

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?	
Inclusion	Inclusion evaluation		REDCap subject ID	Text		All		
		Identifiers	Medical record number (MRN)	Text		All		
			Study site (PETAL definition)	Dropdown	A01, ALIGNNE - Baystate Medical Center [A01] A03, ALIGNNE - Brigham and Women's Hospital [A03] A04, ALIGNNE - MaineHealth [A04] A06, ALIGNNE - University of Florida Health [A06] A05, ALIGNNE - Yale New Haven Hospital [A05] B01, Boston - Beth Israel Medical Center [B01] B06, Boston - Hennepin County Medical Center [B06] B02, Boston - Massachusetts General Hospital [B02] B07, Boston - Southdale Hospital [B07] B03, Boston - St. Vincent Hospital [B03] B05, Boston - University of Minnesota Medical Center [B05] B04, Boston - University of Mississippi Medical Center [B04] C05, California - UCLA Ronald Reagan [C05] C04, California - Stanford University		All	
		Eligibility: COVID-19 testing/suspicion	COVID-19 test done	Yes/No		All		
			Total known number of COVID-19 tests completed	Text		All		
			Any positive COVID-19 test?	Yes/No		All		
			Specimen collection date/time for first positive COVID-19 test	Text		All		
			Was the patient's positive COVID-19 test also their first test?	Yes/No		All		
			Results of subject's first COVID-19 test	Radio	1, Positive 0, Negative 9, Indeterminate		All	
		Eligibility: COVID-associated hospitalization	Specimen collection date/time for first COVID-19 test	Text		All		
			Was COVID-19 associated with an admission to a study hospital?	Yes/No		All		
			Did COVID-19 contribute to need for hospital admission?	Yes/No		All		
			Reason for admission if other than COVID-19 symptoms, disease, or associated complications	Text		All		
			Admission hospital	Dropdown	140001, ALIGNNE - Baystate Medical Center [A01] 141001, ALIGNNE - Brigham and Women's Hospital [A03] 142001, ALIGNNE - MaineHealth [A04] 143001, ALIGNNE - Tufts 144001, ALIGNNE - University of Florida Health [A06] 145001, ALIGNNE - Yale New Haven Hospital [A05] 150001, Boston - Beth Israel Medical Center [B01] 151001, Boston - Hennepin County Medical Center [B06] 152001, Boston - Massachusetts General Hospital [B02] 153001, Boston - Southdale Hospital [B07] 154001, Boston - St. Vincent Hospital [B03] 151002, Boston - University of Minnesota Medical Center [B05] 155001, Boston - University of Mississippi Medical Center [B04] 160004, California - UCLA Ronald		All	
			Date/time of first admission to study hospital	Text		All		
		Did this admission occur via the study	Yes/No		All			
		Study hospital ED arrival date/time for ED visit	Text		All			

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?
		Eligibility: COVID-19 symptoms and complications When evaluating symptom/history based elements: if history was able to be obtained and symptom noted, choose "Yes" if history was able to be obtained and symptom is either denied or was not specifically noted, choose "No" if clinicians were unable to obtain any history about patient, choose "unknown"	History of self reported feverishness or measured fever of $\geq 38^{\circ}\text{C}$ ($\geq 100.4^{\circ}\text{F}$)	Radio	1, Yes 0, No 9, Unknown	All	
	Cough		Radio	1, Yes 0, No 9, Unknown	All		
	Dyspnea (shortness of breath) OR tachypnea*		Radio	1, Yes 0, No 9, Unknown	All		
	Clinical suspicion of acute respiratory infection (ARI) despite not meeting criteria above (e.g. hypoxemia, diagnosis of pneumonia, bilateral pulmonary opacities)		Radio	1, Yes 0, No	All		
		Eligibility: CORAL-specific eligibility	Is patient being evaluated for prospective or retrospective cohort?	Radio	1, Retrospective cohort 2, Prospective cohort 0, Not evaluated for CORAL	All	
			Known to be a prisoner or otherwise in legal custody at time of admission to the hospital	Radio	1, Yes 0, No	All	
			Previous admission for COVID-19	Radio	1, Yes 0, No	All	
			Was patient admitted to ICU during hospitalization?	Radio	1, Yes 0, No	All	
			On day of screening for prospective enrollment cohort, was patient on "comfort care" or expected to transition to comfort care?	Radio	1, Yes 0, No	All	
			Enrolled in RED CORAL?	Radio	1, Yes 0, No	All	
Inclusion	Inclusion evaluation		Also enrolled in CORAL REEF?	Radio	1, Yes 0, No	All	
Inclusion	Inclusion evaluation		CORAL enrollment date	Text		All	
			PETAL ID code	Text		All	
			CORAL study ID code	Text		All	
Inclusion	Inclusion evaluation		Enrolled in ISARIC?	Text	1, Yes 0, No	All	Y
			ISARIC enrollment date	Text		All	Y
			ISARIC study ID	Text		All	Y
Baseline assessment	Contact	Identifiers & zip code	Last name	Text		All	
			First name	Text		All	
			Social security number	Text		All	
			Primary address-ZIP code	Text		All	
			ISARIC country	Calc		All	Y
Baseline assessment	Demographics	Patient demographics	Sex	Radio	0, Male 1, Female	All	
			Date of birth	Text		All	
			Race	Radio	1, American Indian/Alaska Native 2, Asian 3, Black/African American 4, Native Hawaiian/Pacific Islander 5, White 9, Multiple 98, Other/declined 99, Unknown/unavailable	All	
			Hispanic ethnicity	Radio	1, Hispanic or Latino 0, Not Hispanic or Latino 9, Unknown	All	
			Pregnant (Y/N)	Yes/No		All	
			Gestational age	Text		All	

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?
			Patient location/living situation prior to<u/> onset of current illness episode	Radio	10, Home independently 12, Home with help (unskilled/unpaid help with ADLs/IADLs) 13, Home with professional help 19, Home, unknown level of support 20, Nursing home/facility (e.g. goal is to meet patients ongoing needs) 21, Rehab or intermediate care facility (e.g. goal is to get patient better) 22, Long-term acute care hospital (LTACH) 23, Acute care hospital 24, Adult family home or other non-medical institution 30, Homeless or living in a temporary shelter 98, Other 99, Unknown	All	
			Specify "other" patient location/living situation prior to<u/> onset of current illness episode	Text		All	
	Exposures/risk factors		Is patient a healthcare worker?	Yes/No		All	
	Variables auto-calculated or defaulted for ISARIC mapping		Is patient a medical laboratory worker?	Calc		All	Y
			Cigarette or tobacco smoking	Radio	2, Current 1, Former 0, Never 9, Unknown	All	
			Vaping	Radio	2, Current 1, Former 0, Never 9, Unknown	All	
	Admission information		Hospital admission type	Radio	1, Medical 2, Surgical (scheduled/elective) 3, Surgical (unscheduled/emergent) 4, Trauma 9, Other	All	
			Any indication in admission documentation of external triage limitations on access to intensive care?	Radio	1, Yes 0, No 9, Unknown	REEF only	
			Patient transferred from another facility?	Radio	0, No 1, Yes, transfer from ED 2, Yes, transfer from inpatient unit	All	
			Reason for transfer	Checkbox	1, Regionalized COVID-19 care 2, Capacity issues at other hospital 3, Need for higher level of care 9, Other/unknown	REEF only	
			Date first arrived at sending/referring facility	Text		All	
	Advanced care planning		Advanced directives or POLST in place before hospital admission?	Radio	1, Yes 0, No 9, Unknown	REEF only	
			Patient limitations on life-sustaining therapy on admission	Radio	0, None 1, DNR 2, DNR/DNI 8, Other 9, Unknown	REEF only	
			Is patient able to make medical decisions on admission?	Radio	1, Yes 0, No 9, Unknown	REEF only	
			Does patient have surrogate decision makers/next of kin?	Radio	1, Yes 0, No 9, Unknown	REEF only	
	Baseline functional status		Hospital admission in the past 12 months	Radio	1, Yes 0, No 9, Unknown	REEF only	
			How many hospital admissions in past year?	Text		REEF only	
			How many days in acute care hospital in last 30 days	Text		REEF only	
			ED visit in the past 12 months	Radio	1, Yes 0, No 9, Unknown	REEF only	
			Patient able to walk independently (>50', use of gait aid permitted)?	Radio	1, Yes 0, No 9, Unknown	REEF only	
			Patient able to perform activities of daily living (ADLs) independently?	Radio	1, Yes 0, No 9, Unknown	REEF only	

