Do you have the date that the COVID-19 vaccine (3rd  
injection) was obtained?

- Yes  
 No

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Approximately when did the patient receive the COVID-19 vaccine (3rd injection)?

- Within the last 7 days
- 2 - 4 weeks ago
- More than 1 month ago
- Has not received it yet
- Will not be getting a third dose
- Unsure

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Date of 3rd injection of vaccine (if received):

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For the patient's third vaccine, which vaccine did the patient receive?

- Moderna
- Pfizer
- Johnson & Johnson / Janssen
- AstraZeneca
- Unsure/Unknown

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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

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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)? (check all that apply)

- 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)

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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 (;)

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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.**

	None	Mild/Moderate	Severe	Unsure/Unknown
Lung damage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart damage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurologic decline/effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney damage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver damage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychological effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>