**18 and 24 Month Followup On Covid19 Status**

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

<table>
<thead>
<tr>
<th>Date of last clinical encounter with patient:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>The date you entered is in the future. Please revisit the date field above and revise your entry.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has the patient died since the last clinical encounter?</th>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>What is the last date the patient was known to still be alive?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>The date you entered is in the future. Please revisit the date field above and revise your entry.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>The patient's death was likely most related to which of the following?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Cancer progression</td>
</tr>
<tr>
<td>□ Complication of cancer treatment</td>
</tr>
<tr>
<td>□ COVID-19 or complications due to COVID-19</td>
</tr>
<tr>
<td>□ Another cause unrelated to Cancer or COVID-19</td>
</tr>
<tr>
<td>□ Unknown cause of death</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient's ECOG performance status at most recent clinical encounter:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 0 - Fully active, able to continue with all pre-disease activities without restriction.</td>
</tr>
<tr>
<td>□ 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.</td>
</tr>
<tr>
<td>□ 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.</td>
</tr>
<tr>
<td>□ 3 - Capable of only limited self-care. Confined to bed or chair more than 50% of waking hours.</td>
</tr>
<tr>
<td>□ 4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.</td>
</tr>
<tr>
<td>□ Unknown ECOG status</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Use of tobacco products:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Current smoker (including e-cigarettes and vaping)</td>
</tr>
<tr>
<td>□ Former smoker (including e-cigarettes and vaping)</td>
</tr>
<tr>
<td>□ Never smoked</td>
</tr>
<tr>
<td>□ Unsure</td>
</tr>
</tbody>
</table>
| 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 (>=10mg/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 (;). |
Patient's height (in cm):

__________________________________

Patient's weight (in kg):

__________________________________

Patient's BMI is:

__________________________________

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

COVID-19 INFORMATION:

Has the patient received at least one dose of a COVID-19 vaccine?  
- [ ] Yes  
- [ ] No  
- [ ] Unsure

Do you have the date that the COVID-19 vaccine (1st injection) was obtained?  
- [ ] Yes
- [ ] No

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

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

____________________________

Which vaccine did the patient receive?  
- [ ] Moderna
- [ ] Pfizer
- [ ] Johnson & Johnson / Janssen
- [ ] AstraZeneca
- [ ] Unsure/Unknown

Do you have the date that the COVID-19 vaccine (2nd injection) was obtained?  
- [ ] Yes
- [ ] No

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

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

____________________________

Has the patient received a 3rd dose of the COVID-19 vaccine (3rd injection)?  
- [ ] Yes  
- [ ] No  
- [ ] Unsure

Do you have the date that the COVID-19 vaccine (3rd injection) was obtained?  
- [ ] Yes  
- [ ] No
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 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 |
| Date of 3rd injection of vaccine (if received):                         | ___________________________ |
| For the patient's third vaccine, which vaccine did the patient receive? | - Moderna
- Pfizer
- Johnson & Johnson / Janssen
- AstraZeneca
- Unsure/Unknown |
| 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)? (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) |
| 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.

<table>
<thead>
<tr>
<th>Complication</th>
<th>None</th>
<th>Mild/Moderate</th>
<th>Severe</th>
<th>Unsure/Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung damage</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Heart damage</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Neurologic decline/effects</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Kidney damage</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Liver damage</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Psychological effects</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>