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?
			Frailty scale	Radio	1, Very fit 2, Well 3, Managing well 4, Vulnerable 5, Mildly frail 6, Moderately frail 7, Severely frail 8, Very severely frail 9, Terminally ill	REEF only	
Baseline assessment	Symptoms	Symptoms	Is the symptom onset date known?	Yes/No		All	
			Onset date of first/earliest symptom	Text		All	
		Admission signs and symptoms Obtain from ED note and admission H&P symptoms that are new or changed from baseline during this episode of illness. When evaluating symptom/history based elements: if history was able to be obtained and symptom noted, choose "Yes" if history was able to be obtained and symptom is either denied or was not specifically noted, choose "No" if clinicians were unable to obtain any	Fever	Radio	1, Yes 0, No 9, Unknown	All	
			Chills/rigors/shivering	Radio	1, Yes 0, No 9, Unknown	All	
			Cough	Radio	1, Yes 0, No 9, Unknown	All	
			Cough with sputum production	Radio	1, Yes 0, No 9, Unknown	All	
			Sore throat	Radio	1, Yes 0, No 9, Unknown	All	
			Runny nose (rhinorrhoea)	Radio	1, Yes 0, No 9, Unknown	All	
			Wheezing	Radio	1, Yes 0, No 9, Unknown	All	
			Chest pain	Radio	1, Yes 0, No 9, Unknown	All	
			Muscle aches (myalgia)	Radio	1, Yes 0, No 9, Unknown	All	
			Joint pain (arthralgia)	Radio	1, Yes 0, No 9, Unknown	All	
			Fatigue/malaise	Radio	1, Yes 0, No 9, Unknown	All	
			Shortness of breath (dyspnea) at rest, with exertion or lying flat (orthopnea)	Radio	1, Yes 0, No 9, Unknown	All	
			Swelling (edema)	Radio	1, Yes 0, No 9, Unknown	All	
			Unable to walk	Radio	1, Yes 0, No 9, Unknown	All	
			Headache	Radio	1, Yes 0, No 9, Unknown	All	
Altered consciousness or confusion	Radio	1, Yes 0, No 9, Unknown	All				
Seizures	Radio	1, Yes 0, No 9, Unknown	All				
Fainting (syncope)	Radio	1, Yes 0, No 9, Unknown	All				

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?
			Loss or impairment of sense of smell (anosmia)	Radio	1, Yes 0, No 9, Unknown	All	
			Loss or impairment of sense of taste (ageusia)	Radio	1, Yes 0, No 9, Unknown	All	
			Abdominal pain	Radio	1, Yes 0, No 9, Unknown	All	
			Nausea/vomiting	Radio	1, Yes 0, No 9, Unknown	All	
			Diarrhea	Radio	1, Yes 0, No 9, Unknown	All	
			Conjunctivitis	Radio	1, Yes 0, No 9, Unknown	All	
			Bleeding/hemorrhage	Radio	1, Yes 0, No 9, Unknown	All	
			Bleeding site	Text		All	
			Variables auto-calculated or defaulted for ISARIC mapping	Calc		All	Y
			Cough with hemoptysis (coughing up blood)	Calc		All	Y
			Lower chest wall indrawing/retractions	Calc		All	Y
			Rash	Calc		All	Y
			Skin ulcers	Calc		All	Y
			Lymphadenopathy (swollen glands/lymph nodes)	Calc		All	Y
Baseline assessment	Comorbidities	Comorbidities Obtain data from review of admission H&P if not available from automated query	Charlson--Myocardial infarction	Yes/No		All	
			Charlson--Congestive heart failure	Yes/No		All	
			Atrial arrhythmia	Yes/No		REEF only	
			Other (non-atrial) arrhythmia	Yes/No		REEF only	
			Hypertension	Yes/No		All	
			Charlson--Peripheral vascular disease	Yes/No		All	
			Charlson--Cerebrovascular disease (with mild or no residual or TIA)	Yes/No		All	
			Charlson--Hemiplegia	Yes/No		All	
			Charlson--Dementia	Yes/No		All	
			Charlson--Chronic pulmonary disease	Yes/No		All	
			COPD/emphysema/chronic bronchitis	Yes/No		All	
			Interstitial lung disease	Yes/No		All	
			Asthma	Yes/No		All	
			Home respiratory support	Radio	0, None 1, Nasal cannula/trach collar 2, CPAP (with supplemental oxygen) 3, NIPPV/BIPAP 4, Home ventilator	All	
			Highest amount of oxygen used	Text		All	
			Charlson--Peptic ulcer disease	Yes/No		All	
			Charlson--Mild liver disease	Yes/No		All	
			Charlson--Moderate or severe liver disease	Yes/No		All	
			Charlson--Diabetes without end-organ damage	Yes/No		All	
			Charlson--Diabetes with end-organ damage	Yes/No		All	
			Charlson--Connective tissue disease	Yes/No		All	
			Charlson--Moderate or severe renal disease	Yes/No		All	
			Chronic dialysis	Yes/No		All	
			Charlson--Tumor without metastases	Yes/No		All	
			Charlson--Metastatic solid tumor	Yes/No		All	
			Charlson--Leukemia	Yes/No		All	
			Charlson--Lymphoma	Yes/No		All	
			Charlson--AIDS	Yes/No		All	
			HIV	Yes/No	0, No 1, Yes, on antiretroviral therapy (ART) 2, Yes, not on ART 9, Unknown	All	
			Tuberculosis	Yes/No		All	
			Alcohol abuse	Yes/No		All	
			Drug abuse	Yes/No		All	
			Psychosis	Yes/No		All	
			Depression	Yes/No		All	
PTSD	Yes/No		All				
Anxiety	Yes/No		All				

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?
		Automatically-calculated data for other comorbidities and ISARIC data mapping	Chronic cardiac disease (ISARIC summary comorbidity)	Calc		All	Y
			Chronic pulmonary disease (ISARIC summary comorbidity)	Calc		All	Y
			Chronic neurologic disorder (ISARIC summary comorbidity)	Calc		All	Y
			Chronic liver disease (ISARIC summary comorbidity)	Calc		All	Y
			Diabetes (ISARIC summary comorbidity)	Calc		All	Y
			Chronic kidney disease (ISARIC summary comorbidity)	Calc		All	Y
			Malignant neoplasm (ISARIC summary comorbidity)	Calc		All	Y
			Malnutrition (BMI <18.5)	Calc		All	Y
			Obesity (BMI ≥30)	Calc		All	Y
		Morbid/class III obesity (BMI ≥40)	Calc		All	Y	
		Variables auto-calculated or defaulted for ISARIC mapping	Asplenia (functional or surgical lack of spleen)	Calc		All	Y
			Other relevant risk factor/comorbidity	Calc		All	Y
Baseline assessment	Home Meds	Pre-admission drug research trial participation	Is patient <i>known</i> to have received medication(s) as part of a COVID-19 research trial prior to study hospital arrival?	Yes/No		All	
			Was patient's treatment assignment blinded?	Radio	1, Unblinded/open label 2, Blinded 3, Both (only possible if patient was in >1 study) 9, Unknown	All	
			For blinded studies, list the treatment assignment possibilities/options.	Text		All	
			For unblinded/open-label studies, list the treatment assignment patient received.	Text		All	
		Chronic home medications	ACE inhibitors	Yes/No		All	
			Angiotensin receptor blockers (ARBs)	Yes/No		All	
			Other anti-hypertensive	Yes/No		All	
			NSAIDs (non-steroidal anti-inflammatory drugs)	Yes/No		All	
			Aspirin	Yes/No		All	
			Statin	Yes/No		All	
			Chronic systemic/oral steroids	Yes/No		All	
			Chronic inhaled steroids	Yes/No		All	
			Immunosuppressive medication	Yes/No		All	
			Antiretroviral therapy (ART/HAART) for HIV/AIDS	Yes/No		All	
			Chloroquine	Yes/No		All	
			Hydroxychloroquine (plaquenil)	Yes/No		All	
Reason for hydroxychloroquine or chloroquine?	Radio	0, Chronic medication 1, COVID-19 prophylaxis 2, COVID-19 treatment 9, Other/unknown	All				
Azithromycin	Yes/No		All				
Reason for azithromycin?	Radio	0, Chronic medication 1, COVID-19 prophylaxis 2, COVID-19 treatment 9, Other/unknown	All				
Baseline assessment	Initial VS	Initial vital signs within 24 hours of hospital arrival Use first-available vital signs after hospital arrival. Data do not all need to be entered at the same time. Enter "-99" if data is missing or unavailable	Temperature (°C)	Text		All	
			Heart rate	Text		All	
			Respiratory rate	Text		All	
			Systolic blood pressure	Text		All	
			Diastolic blood pressure	Text		All	
			First mean arterial pressure	Text		All	
			Oxygen saturation (%)	Text		All	
			FiO2 at time of oxygen sat	Text		All	
			Oxygen support at time of first O2 sat	Calc		All	Y
			Was GCS explicitly documented?	Yes/No		All	
			GCS	Text		All	
			First weight (kg)	Text		All	
			First height (cm)	Text		All	
			First BMI (auto-calculated)	Calc		All	Y
			First RASS	Text		REEF only	

