clusion Iluation	Identifiers	REDCap subject ID  Medical record number (MRN)  Study site (PETAL definition)	Text  Text  Dropdown	A01, ALIGNE - Baystate Medical Center [A01] A03, ALIGNE - Brigham and Women's Hospital [A03] A04, ALIGNE - MaineHealth [A04] A06, ALIGNE - University of Florida Health [A06] A05, ALIGNE - Yale New Haven Hospital [A05] B01, Boston - Beth Israel Medical Center [B01] B06, Boston - Hennepin County Medical Center [B06]	All	generated?
	Identifiers			Center [A01] A03, ALIGNE - Brigham and Women's Hospital [A03] A04, ALIGNE - MaineHealth [A04] A06, ALIGNE - University of Florida Health [A06] A05, ALIGNE - Yale New Haven Hospital [A05] B01, Boston - Beth Israel Medical Center [B01] B06, Boston - Hennepin County	All	
		Study site (PETAL definition)	Dropdown	Center [A01] A03, ALIGNE - Brigham and Women's Hospital [A03] A04, ALIGNE - MaineHealth [A04] A06, ALIGNE - University of Florida Health [A06] A05, ALIGNE - Yale New Haven Hospital [A05] B01, Boston - Beth Israel Medical Center [B01] B06, Boston - Hennepin County		
				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]	All	
	Eligibility: COVID-19 testing/suspicion	COVID-19 test done	Yes/No	COA California - Stanford University	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	
		Specimen collection date/time for first COVID- 19 test	Text		All	
	Eligibility: COVID- associated hospitalization	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  Date/time of first admission to study hospital	Dropdown	140001, ALIGNE - Baystate Medical Center [A01] 141001, ALIGNE - Brigham and Women's Hospital [A03] 142001, ALIGNE - MaineHealth [A04] 143001, ALIGNE - MaineHealth [A04] 143001, ALIGNE - Tufts 144001, ALIGNE - Tufts 144001, ALIGNE - 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 [B07] 151002, Boston - University of Minnesota Medical Center [B05] 155001, Boston - University of Mississippi Medical Center [B05]	All	
					All	
		Did this admission occur via the study Study hospital ED arrival date/time for ED visit	Yes/No Text		All	

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?
		Eligibility: COVID-19 symptoms and complicationsWhen evaluating symptom/history based elements: <ul><li>ul&gt;<li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li>inition</li><li></li></li></ul>	History of self reported feverishness or measured fever of ≥38°C (≥100.4°F)	Radio	1, Yes 0, No 9, Unknown	All	generates.
			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	Retrospective cohort     Prospective cohort     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	
Inclusion	Inclusion evaluation		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 CORAL study ID code	Text Text		All All	
Inclusion	Inclusion evaluation		Enrolled in ISARIC?	Text	1, Yes 0, No	All	Y
	Cvaluation		ISARIC enrollment date	Text	0,110	All	Y
Baseline	Contact	Identifiers & zip	ISARIC study ID Last name	Text Text		All	Y
assessment	Contact	code	First name	Text		All	
			Social security number	Text		All	
			Primary address-ZIP code	Text		All	
Baseline	Demographics	Patient	ISARIC country Sex	Calc Radio	0, Male	All	Υ
assessment	Demographics	demographics			1, Female	All	
			Date of birth Race Hispanic ethnicity	Text 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  1, Hispanic or Latino	All	
					0, Not Hispanic or Latino 9, Unknown	All	
			Pregnant (Y/N)	Yes/No		All	
l l		1	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></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></u> onset of current illness episode	Text		All	
		Exposures/risk factors	Is patient a healthcare worker?	Yes/No		All	
		Variables auto- calcualted 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	
		Advanced care	Date first arrived at sending/referring facility Advanced directives or POLST in place before	Text Radio	1, Yes	All	
		planning	hospital admission?		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, Unknwon	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? How many days in acute care hospital in last	Text Text		REEF only	
			30 days 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 9, Terminally ill	REEF only	
Baseline	Symptoms	Symptoms	Is the symptom onset date known?	Yes/No		All	
assessment			Onset date of first/earliest symptom	Text		All	
		Admission signs and symptomsObtain 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: cul> <li>li&gt;lih history was able to be obtained and symptom noted, choose "Yes" <li>li&gt;lih fistory was able to be obtained and symptom noted, choose "Yes" <li>li&gt;lih choose "Yes" <li>li&gt;lih choose "No" <li>lih choose "No" <li>lih chotose "No" <li>lih choose "No" <li>lih chotose "No" <li>lih colinicians were</li></li></li></li></li></li></li></li></li>	Fever	Radio	1, Yes 0, No 9, Unknown	All	
		unable to obtain any	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	Data	Topics &		Entry		CORAL	Answer
point	category	instructions	Variable	type	Choices	Subjects	auto
			Loss or impairment of sense of smell	Radio	1, Yes		generated?
