

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

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:

Has the patient received 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): _____

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
 Unsure

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

Which vaccine did the patient receive? Moderna
 Pfizer
 AstraZeneca
 Unknown/Unsure

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.

	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"/>