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?
			First CAM	Radio	1, Positive 0, Negative 9, Not done/not available	REEF only	
		Maximum/minimum vitals within 24 hours of hospital arrival Enter ".99" if data is missing or unavailable	Lowest temperature (°C)	Text		All	
			Highest temperature (°C)	Text		All	
			Lowest HR	Text		All	
			Highest HR	Text		All	
			Lowest RR	Text		All	
			Highest RR	Text		All	
			Lowest SBP	Text		All	
			Highest SBP	Text		All	
			Lowest MAP	Text		All	
			Highest MAP	Text		All	
			Lowest O2 sat (%)	Text		All	
			FiO2 at time of lowest O2 sat	Text		All	
			Lowest GCS	Text		All	
		Variables auto-calculated or defaulted for ISARIC mapping	Sternal capillary refill time >2 seconds	Calc		All	Y
			Severe malnutrition	Calc		All	Y
			AVPU available	Calc		All	Y
			Mid-upper arm circumference (cm)	Calc		All	Y
			Temperate on admission available?	Calc		All	Y
			Heart rate on admission available?	Calc		All	Y
			Respiratory rate on admission available?	Calc		All	Y
			Systolic blood pressure on admission available?	Calc		All	Y
			Oxygen saturation on admission available?	Calc		All	Y
			Glasgow Coma Score on admission available?	Calc		All	Y
			Height on admission available?	Calc		All	Y
			Weight on admission available?	Calc		All	Y
Baseline assessment	Initial Labs		Initial lab results within 24 hours of hospital arrival Use first-available laboratory data after hospital arrival. Data do not all need to be entered at the same time. Enter ".99" if data is missing or unavailable. For the following variables with structured formatting, must enter zeroes after a decimal point: <ul style="list-style-type: none">Enter ".99.0" if missing for: WBC, hemoglobin, lactate, PT, total bilirubin, albumin, potassiumEnter "-.99.00" if missing for: pH	White blood count	Text		All
		Lymphocyte count		Text		All	
		Neutrophil count (ANC)		Text		REEF only	
		Platelets		Text		All	
		Hematocrit		Text		All	
		Hemoglobin		Text		All	
		Lactate		Text		All	
		PTT		Text		All	
		PT		Text		All	
		INR		Text		All	
		AST		Text		All	
		ALT		Text		All	
		Total bilirubin		Text		All	
		Albumin		Text		All	
		Sodium		Text		All	
		Potassium		Text		All	
		Serum bicarbonate (HCO3)		Text		All	
		BUN		Text		All	
		Creatinine		Text		All	
		Glucose		Text		REEF only	
		Procalcitonin		Text		All	
		CRP		Text		All	
		LDH		Text		All	
		CK		Text		All	
		Troponin I		Text		All	

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			BNP	Text		All	
			ESR	Text		All	
			D-dimer	Text		All	
			Ferritin	Text		All	
			IL-6	Text		All	
		First ABG after hospital arrival Enter -99 if no ABG available within 24 hours of hospital arrival	First PaO2	Text		REEF only	
			FIO2 at time of first PaO2	Text		REEF only	
			pH at time of first PaO2	Text		REEF only	
			PaCO2 at time of first PaO2	Text		REEF only	
		APACHE labs (extreme values within 24h hours of hospital arrival) Enter -99 if not available with 24 hours of hospital arrival	Lowest WBC	Text		All	
			Highest WBC	Text		All	
			Lowest Hct	Text		All	
			Highest Hct	Text		All	
			Lowest sodium	Text		All	
			Highest sodium	Text		All	
			Lowest potassium	Text		All	
			Highest potassium	Text		All	
		Worst PaO2 and	Lowest PaO2 within 24h of hospital arrival	Text		All	
			FIO2 at time of lowest PaO2.	Text		All	
			pH from ABG with lowest PaO2	Text		All	
			On ventilator at time of lowest PaO2?	Yes/No		All	
		Variables auto-calculated or defaulted for ISARIC mapping	Haemoglobin on admission available?	Calc		All	Y
			Haemoglobin Unit	Calc		All	Y
			Haemoglobin Unit - Specify Other	Text		All	Y
			WBC count on admission available?	Calc		All	Y
			WBC count Unit	Calc		All	Y
			Haematocrit on admission available?	Calc		All	Y
			Platelets on admission available?	Calc		All	Y
			Platelets Unit	Calc		All	Y
			APTT/APTR on admission available?	Calc		All	Y
			PT on admission available?	Calc		All	Y
			INR on admission available?	Calc		All	Y
			ALT/SGPT on admission available?	Calc		All	Y
			ALT/SGPT Unit	Calc		All	Y
			Total Bilirubin on admission available?	Calc		All	Y
			Total Bilirubin Unit	Calc		All	Y
			Total Bilirubin Unit - Specify other	Text		All	Y
			AST/SGOT on admission available?	Calc		All	Y
			AST/SGOT Unit	Calc		All	Y
			AST/SGOT Unit - Specify Other	Text		All	Y
			Urea (BUN) on admission available?	Calc		All	Y
			Urea (BUN) Unit	Calc		All	Y
			Urea (BUN) Unit - Specify Other	Text		All	Y
			Lactate on admission available?	Calc		All	Y
			Lactate Unit	Calc		All	Y
			Creatinine on admission available?	Calc		All	Y
			Creatinine Unit	Calc		All	Y
			Creatinine Unit - Specify Other	Text		All	Y
			Sodium on admission available?	Calc		All	Y
			Sodium Unit	Calc		All	Y
			Potassium on admission available?	Calc		All	Y
			Potassium Unit	Calc		All	Y
			Procalcitonin on admission available?	Calc		All	Y
			Procalcitonin Unit	Calc		All	Y
			CRP on admission available?	Calc		All	Y
			CRP Unit	Calc		All	Y
			LDH on admission available?	Calc		All	Y
			LDH Unit	Calc		All	Y
			Creatine kinase on admission available?	Calc		All	Y
			Creatine kinase Unit	Calc		All	Y
			Troponin on admission available?	Calc		All	Y
			Troponin Unit	Calc		All	Y
			ESR on admission available?	Calc		All	Y
			ESR Unit	Calc		All	Y
			D-dimer on admission available?	Calc		All	Y
			D-dimer Unit	Calc		All	Y
			Ferritin on admission available?	Calc		All	Y
			Ferritin Unit	Calc		All	Y
			IL-6 on admission available?	Calc		All	Y
			IL-6 Unit	Calc		All	Y