			(anosmia)		0, No	All	
			Loss or impairment of sense of taste (ageusia)	Radio	9, Unknown 1, Yes		
			coss of impairment of sense of taste (ageusia)	Naulo	0, No	All	
				- "	9, Unknown		
			Abdominal pain	Radio	1, Yes 0, No	All	
					9, Unknown		
			Nausea/vomiting	Radio	1, Yes 0, No	All	
					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	5, OHKHOWH	All	
		Variables auto-	Other sign or symptom	Calc			
		calcualted or defaulted for ISARIC				All	Y
		mapping					
			Cough with hemoptysis (coughing up blood)	Calc Calc		All All	Y
			Lower chest wall indrawing/retractions Rash	Calc		All	Y
			Skin ulcers	Calc		All	Υ
			Lymphadenopathy (swollen glands/lymph nodes)	Calc		All	Υ
Baseline	Comorbidities	Comorbidities	CharlsonMyocardial infarction	Yes/No			
assessment		Obtain data from review of admission					
		H&P if not available				All	
		from automated					
		query	CharlsonCongestive heart failure	Yes/No		All	
			Atrial arrhythmia	Yes/No		REEF only	
			Other (non-atrial) arrhythmia	Yes/No		REEF only	
			Hypertension CharlsonPeripheral vascular disease	Yes/No Yes/No		All	
			CharlsonCerebrovascular disease (with mild	Yes/No		All	
			or no residual or TIA) CharlsonHemiplegia	Yes/No		All	
			CharlsonDementia	Yes/No		All	
			CharlsonChronic pulmonary disease	Yes/No		All	
			COPD/emphysema/chronic bronchitis Interstitial lung disease	Yes/No Yes/No		All	
			Asthma	Yes/No		All	
			Home respiratory support	Radio	O, None  1, Nasal cannula/trach collar  2, CPAP (with supplemental oxygen)  3, NIPPV/BiPAP	All	
			Wiehert annual of the state of	<b>-</b>	4, Home ventilator	***	
1	1	ĺ	Highest amount of oxygen used CharlsonPeptic ulcer disease	Text Yes/No		All	
			-		+	All	
			CharlsonMild liver disease	Yes/No			
			CharlsonModerate or severe liver disease	Yes/No		All	
			CharlsonModerate or severe liver disease CharlsonDiabetes without end-organ damage CharlsonDiabetes with end-organ damage	Yes/No Yes/No Yes/No		All All	
			CharlsonModerate or severe liver disease CharlsonDiabetes without end-organ damage CharlsonDiabetes with end-organ damage CharlsonConnective tissue disease	Yes/No Yes/No Yes/No Yes/No		AII AII AII AII	
			CharlsonModerate or severe liver disease CharlsonDiabetes without end-organ damage CharlsonDiabetes with end-organ damage CharlsonConnective tissue disease CharlsonModerate or severe renal disease Chronic dialysis	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No		All All All All All All All	
			CharlsonModerate or severe liver disease CharlsonDiabetes without end-organ damage CharlsonDiabetes with end-organ damage CharlsonConnective tissue disease CharlsonModerate or severe renal disease Chronic dialysis CharlsonTumor without metastases	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No		All All All All All All All All	
			CharlsonModerate or severe liver disease CharlsonDiabetes without end-organ damage CharlsonDiabetes with end-organ damage CharlsonConnective tissue disease CharlsonModerate or severe renal disease Chronic dialysis	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No		All All All All All All All	
			CharlsonModerate or severe liver disease CharlsonDiabetes without end-organ damage CharlsonDiabetes with end-organ damage CharlsonConnective tissue disease CharlsonModerate or severe renal disease Chronic dialysis CharlsonTumor without metastases CharlsonMetastatic solid tumor CharlsonLeukemia CharlsonLeukemia CharlsonLymphoma	Yes/No		All	