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Baseline assessment	Initial Supportive Treatment	Supportive care treatments within 24 hours of hospital arrival	ICU or ICU step-down/intermediate care unit admission	Radio	1, ICU 2, IMCU/step-down 0, No	All		
			Nasal cannula, face mask, or HFNC oxygen therapy	Yes/No		All		
			Maximum O2 flow via NC, face mask, or HFNC	Radio	1, 1-5L 2, 6-10L 3, 11-15L 4, >15L 9, Unknown	All		
			Most intense method used to give support	Radio	1, Nasal cannula 3, Simple mask 4, Mask with reservoir 2, HFNC	All		
			Non-invasive ventilation (e.g. BiPAP, CPAP)	Yes/No		All		
			Invasive ventilation	Yes/No		All		
			Inotropes/vasopressors	Yes/No		All		
			Dose of vasopressors/inotropes	Radio	1, Dobutamine (any dose) or dopamine <5 µg/kg/min 2, Dopamine 5.1-15, epinephrine ≤0.1, norepinephrine ≤0.1, or vasopressin ≤0.4 units/min 3, Dopamine >15, norepinephrine >0.1, or epinephrine >0.1	All		
			ECMO	Yes/No		All		
			Prone positioning	Yes/No		All		
			Treated with inhaled pulmonary vasodilators (nitric oxide [iNO] or epoprostenol [Flolan])	Yes/No		All		
			Therapeutic neuromuscular blockade / therapeutic paralysis	Yes/No		All		
			Renal replacement therapy / dialysis	Radio	0, No 1, Intermittent dialysis 2, Continuous renal replacement therapy or slow low-efficiency dialysis	All		
Variables auto-calculated or defaulted for ISARIC mapping		Source of oxygen	Calc		All	Y		
Baseline assessment	Initial Drug Treatment	Participation in drug research trial during first 24 hours after hospital arrival	Was a medication given as part of a research trial?	Yes/No		All		
			Was patient's treatment assignment blinded?	Radio	1, Unblinded/open label 2, Blinded 3, Both (only possible if patient was in >1 study) 9, Unknown	All		
			For blinded studies, list the treatment assignment possibilities/options.	Text		All		
			For unblinded/open-label studies, list the treatment assignment patient received.	Text		All		
Baseline assessment	Initial Drug Treatment		Hydroxychloroquine (plaquenil)	Yes/No		All		
			Remdesivir	Yes/No		All		
			Tocilizumab (Actemra)	Yes/No		All		
			Other medication(s) relevant for targeted COVID-19 treatment	Checkbox	0, None 1, Chloroquine 2, Lopinavir/ritonavir (Kaletra) 3, Other HIV protease inhibitor 4, Interferon alpha 5, Interferon beta 6, Ribavirin 7, Oseltamivir (Tamiflu) 8, Baloxavir 9, Sarilumab (Kevzara) 10, Anakinra (Kinaret) 11, IV vitamin C 12, Transfusion of convalescent plasma 99, Other	All		
			List other medication(s) given to treat acute illness	Text		All		
			Antiviral (excluding meds given as part of placebo-controlled RCT)	Calc		All	Y	
			Antibiotics					
			Azithromycin	Yes/No		All		
			Antibiotics other than azithromycin	Yes/No		All		
			Sedatives for intubated patients		Sedatives used for patient while on ventilator	Checkbox	0, None 1, Propofol 2, Dexmedetomidine (Precedex) 3, Benzodiazepine (continuous infusion) 4, Benzodiazepine (intermittent bolus) 5, Ketamine 9, Other	REEF only

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?
		Anticoagulants	<i>Prophylactic</i> anticoagulation	Yes/No		All	
			<i>Therapeutic</i> anticoagulation	Yes/No		All	
			Fibrinolytic ("lytic") therapy	Yes/No		All	
		Other medications administered within 24 hours of hospital arrival	NSAIDs (non-steroidal anti-inflammatory drugs)	Yes/No		All	
			ACE inhibitors	Yes/No		All	
			Angiotensin receptor blockers (ARBs)	Yes/No		All	
			Any steroids (oral, IV, or inhaled)	Yes/No		All	
			IV steroids	Yes/No		All	
			Oral/enteric steroids	Yes/No		All	
			Inhaled steroids	Yes/No		All	
			Total prednisone administered (in mg) during 24h period	Text		All	
			Total methylprednisolone (Solumedrol, Medrol) administered (in mg) during 24h period	Text		All	
			Total hydrocortisone administered (in mg) during 24h period	Text		All	
		Total dexamethasone (Decadron) administered (in mg) during 24h period	Text		All		
		Total prednisolone administered (in mg) during 24h period	Text		All		
		IV fluids	Received >2L IV fluids within first 24 hours of hospital arrival?	Yes/No		All	
		Variables auto-calculated or defaulted for ISARIC mapping	Anti-fungal	Calc		All	Y
			Anti-malarial	Calc		All	Y
			Oral/orogastric fluids	Calc		All	Y
		Daily assessment for calendar day	Date of assessment	Text		All	
			Was patient in the hospital at any point on this study day?	Yes/No		All	
			Is patient known to have died on or before this date?	Yes/No		All	
			Did patient spend any time in an ICU or ICU step-down/intermediate care unit during this calendar day?	Radio	1, ICU 2, IMCU/step-down 0, No	All	
		Vital signs closest to 8 am on calendar day. Enter "-99" if data unavailable	Temperature (°C)	Text		All	
			Heart rate	Text		All	
			Respiratory rate	Text		All	
			Systolic blood pressure	Text		All	
			Diastolic blood pressure	Text		All	
			Mean arterial pressure	Text		All	
			Oxygen saturation	Text		All	
			FiO2 at time of oxygen sat.	Text		All	
			Was GCS explicitly documented?	Yes/No		All	
			GCS	Text		All	
			RASS	Text		REEF only	
			CAM status	Radio	1, Positive 0, Negative 9, Not done/not available	REEF only	
			Urine output (mL)	Text		All	
			24-hour net output (mL)	Text		REEF only	
			24-hour net intake (mL)	Text		REEF only	
			WBC	Text		All	
			Lymphocyte count	Text		All	
			Platelets	Text		All	
			Hematocrit	Text		All	
			Hemoglobin	Text		All	
			Lactate	Text		All	
			INR	Text		All	
			AST	Text		All	
			ALT	Text		All	
			Total bilirubin	Text		All	
			Albumin	Text		All	
			Potassium	Text		All	
Serum bicarbonate (HCO3)	Text			All			
BUN	Text			All			
Creatinine	Text			All			
Procalcitonin	Text		All				
CRP	Text		All				
LDH	Text		All				
CK	Text		All				
Troponin	Text		All				
BNP	Text		All				
D-dimer	Text		All				
Ferritin	Text		All				
IL-6	Text		All				

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?					
		ABG closest to 8 am Enter ".99" if ABG unavailable	PaO2	Text		All						
			FiO2 at time of PaO2	Text		All						
			pH at time of PaO2	Text		All						
				PaCO2 at time of PaO2	Text		All					
		Worst lab/VS data from calendar day (for SOFA calculation) Enter ".99" if data unavailable			Lowest GCS	Text		All				
					Lowest MAP	Text		All				
					Highest creatinine	Text		All				
					Highest total bilirubin	Text		All				
					Lowest platelets	Text		All				
					Lowest PaO2	Text		All				
					FiO2 accompanying lowest PaO2.	Text		All				
					Lowest O2 sat (%)	Text		All				
		EKG data			Did patient have an electrocardiogram (ECG) during the calendar day?	Yes/No		REEF only				
					QTc duration (ms)	Text		REEF only				
		Organ support at any point during calendar day			Nasal cannula, face mask, or HFNC oxygen therapy	Yes/No		All				
					Maximum O2 flow via NC, face mask, or HFNC	Radio	1, 1-5L 2, 6-10L 3, 11-15L 4, >15L 9, Unknown	All				
					Most intense method used to give support	Radio	1, Nasal cannula 3, Simple mask 4, Mask with reservoir 2, HFNC	All				
					Non-invasive ventilation (e.g. BiPAP, CPAP)	Yes/No		All				
					Invasive ventilation	Yes/No		All				
					Inotropes/vasopressors	Yes/No		All				
					Dose of vasopressors/inotropes	Radio	1, Dobutamine (any dose) or dopamine <5 µg/kg/min 2, Dopamine 5.1-15, epinephrine ≤0.1, norepinephrine ≤0.1, or vasopressin ≤0.4 units/min 3, Dopamine >15, norepinephrine >0.1, or epinephrine >0.1	All				
					ECMO	Yes/No		All				
					Treated with inhaled pulmonary vasodilators (nitric oxide [iNO] or epoprostenol [Flolan])	Yes/No		All				
					Therapeutic neuromuscular blockade / therapeutic paralysis	Yes/No		All				
					Prone positioning	Yes/No		All				
					First time turned prone-->supine for day	Text		REEF only				
					First time turned supine-->prone for day	Text		REEF only				
					Renal replacement therapy / dialysis	Radio	0, No 1, Intermittent dialysis 2, Continuous renal replacement therapy or slow low-efficiency dialysis	All				
					Ventilator check data on calendar day closest to 8 am			Ventilator mode	Radio	0, Not receiving invasive mechanical ventilation 1, Volume control 2, PRVC/VC+ 3, Pressure control 4, Pressure support 5, CPAP 6, APRV 9, Other	All	
								Set tidal volume (mL)	Text		All	
		Set inspiratory pressure (cmH2O)	Text					All				
		Pressure support set (cmH2O)	Text					All				
		Actual tidal volume (mL)	Text					All				
		Peak pressure (cmH2O)	Text					All				
		Plateau pressure (cmH2O)	Text					All				
		Set respiratory rate (RR)	Text					All				
		Actual/total respiratory rate (RR)	Text					All				
		Total minute ventilation	Text					All				
		Positive end-expiratory pressure (PEEP, cmH2O)	Text					All				
		FiO2	Text					All				
		O2 sat (%)	Text					All				
		Set I:E ratio	Text					All				
Actual I:E ratio	Text		All									
Daily assessment	Daily assessment		Hydroxychloroquine (plaquenil)	Yes/No					All			
		Remdesivir	Yes/No		All							
		Tocilizumab (Actemra)	Yes/No		All							

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?
			Other medication(s) relevant for targeted COVID-19 treatment	Checkbox	0, None 1, Chloroquine 2, Lopinavir/ritonavir (Kaletra) 3, Other HIV protease inhibitor 4, Interferon alpha 5, Interferon beta 6, Ribavirin 7, Oseltamivir (Tamiflu) 8, Baloxavir 9, Sarulimab (Kevzara) 10, Anakinra (Kinaret) 11, IV vitamin C 12, Transfusion of convalescent plasma 99, Other	All	
			List other medication(s) given to treat acute illness	Text		All	
			Antiviral (excluding meds given as part of placebo-controlled RCT)	Calc		All	Y
		Antibiotics	Azithromycin	Yes/No		All	
			Antibiotics other than azithromycin	Yes/No		All	
		Sedatives for intubated patients	Sedatives used for patient while on ventilator	Checkbox	0, None 1, Propofol 2, Dexmedetomidine (Precedex) 3, Benzodiazepine (continuous infusion) 4, Benzodiazepine (intermittent bolus) 5, Ketamine 9, Other	REEF only	
		Anticoagulants	<i>Prophylactic</i> anticoagulation	Yes/No		All	
			<i>Therapeutic</i> anticoagulation	Yes/No		All	
			Fibrinolytic ("lytic") therapy	Yes/No		All	
		Other medications administered on calendar day	NSAIDs (non-steroidal anti-inflammatory drugs)	Yes/No		All	
			ACE inhibitors	Yes/No		All	
			Angiotensin receptor blockers (ARBs)	Yes/No		All	
			Diuretics	Yes/No		REEF only	
			Any steroids (oral, IV, or inhaled)	Yes/No		All	
			IV steroids	Yes/No		All	
			Oral/enteric steroids	Yes/No		All	
			Inhaled steroids	Yes/No		All	
			Total prednisone administered (in mg) during 24h period	Text		All	
			Total methylprednisolone (Solumedrol, Medrol) administered (in mg) during 24h period	Text		All	
			Total hydrocortisone administered (in mg) during 24h period	Text		All	
			Total dexamethasone (Decadron) administered (in mg) during 24h period	Text		All	
			Total prednisolone administered (in mg) during 24h period	Text		All	
		Outcome scale	WHO ordinal outcome scale (8-point version)	Calc		All	Y
		Variables auto-calculated or defaulted for ISARIC mapping	Temperate available?	Calc		All	Y
			Heart rate available?	Calc		All	Y
			Respiratory rate available?	Calc		All	Y
			Systolic blood pressure available?	Calc		All	Y
			Diastolic blood pressure available?	Calc		All	Y
			Severe dehydration?	Dropdown	1, Yes 0, No 3, Unknown	All	Y
			Sternal capillary refill time >2 seconds?	Dropdown	1, Yes 0, No 3, Unknown	All	Y
			Glasgow Coma Score available?	Calc		All	Y
			Oxygen saturation available?	Calc		All	Y
			AVPU available?	Dropdown	1, Yes 0, No 3, Unknown	All	Y
			Cough	Dropdown	1, Yes 2, No 3, Unknown	All	Y
			Cough: with sputum production	Dropdown	1, Yes 2, No 3, Unknown	All	Y
			Sore throat	Dropdown	1, Yes 2, No 3, Unknown	All	Y
			Chest pain	Dropdown	1, Yes 2, No 3, Unknown	All	Y

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?
			Shortness of breath	Dropdown	1, Yes 2, No 3, Unknown	All	Y
			Confusion	Dropdown	1, Yes 2, No 3, Unknown	All	Y
			Seizures	Dropdown	1, Yes 2, No 3, Unknown	All	Y
			Vomiting / Nausea	Dropdown	1, Yes 2, No 3, Unknown	All	Y
			Diarrhoea	Dropdown	1, Yes 2, No 3, Unknown	All	Y
			Conjunctivitis	Dropdown	1, Yes 2, No 3, Unknown	All	Y
			Myalgia	Dropdown	1, Yes 2, No 3, Unknown	All	Y
			Other sign or symptom	Dropdown	1, Yes 2, No 3, Unknown	All	Y
			Haemoglobin available?	Calc		All	Y
			Haemoglobin Unit	Calc		All	Y
			Haemoglobin Unit - Specify Other	Text		All	Y
			WBC count available?	Calc		All	Y
			WBC count Unit	Calc		All	Y
			Haematocrit available?	Calc		All	Y
			Platelets available?	Calc		All	Y
			Platelets Unit	Calc		All	Y
			APTT/APTR available?	Dropdown	1, Yes 0, Not Done 3, Unknown	All	Y
			PT available?	Dropdown	1, Yes 0, Not Done 3, Unknown	All	Y
			INR available?	Calc		All	Y
			ALT/SGPT available?	Calc		All	Y
			ALT/SGPT Unit	Calc		All	Y
			Total Bilirubin available?	Calc		All	Y
			Total Bilirubin Unit	Calc		All	Y
			Total Bilirubin Unit - Specify other	Text		All	Y
			AST/SGOT available?	Calc		All	Y
			AST/SGOT Unit	Calc		All	Y
			AST/SGOT Unit - Specify Other	Text		All	Y
			Urea (BUN) available?	Calc		All	Y
			Urea (BUN) Unit	Calc		All	Y
			Urea (BUN) Unit - Specify Other	Text		All	Y
			Lactate available?	Calc		All	Y
			Lactate Unit	Calc		All	Y
			Creatinine available?	Calc		All	Y
			Creatinine Unit	Calc		All	Y
			Creatinine Unit - Specify Other	Text		All	Y
			Sodium available?	Dropdown	1, Yes 0, Not Done 3, Unknown	All	Y
			Potassium available?	Calc		All	Y
			Potassium Unit	Calc		All	Y
			Procalcitonin on available?	Calc		All	Y
			Procalcitonin Unit	Calc		All	Y
			CRP available?	Calc		All	Y
			CRP Unit	Calc		All	Y
			LDH available?	Calc		All	Y
			LDH Unit	Calc		All	Y
			Creatine kinase available?	Calc		All	Y
			Creatine kinase Unit	Calc		All	Y
			Troponin available?	Calc		All	Y
			Troponin Unit	Calc		All	Y
			ESR available?	Dropdown	1, Yes 0, Not Done 3, Unknown	All	Y
			D-dimer available?	Calc		All	Y
			D-dimer Unit	Calc		All	Y
			Ferritin available?	Calc		All	Y
			Ferritin Unit	Calc		All	Y
			IL-6 available?	Calc		All	Y
			IL-6 Unit	Calc		All	Y
			Oral/orogastric fluids?	Dropdown	1, Yes 2, No 3, Unknown	All	Y
			Intravenous fluids?	Dropdown	1, Yes 2, No 3, Unknown	All	Y

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?
			Antifungal agent?	Dropdown	1, Yes 2, No 3, Unknown	All	Y
			Antimalarial agent?	Dropdown	1, Yes 2, No 3, Unknown	All	Y
			Oxygen therapy - if <i>Yes</i>, Source of oxygen	Dropdown	1, Piped 2, Cylinder 3, Concentrator 4, Unknown	All	Y
		ABG data	Date/time of ABG	Text		REEF only	
			pH	Text		REEF only	
			PaCO2	Text		REEF only	
			PaO2	Text		REEF only	
			FiO2	Text		REEF only	
		Ventilator check data	Date/time of ventilator check	Text		REEF only	
			Ventilator mode	Radio	0, Not receiving invasive mechanical ventilation 1, Volume control 2, PRVC/VC+ 3, Pressure control 4, Pressure support 5, CPAP 6, APRV 9, Other	REEF only	
			Set tidal volume (mL)	Text		REEF only	
			Set inspiratory pressure (cmH2O)	Text		REEF only	
			Pressure support set (cmH2O)	Text		REEF only	
			Actual tidal volume (mL)	Text		REEF only	
			Peak pressure (cmH2O)	Text		REEF only	
			Plateau pressure (cmH2O)	Text		REEF only	
			Set respiratory rate (RR)	Text		REEF only	
			Actual/total respiratory rate (RR)	Text		REEF only	
			Total minute ventilation	Text		REEF only	
			Positive end-expiratory pressure (PEEP, cmH2O)	Text		REEF only	
FiO2	Text			REEF only			
O2 sat (%)	Text			REEF only			
Set I:E ratio	Text		REEF only				
Actual I:E ratio	Text		REEF only				
Final assessment	Outcomes	Follow-up duration	Date of last data update	Text		All	
		Hospital outcomes Obtain data from review of discharge summary. If patient is transferred between hospitals within your hospital system, review data from all available hospitalizations to answer summative questions.	Hospital discharge/death date/time	Text		All	
			Hospital disposition at discharge	Radio	0, Died 8, Palliative discharge/hospice (any destination) 1, Discharge to home 2, Discharge to home with home services 3, Discharge to nursing home 4, Discharge to LTACH 5, Discharge to rehab 6, Transfer to another acute care facility 7, Transfer to inpatient psychiatric facility 9, Other 99, Still in hospital	All	
			"Other" hospital discharge	Text		All	
			Is patient known to have died after hospital discharge?	Yes/No		All	
			Death date	Text		All	
			Cause of death	Radio	1, Primary respiratory failure 2, Cardiogenic shock 3, Septic shock 4, Arrhythmia 5, Multiorgan failure 8, Other 9, Unknown	All	
			Other cause of death	Text		All	
			Was an autopsy performed?	Radio	1, Yes 0, No 9, Unknown	REEF only	