			CharlsonModerate or severe liver disease CharlsonDiabetes without end-organ damage CharlsonDiabetes with end-organ damage CharlsonConnective tissue disease CharlsonModerate or severe renal disease Chronic dialysis CharlsonTumor without metastases CharlsonMetastatic solid tumor CharlsonLeukemia CharlsonLymphoma CharlsonJymphoma CharlsonAIDS	Yes/No	O No	All	
			CharlsonModerate or severe liver disease CharlsonDiabetes without end-organ damage CharlsonDiabetes with end-organ damage CharlsonConnective tissue disease CharlsonModerate or severe renal disease Chronic dialysis CharlsonTumor without metastases CharlsonMetastatic solid tumor CharlsonLeukemia CharlsonLeukemia CharlsonLymphoma	Yes/No	0, No 1, Yes, on antiretroviral therapy (ART) 2, Yes, not on ART 9, Unknown	All	
			CharlsonModerate or severe liver disease CharlsonDiabetes without end-organ damage CharlsonDiabetes with end-organ damage CharlsonConnective tissue disease CharlsonModerate or severe renal disease Chronic dialysis CharlsonTumor without metastases CharlsonMetastatic solid tumor CharlsonLeukemia CharlsonLymphoma CharlsonJymphoma CharlsonAIDS	Yes/No	1, Yes, on antiretroviral therapy (ART)	All	
			CharlsonModerate or severe liver disease CharlsonDiabetes without end-organ damage CharlsonDiabetes with end-organ damage CharlsonConnective tissue disease CharlsonModerate or severe renal disease Chronic dialysis CharlsonTumor without metastases CharlsonMetastatic solid tumor CharlsonHeakemia CharlsonLymphoma CharlsonAIDS HIV Tuberculosis Alcohol abuse	Yes/No	1, Yes, on antiretroviral therapy (ART) 2, Yes, not on ART	All	
			CharlsonModerate or severe liver disease CharlsonDiabetes without end-organ damage CharlsonDiabetes with end-organ damage CharlsonConnective tissue disease CharlsonModerate or severe renal disease Chronic dialysis CharlsonTumor without metastases CharlsonMetastatic solid tumor CharlsonLeukemia CharlsonLeukemia CharlsonAIDS HIV  Tuberculosis Alcohol abuse Drug abuse	Yes/No	1, Yes, on antiretroviral therapy (ART) 2, Yes, not on ART	All	
			CharlsonModerate or severe liver disease CharlsonDiabetes without end-organ damage CharlsonDiabetes with end-organ damage CharlsonConnective tissue disease CharlsonModerate or severe renal disease Chronic dialysis CharlsonTumor without metastases CharlsonHumor without metastases CharlsonLeukemia CharlsonLeukemia CharlsonLymphoma CharlsonAIDS HIV  Tuberculosis Alcohol abuse Drug abuse Psychosis Depression	Yes/No	1, Yes, on antiretroviral therapy (ART) 2, Yes, not on ART	All	
			CharlsonModerate or severe liver disease CharlsonDiabetes without end-organ damage CharlsonDiabetes with end-organ damage CharlsonConnective tissue disease CharlsonModerate or severe renal disease Chronic dialysis CharlsonTumor without metastases CharlsonUmor without metastases CharlsonLeukemia CharlsonLeukemia CharlsonAIDS HIV  Tuberculosis Alcohol abuse Drug abuse Psychosis	Yes/No	1, Yes, on antiretroviral therapy (ART) 2, Yes, not on ART	All	

Calculated data for other comorbidities and ISARIC data mapping	Variable	Entry type	Choices	CORAL Subjects	Answer
Baseline assessment  Baseline assessment  Initial VS  Initial vital signs within 24 hours of hospital arrival. Data do not all need to be entered at the same time. Enter "-99" if data is missing or unavailable  Initial VS  Initial 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  Initial vital signs after Respirato Systolic bil Diastolic Learner Coxygens sterior Coxygens steri	ardiac disease (ISARIC summary ity)	Calc		All	generated?