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?
		Care limitations Obtain data from review of discharge, interim, and transfer summaries.	Were there any limitations of life-sustaining therapy at the time of death?	Radio	1, Yes 0, No 9, Unknown	REEF only	
			Limitation on ICU transfer? Reason(s)?	Checkbox	0, No limitations 1, Limitation due to patient goals 2, Limitation due to hospital policy 3, Limitation due to MD decision (outside of crisis management) 8, Limitation for other reason 9, Limitation, reason unknown	REEF only	
			Limitation on CPR (e.g. DNR)? Reason(s)?	Checkbox	0, No limitations 1, Limitation due to patient goals 2, Limitation due to hospital policy 3, Limitation due to MD decision (outside of crisis management) 8, Limitation for other reason 9, Limitation, reason unknown	REEF only	
			Limitation on intubation (e.g. DNI)? Reason(s)?	Checkbox	0, No limitations 1, Limitation due to patient goals 2, Limitation due to hospital policy 3, Limitation due to MD decision (outside of crisis management) 8, Limitation for other reason 9, Limitation, reason unknown	REEF only	
			Limitation on vasopressors? Reason(s)?	Checkbox	0, No limitations 1, Limitation due to patient goals 2, Limitation due to hospital policy 3, Limitation due to MD decision (outside of crisis management) 8, Limitation for other reason 9, Limitation, reason unknown	REEF only	
			Limitation on dialysis? Reason(s)?	Checkbox	0, No limitations 1, Limitation due to patient goals 2, Limitation due to hospital policy 3, Limitation due to MD decision (outside of crisis management) 8, Limitation for other reason 9, Limitation, reason unknown	REEF only	
			Was patient placed on "comfort-focused care" or made "comfort measures only" prior to death?	Yes/No		REEF only	
			Date patient was placed on "comfort-focused care" or made "comfort measures only"	Text		REEF only	
		Functional status on discharge Obtain from review of discharge summary	How does ability to self-care at discharge compare versus before illness?	Radio	1, Same as before illness 2, Worse than before illness 3, Better than before illness 9, Unknown	All	
			At discharge, patient able to walk independently (>50', use of gait aid permitted)?	Radio	1, Yes 0, No 9, Unknown	REEF only	
			At discharge, patient able to perform ADLs independently?	Radio	1, Yes 0, No 9, Unknown	REEF only	
		Infection status during hospitalization Obtain data from review of discharge, interim, and transfer summaries.	Did patient have a pulmonary infection?	Radio	0, None 1, COVID-19 only 2, Other viral pneumonia(s) only 3, Bacterial pneumonia(s) only 4, COVID-19 + bacterial pneumonia(s) 5, COVID-19 + other viral pneumonia(s) 6, Other viral pneumonia(s) + bacterial pneumonia(s)	All	
			Did patient have a non-pulmonary infection?	Checkbox	0, None 2, Urinary tract 3, Intraabdominal, gastrointestinal, biliary 4, CNS/meningitis 5, Skin and soft tissue 6, Primary bloodstream/endocarditis 7, Osteoarticular (bones & joints, discitis) 8, Other specific non-pulmonary source 9, Multiple non-pulmonary sources 10, Non-pulmonary infection, source unclear	All	

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?
		Organ support at discharge Obtain from review of discharge summary	Discharged on new or increased nasal cannula, face mask, or high-flow oxygen therapy?	Yes/No		All	
			Level of new oxygen support	Radio	1, Nasal cannula 3, Simple mask 4, Mask with reservoir 2, HFNC	All	
			Discharged on new or increased non-invasive positive pressure ventilation (NIPPV/BiPAP/CPAP) for ongoing respiratory support?	Yes/No		All	
			Discharged on new mechanical ventilation?	Yes/No	Via endotracheal tube or tracheostomy.	All	
			Discharged with a new tracheostomy?	Yes/No		All	
			Level of support via tracheostomy	Radio	1, Ventilator (includes nocturnal-only ventilator) 2, Trach collar with FIO2 >0.4 3, Trach collar with FIO2 ≤0.4 4, Capped	All	
			Discharged on new dialysis?	Yes/No		All	
Final assessment	Treatments	Summary of ICU care during hospitalization. If patient is transferred between hospitals within your hospital system, review data from all available hospitalizations to answer summative questions.	Did patient spend any time in an ICU or ICU step-down/intermediate care unit during this admission?	Radio	1, ICU 2, IMCU/step-down 0, No	All	
			Number of times patient admitted to ICU during encounter	Text		All	
			Was patient in ICU at time of hospital death or discharge?	Yes/No		All	
			Date of first ICU admission	Text		All	
			Date of first ICU discharge	Text		All	
			Date of second ICU admission	Text		All	
			Date of second discharge	Text		All	
			Date of third ICU admission	Text		All	
			Date of third ICU discharge	Text		All	
			Date of fourth ICU admission	Text		All	
			Date of FINAL ICU discharge	Text		All	
		Organ support treatment summary for entire hospitalization. Obtain data from review of discharge, interim, and transfer summaries as well as review of respiratory charting and medication administration. If patient is transferred between hospitals within your hospital system, review data from all available hospitalizations to answer summative questions.	Nasal cannula, face mask, or HFNC oxygen therapy	Yes/No		All	
			Maximum O2 flow via NC, face mask, or HFNC	Radio	1, 1--5L 2, 6--10L 3, 11--15L 4, >15L 9, Unknown	All	
			Methods used to provide oxygen support	Checkbox	1, Nasal cannula 3, Simple mask 4, Mask with reservoir 2, HFNC	All	
			Total days of inpatient oxygen therapy up to and including day 28	Text		All	
			Non-invasive ventilation (e.g. BiPAP, CPAP)	Yes/No		All	
			Total days of inpatient NIPPV therapy up to and including day 28	Text		All	
			Invasive ventilation	Yes/No		All	
			Number of episodes of mechanical ventilation during encounter	Text		All	

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?
			Was patient on invasive mechanical ventilation at time of hospital death or discharge?	Yes/No		All	
			Date of first intubation	Text		All	
			Date of first extubation	Text		All	
			Date of second intubation	Text		All	
			Date of second extubation	Text		All	
			Date of third intubation	Text		All	
			Date of third extubation	Text		All	
			Date of fourth intubation	Text		All	
			Date of FINAL extubation	Text		All	
			Inotropes/vasopressors	Yes/No		All	
			Total days of inpatient vasopressor therapy up to and including day 28	Text		All	
			ECMO	Yes/No		All	
			Total days on ECMO therapy up to and including day 28	Text		All	
			Prone positioning	Yes/No		All	
			Total days of prone therapy up to and including day 28	Text		All	
			Treated with inhaled pulmonary vasodilators (nitric oxide [iNO] or epoprostenol [Flolan])	Yes/No		All	
			Total days received inhaled pulmonary vasodilators up to and including day 28	Text		All	
			Therapeutic neuromuscular blockade / therapeutic paralysis	Yes/No	1, Yes 0, No 9, Unknown	All	
			Total days received therapeutic neuromuscular blockade up to and including day 28	Text		All	
			Renal replacement therapy / dialysis	Yes/No		All	
			Received continuous renal replacement therapy at any point during this admission	Yes/No		REEF only	
			Total days of inpatient dialysis/renal replacement therapy up to and including day 28	Text		All	
		Variables auto-calculated or defaulted for ISARIC mapping	Source of oxygen	Calc		All	Y
Final assessment	Diagnostics	Imaging If patient is transferred between hospitals within your hospital system, review data from all available hospitalizations to answer summative questions.	Did patient have chest X-ray or chest CT during the admission?	Radio	0, No 1, Chest X-ray only 2, Chest CT only 3, Chest X-ray <u>and</u> chest CT	All	
			Total number of chest X-rays	Text		All	
			Airspace opacities on chest X-ray	Radio	0, No infiltrates 1, Unilateral infiltrates, 2, Bilateral infiltrates	All	
			Pleural effusion on chest X-ray	Yes/No		All	
			Total number of chest CTs	Text		All	
			Airspace opacities on chest CT	Radio	0, No infiltrates 1, Unilateral infiltrates, 2, Bilateral infiltrates	All	
			Total number of abdominal or abdominal/pelvis CTs	Text		All	
			Total number of formal echocardiograms (TEE or TTE) available for upload	Text		All	
			Total number of informal/point-of-care ultrasounds with stored images available (includes echocardiograms, lung ultrasound, and other informal point-of-care ultrasound)	Text		All	
			Total number of electrocardiograms (ECGs) available for upload	Text		All	
Total number of telemetry files for upload	Text		All	Y			

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?
		Microbiology testing Obtain from review of discharge, interim, and transfer summaries and microbiology and laboratory results. If patient is transferred between hospitals within your hospital system, review data from all available hospitalizations to answer summative questions.	Influenza	Radio	1, Detected 0, Not detected 9, Not done	All	
			Influenza type	Radio	1, H1N1 (2009) 2, H1N1 (seasonal) 3, H3 4, A (untypable) 5, A (not subtyped) 6, B 9, Other	All	
			Non-COVID coronavirus	Radio	1, Detected 0, Not detected 9, Not done	All	
			Other respiratory pathogens detected via molecular testing?	Yes/No		All	
			What respiratory pathogens were detected?	Checkbox	1, True-positive bacterial pulmonary culture 2, True-positive fungal pulmonary culture 3, Strep urine antigen 4, Legionella urine antigen 5, RSV 6, Metapneumovirus 7, Parainfluenza 8, Adenovirus 9, Rhinovirus 10, Mycoplasma 11, Chlamydia pneumoniae 99, Other	All	
			True positive bacterial pulmonary culture?	Yes/No		All	
			True positive fungal pulmonary culture?	Yes/No		All	
			Specify culture(s) or other result	Notes		All	
			HIV test during admission	Radio	1, Detected 0, Not detected 9, Not done	All	
			True positive urine culture?	Yes/No	1, Yes 0, No 9, Not done	REEF only	
			True positive blood culture?	Yes/No	1, Yes 0, No 9, Not done	REEF only	
			Other true-positive culture?	Yes/No	1, Yes 0, No 9, Not done	REEF only	
			C difficile assay positive	Yes/No	1, Yes 0, No 9, Not done	REEF only	
			Variables auto-calculated or defaulted for ISARIC mapping	Viral hemorrhagic fever	Calc		All
		Other pathogen of public interest detected		Calc		All	Y
		Falci-parum malaria		Calc		All	Y
		Non-falci-parum malaria		Calc		All	Y

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?
Final assessment	Complications	Complications observed at any time during hospitalization Obtain data from review of discharge, interim, and transfer summaries. If patient is transferred between hospitals within your hospital system, review data from all available hospitalizations to answer summative questions.	Seizures	Radio	1, Yes 0, No	All	
			Meningitis/encephalitis	Radio	1, Yes 0, No	All	
			Stroke/cerebrovascular accident (CVA)	Radio	1, Yes 0, No	All	
			Ischemic/embolic stroke	Radio	1, Yes 0, No	REEF only	
			Hemorrhagic stroke	Radio	1, Yes 0, No	REEF only	
			Atrial fibrillation	Radio	1, Yes 0, No	All	
			Ventricular arrhythmia	Radio	1, Yes 0, No	All	
			Endocarditis	Radio	1, Yes 0, No	All	
			Myocarditis/pericarditis	Radio	1, Yes 0, No	All	
			Cardiac arrest	Radio	1, Yes 0, No	All	
			ST-elevation MI (STEMI)	Radio	1, Yes 0, No	All	
			Non-ST elevation MI (NSTEMI) or other cardiac ischemia	Radio	1, Yes 0, No	All	
			Congestive heart failure (CHF) / cardiomyopathy	Radio	1, Yes 0, No	All	
			Pneumonia	Radio	1, Yes 0, No	All	
			Bronchiolitis	Radio	1, Yes 0, No	All	
			ARDS	Radio	1, Yes 0, No	All	
			Acute arterial thromboembolism excluding stroke/CVA or myocardial infarction	Radio	1, Yes 0, No	All	
			Acute venous thromboembolism	Radio	1, Yes 0, No	All	
			Pulmonary embolism (PE)	Radio	1, Yes 0, No	All	
			Deep vein thrombosis (DVT) of proximal or central vein	Radio	1, Yes 0, No	All	
			Shock (use of vasopressors)	Radio	1, Yes 0, No	All	
			Bacteremia	Radio	1, Yes 0, No	All	
			Coagulation disorder / disseminated intravascular coagulation	Radio	1, Yes 0, No	All	
			Symptomatic hypoglycemia	Radio	1, Yes 0, No	All	
			Bleeding	Radio	1, Yes 0, No	All	
			Anemia	Radio	1, Yes 0, No	All	
			Pancreatitis	Radio	1, Yes 0, No	All	
Acute renal injury/failure	Radio	1, Yes 0, No	All				
Liver dysfunction/failure	Radio	1, Yes 0, No	All				
Other complication	Calc		All	Y			
Final assessment	Meds	Participation in drug research trial during hospitalization	Was a medication given as part of a research trial?	Yes/No	1, Yes 0, No 9, Unknown	All	
			Was patient's treatment assignment blinded?	Radio	1, Unblinded/open label 2, Blinded 3, Both (only possible if patient was in >1 study) 9, Unknown	All	
			For blinded studies, list the treatment assignment possibilities/options.	Text		All	

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?		
Final assessment	Meds		For unblinded/open-label studies, list the treatment assignment patient received.	Text		All			
			Hydroxychloroquine (plaquenil)	Yes/No		All			
			Remdesivir	Yes/No		All			
			Tocilizumab (Actemra)	Yes/No		All			
			Other medication(s) relevant for targeted COVID-19 treatment	Checkbox	0, None 1, Chloroquine 2, Lopinavir/ritonavir (Kaletra) 3, Other HIV protease inhibitor 4, Interferon alpha 5, Interferon beta 6, Ribavirin 7, Oseltamivir (Tamiflu) 8, Baloxavir 9, Sarulimab (Kevzara) 10, Anakinra (Kinaret) 11, IV vitamin C 12, Transfusion of convalescent plasma 99, Other		All		
			List other medication(s) given to treat acute illness	Text		All			
			Antiviral (excluding meds given as part of placebo-controlled RCT)	Calc		All	Y		
			Antibiotics	Azithromycin	Yes/No	All			
				Antibiotics other than azithromycin	Yes/No	All			
			Anticoagulants	<i>Prophylactic</i> anticoagulation	Yes/No	All			
				<i>Therapeutic</i> anticoagulation	Yes/No	All			
		Fibrinolytic ("lytic") therapy		Yes/No	All				
		Other medications administered at any point during admission	NSAIDs (non-steroidal anti-inflammatory drugs)	Yes/No	All				
			ACE inhibitors	Yes/No	All				
			Angiotensin receptor blockers (ARBs)	Yes/No	All				
			Any steroids (oral, IV, or inhaled)	Yes/No	All				
			IV steroids	Yes/No	All				
			Oral/enteric steroids	Yes/No	All				
			Inhaled steroids	Yes/No	All				
		Variables auto-calculated or defaulted for ISARIC mapping	IV fluids	Calc	All	Y			
			Oral/orogastric fluids	Calc	All	Y			
			Anti-fungal	Calc	All	Y			
			Anti-malarial	Calc	All	Y			
		Other	Contact information	Language	What is the patient's preferred language?	Radio	1, English 2, Spanish 8, Other 9, Unknown	REEF only	
					Please specify preferred language:	Text		REEF only	
					Does the patient speak English?	Yes/No		REEF only	
				Subject contact information for follow up Leave blank if unavailable	Primary telephone number	Text		REEF only	
Secondary telephone number	Text					REEF only			
Work telephone number	Text					REEF only			
Primary email	Text					REEF only			
Primary address-Street (part 1)	Text					REEF only			
Primary address-Street (part 2)	Text					REEF only			
Primary address-City	Text					REEF only			
Primary address-State	Text					REEF only			
Secondary address	Notes					REEF only			
Backup contact information Leave blank if unavailable	Backup contact person #1 relationship				Radio	1, Spouse/partner 2, Parent 3, Child 4, Sibling 5, Other (specify in name field)		REEF only	
	Backup contact person #1 name			Text		REEF only			
	Backup contact person #1 telephone #1			Text		REEF only			
	Backup contact person #1 telephone #2			Text		REEF only			
	Backup contact person #1 address			Notes		REEF only			
	Backup contact person #1 email			Text		REEF only			
	Backup contact person #2 relationship			Radio	1, Spouse/partner 2, Parent 3, Child 4, Sibling 5, Other (specify in name field)		REEF only		
	Backup contact person #2 name			Text		REEF only			
	Backup contact person #2 telephone #1			Text		REEF only			
	Backup contact person #2 telephone #2			Text		REEF only			
	Backup contact person #2 address			Notes		REEF only			
	Backup contact person #2 email			Text		REEF only			