Baseline assessment  Baseline assessment  Baseline assessment  Initial VS  Initial vital signs within 24 hours of hospital arrival. Data do not all need to be entered at the same time. Enter "-99" if data is missing or unavailable  Initial VS  Initial vital signs or unavailable  Initial vital signs or unavailable  Initial vital signs or unavailable  Initial VS  Initial vital signs or unavailable	ulmonary disease (ISARIC summary ity)	Calc		All	Υ
Baseline assessment  Home Meds  Pre-admission drug research trial participation  Chronic has participation  For blinde assignment participation  Chronic home medications  Chronic home medications  Angiotens Other ant NSAIDs (nd drugs)  Aspirin Statin Chronics in Immunosi Antiretros (nd drugs)  Aspirin Statin Chronics (nd drugs)  Aritertos (nd drugs)  Azithromy Reason for (no statis and on tall need to be entered at the same time. Enter "-99" if data is missing or unavailable  Heart rate Respirato Systolic bil Eist mear Oxygen se FiO2 at the Coxygen se FiO2 at th		Calc		All	Y
Baseline assessment  Baseline assessment    Home Meds   Pre-admission drug research trial participation   For blinde assignment medications   For unblir treatment was patient for unblir treatment		Calc		All	Y
Baseline assessment    Home Meds   Pre-admission drug research trial participation   For blinde assignment For unblir treatment medications   For blinde assignment For unblir treatment medications   Application   Application   AcE inhibit medications   Application   AcE inhibit medications   Act inhibit	(ISARIC summary comorbidity) idney disease (ISARIC summary ity)	Calc Calc		All	Y
Baseline assessment  Baseline assessment  Baseline assessment  Baseline assessment  Baseline assessment  Baseline assessment  Chronic home medications  Applications  Chronic in Immunosi Antiretros HIV/AIDS  Chloroqui Hydroxycl Reason for 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  Heart rate Respirato Sylasolic is Distabilic in First mean Oxygen se FiO2 at time	t neoplasm (ISARIC summary	Calc		All	Υ
Baseline assessment  Home Meds Pre-admission drug research trial participation  Chronic home medications  Chronic home medications  Chronic home medications  Chronic home medications  Angiotens Other ant NSAIDs (n drugs) Aspirin Statin Chronic in Immunoss Antiretro HIV/AIDS Chloroqui Hydroxycl Reason for hospital arrival Use first-available 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  Heart rate Respirato Systolic it First mean Oxygen se FiO2 at tir Oxygen se	ion (BMI <18.5)	Calc		All	Y
Baseline assessment    Home Meds   Pre-admission drug research trial participation   For blinde assignment   For unblin treatment retartment   For unblin treatment   For unblin treatm		Calc		All	Y
Baseline assessment  Home Meds Pre-admission drug research trial participation  For blinde assignment For unblir treatment For unblir treatment Managiotens Other ant NSAIDs (n drugs) Aspirin Statin Chronic in Immunosi Antitertovo HIV/AIDS Chloroqui Hydroxycl Reason for 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  Heart rate Respirato Systolic bi Diastolic: First mean Oxygen se FiO2 at tir.	lass III obesity (BMI ≥40)  functional or surgical lack of spleen)	Calc Calc		All	Y
Baseline assessment  Initial VS  Initial vital signs within 24 hours of hospital arrival. Data do not all need to be entered at the same time. Enter "-99" if data is missing or unavailable  Heart rate Respirato Systolic b Diastolic b First mean Oxygen se FiO2 at m	evant risk factor/comorbidity <i>known</i> to have received	Calc Yes/No		All	Y
Baseline assessment  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  Heart rate Respirato Systolic bi Diastolic bi Diastolic bi First meai Oxygen se FiO2 at time.	on(s) as part of a COVID-19 research to study hospital arrival?	res/No		All	
Baseline assessment    Chronic home medications	ent's treatment assignment blinded?	Radio	1, Unblinded/open label 2, Blinded 3, Both (only possible if patient was in >1 study) 9, Unknown	All	
Baseline assessment  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  Heart rate Respirato Systolic bi Diastolic L First mear Oxygen se FiO2 at tir.	ed studies, list the treatment nt possibilities/options.	Text		All	
Baseline assessment  Baseline de linitial 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  Heart rate Respirato Systolic blipiastolic to First mear Oxygen se FiO2 at tir. Oxygen	nded/open-label studies, list the tassignment patient received.	Text		All	
Baseline assessment  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  Heart rate Respirato Systolic bi Diastolic to First mear Oxygen se FiO2 at tri Oxygen	itors	Yes/No		All	