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?	
Other	Calculation Pending	Data elements to be calculated using data collected elsewhere	Age on hospital admit (years, age ≥1 year)	Text		All	Y	
			Age on hospital admit (months, age <1y)	Text		All	Y	
			Charlson score	Text		All	Y	
			Total hospital length of stay (from hospital admit)	Text		All	Y	
			Total ICU length of stay (from hospital admit)	Text		All	Y	
			VFD from admission to hospital discharge or day 28	Text		All	Y	
			Hospital-free days from hospital admit	Text		All	Y	
Other	Optional	Additional detail for first COVID-19 test	COVID-19 specimen #1 type (e.g. nasopharyngeal swab)	Radio	1, Nasopharyngeal swab 2, Oropharyngeal swab 3, Sputum 4, BAL 5, Tracheal Aspirate 9, Other	Optional		
			Setting in which patient had first COVID testing	Radio	1, ED 2, Urgent care 3, Inpatient 4, Outpatient lab 5, Drive-through clinic	Optional		
			COVID-19 test #1 order date/time	Text		Optional		
			COVID-19 test #1 result date/time	Text		Optional		
			Additional detail for first positive COVID-19 test	COVID-19 specimen type for first positive test	Radio	1, Nasopharyngeal swab 2, Oropharyngeal swab 3, Sputum 4, BAL 5, Tracheal Aspirate 9, Other	Optional	
				Setting in which patient had their first positive COVID testing	Radio	1, ED 2, Urgent care 3, Inpatient 4, Outpatient lab 5, Drive-through clinic	Optional	
		Order date/time for first positive COVID-19 test		Text		Optional		
		Result date/time for first positive COVID-19 test		Text		Optional		
		Worst labs between hospital arrival and discharge Enter "-99" if data is missing or unavailable. For the following variables with structured formatting, must enter zeroes after a decimal point:Enter "-99.0" if missing for: WBC, hemoglobin, lactate, PT, total bilirubin, albumin, potassiumEnter "-99.00" if missing for: pH	Lowest WBC after hospital arrival	Text		Optional		
			Lowest lymphocyte count after hospital arrival	Text		Optional		
			Highest neutrophil count after hospital arrival	Text		Optional		
			Lowest platelet after hospital arrival	Text		Optional		
			Lowest hematocrit after hospital arrival	Text		Optional		
			Lowest hemoglobin after hospital arrival	Text		Optional		
			Highest lactate after hospital arrival	Text		Optional		
			Highest aPTT after hospital arrival	Text		Optional		
			Highest INR after hospital arrival	Text		Optional		
			Highest AST after hospital arrival	Text		Optional		
			Highest ALT after hospital arrival	Text		Optional		
			Highest total bilirubin after hospital arrival	Text		Optional		
Lowest albumin	Text			Optional				
Highest potassium after hospital arrival	Text			Optional				
Lowest serum bicarbonate (HCO3)	Text		Optional					
Highest BUN after hospital arrival	Text		Optional					
Highest creatinine after hospital arrival	Text		Optional					
Highest procalcitonin after hospital arrival	Text		Optional					
Highest LDH after hospital arrival	Text		Optional					
Highest CRP after hospital arrival	Text		Optional					
Highest ferritin after hospital arrival	Text		Optional					
Highest troponin after hospital arrival	Text		Optional					
Highest BNP after hospital arrival	Text		Optional					
Highest D-dimer after hospital arrival	Text		Optional					
Highest CK after hospital arrival	Text		Optional					
Highest II-6 after hospital arrival	Text		Optional					

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?	
		Elixhauser comorbidities Obtain data from review of admission H&P if not available from automated query	Elixhauser-Cardiac arrhythmias	Yes/No		Optional		
			Elixhauser-Valvular disease	Yes/No		Optional		
				Elixhauser-Congestive heart failure	Yes/No		Optional	
				Elixhauser-Pulmonary circulation disorder	Yes/No		Optional	
				Elixhauser-Peripheral vascular disease	Yes/No		Optional	
				Elixhauser-Hypertension, uncomplicated	Yes/No		Optional	
				Elixhauser-Hypertension, complicated	Yes/No		Optional	
				Elixhauser-Other neurologic disorders	Yes/No		Optional	
				Elixhauser-Chronic pulmonary disease	Yes/No		Optional	
				Elixhauser-Connective tissue disease	Yes/No		Optional	
				Elixhauser-Peptic ulcer disease without bleeding	Yes/No		Optional	
				Elixhauser-AIDS	Yes/No		Optional	
				Elixhauser-Liver disease	Yes/No		Optional	
				Elixhauser-Diabetes without end-organ damage	Yes/No		Optional	
				Elixhauser-Paralysis	Yes/No		Optional	
				Elixhauser-Renal failure	Yes/No		Optional	
				Elixhauser-Diabetes with end-organ damage (retinopathy, neuropathy, nephropathy)	Yes/No		Optional	
				Elixhauser-Hypothyroidism	Yes/No		Optional	
				Elixhauser-Solid tumor with metastasis	Yes/No		Optional	
				Elixhauser-Lymphoma	Yes/No		Optional	
				Elixhauser-Metastatic solid tumor	Yes/No		Optional	
				Elixhauser-Coagulopathy	Yes/No		Optional	
				Elixhauser-Obesity	Yes/No		Optional	
				Elixhauser-Weight loss	Yes/No		Optional	
			Elixhauser-Fluid and electrolyte disorders	Yes/No		Optional		
			Elixhauser-Blood loss anemia	Yes/No		Optional		
			Elixhauser-Deficiency anemias	Yes/No		Optional		
		Discharge diagnosis ICD-10 codes (electronic query only)	ICD-10 code #1	Text		Optional		
			ICD-10 code #2	Text		Optional		
			ICD-10 code #3	Text		Optional		
			ICD-10 code #4	Text		Optional		
			ICD-10 code #5	Text		Optional		
			ICD-10 code #6	Text		Optional		
			ICD-10 code #7	Text		Optional		
			ICD-10 code #8	Text		Optional		
			ICD-10 code #9	Text		Optional		
			ICD-10 code #10	Text		Optional		
			ICD-10 code #11	Text		Optional		
			ICD-10 code #12	Text		Optional		
			ICD-10 code #13	Text		Optional		
			ICD-10 code #14	Text		Optional		
			ICD-10 code #15	Text		Optional		
			ICD-10 code #16	Text		Optional		
			ICD-10 code #17	Text		Optional		
			ICD-10 code #18	Text		Optional		
			ICD-10 code #19	Text		Optional		
			ICD-10 code #20	Text		Optional		
			ICD-10 code #21	Text		Optional		
			ICD-10 code #22	Text		Optional		
			ICD-10 code #23	Text		Optional		
			ICD-10 code #24	Text		Optional		
			ICD-10 code #25	Text		Optional		
			ICD-10 code #26	Text		Optional		
			ICD-10 code #27	Text		Optional		
			ICD-10 code #28	Text		Optional		
			ICD-10 code #29	Text		Optional		
			ICD-10 code #30	Text		Optional		
			ICD-10 code #31	Text		Optional		
			ICD-10 code #32	Text		Optional		
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			ICD-10 code #36	Text		Optional		
			ICD-10 code #37	Text		Optional		
			ICD-10 code #38	Text		Optional		
			ICD-10 code #39	Text		Optional		
			ICD-10 code #40	Text		Optional		