Baseline assessment  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  Heart rate Respirato Systolic b Diastolic t First meai Oxygen ss FiO2 at tir Oxygen ss	sin receptor blockers (ARBs)	Yes/No		All	
Baseline assessment  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  Heart rate Respirato Systolic b Diastolic b Diastolic b First meai Oxygen sa FiO2 at tir.	i-hypertensive ion-steroidal anti-inflammatory	Yes/No Yes/No		All	
Baseline assessment  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  Heart rate Respirato Systolic bi Diastolic to First meai Oxygen sa FiO2 at tir.				All	
Baseline assessment  Baseline linitial 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  Heart rate Respirato Systolic bl Diastolic to First mear Oxygen se FiO2 at time.		Yes/No		All	
Baseline sasessment 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  Heart rate Respirato Systolic bi Diastolic to First mean Oxygens as FiO2 at tir Oxygens as FiO2 at tir Oxygens signory and the same time.	ystemic/oral steroids	Yes/No Yes/No		All	
Baseline assessment Initial VS Initial vital signs within 24 hours of hospital arrival Use first-available vital signs after 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 Heart rate Respirato Systolic bi Diastolic t First meai Oxygen s. FiO2 at tir Oxygen s.	hhaled steroids	Yes/No		All	
Baseline Initial VS Initial vital signs within 24 hours of hospital arrival Use first-available vital signs after hospital arrival Ospital arrival Ospital arrival Ospital signs after hospital arrival Data do not all need to be entered at the same time. Enter "-99" if data is missing or unavailable  Heart rate Respirato Oxygen signs after hospital arrival Data do not all need to be entered at the same time. Enter "-99" if data is missing or unavailable  Heart rate Respirato Oxygen signs after hospital arrival Data do not all need to be entered at the same time. Enter "-99" if data is missing or unavailable  Heart rate Respirato Oxygen signs after hospital arrival Data do not all need to be entered at the same time. Enter "-99" if data is missing or unavailable	uppressive medication viral therapy (ART/HAART) for	Yes/No Yes/No		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  Heart rate Respirato Systolic bi Diastolic to First mear Oxygen se FiO2 at tir.  Oxygen se FiO3 at tir.	virus energy (ART) The ART) for	103/140		All	
Baseline assessment    Initial VS		Yes/No		All	
Baseline sassessment 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  Heart rate Respirato Systolic bi Diastolic to First mear Oxygens si FiO2 at tir Oxygen su	hloroquine (plaquenil) or hydroxychloroquine or chloroquine?	Yes/No Radio	0, Chronic medication 1, COVID-19 prophyalxis 2, COVID-19 treatment 9, Other/unknown	All	
Baseline ssessment 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  Heart rate Respirato Systolic bi Diastolic t First meai Oxygen s. FiO2 at tir Oxygen s.	ycin	Yes/No		All	
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  Heart rate Respirato Systolic bi Diastolic to First mear Oxygen se FiO2 at tir Oxygen sa	or azithromycin?	Radio	0, Chronic medication 1, COVID-19 prophyalxis 2, COVID-19 treatment 9, Other/unknown	All	
Respirato Systolic bi Diastolic t First mea Oxygen sa FiO2 at tir Oxygen sa	ure (°C)	Text		All	
Systolic bl Diastolic t First mear Oxygen sa FiO2 at tir Oxygen su		Text		All	
Diastolic t First mear Oxygen sa FiO2 at ti Oxygen su	ry rate lood pressure	Text Text		All	
First mear Oxygen ss FiO2 at tin Oxygen sı	blood pressure	Text		All	
Oxygen sa FiO2 at tir Oxygen su	n arterial pressure	Text		All	
Oxygen su	aturation (%)	Text		All	
	me of oxygen sat	Text		All	
	upport at time of first O2 sat	Calc Ves/No		All	Υ
GCS	explicitly documented?	Yes/No Text		All	
First weig	ht (kg)	Text		All	
First heigh	ht (cm)	Text		All	
First BMI First RASS	(auto-calculated)	Calc Text		All REEF only	Y

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto
			First CAM	Radio	1, Positive 0, Negative 9, Not done/not available	REEF only	generated?
		Maximum/minimu m vitals within 24 hours of hospital arrival Enter "-99" if data is missing or	Lowest temperature (°C)	Text		All	
		unavailable	Highest temperature (°C)	Text		All	
			Lowest HR	Text		All	
			Highest HR Lowest RR	Text Text		All	
			Highest RR	Text		All	
			Lowest SBP Highest SBP	Text Text		All	
			Lowest MAP	Text		All	
			Highest MAP	Text		All	
			Lowest O2 sat (%) FiO2 at time of lowest O2 sat	Text Text		All	
			Lowest GCS	Text		All	
		Variables auto- calcualted or defaulted for ISARIC mapping	Sternal capillary refill time >2 seconds	Calc		All	Υ
			Severe malnutrition	Calc		All	Υ
			AVPU available Mid-upper arm circumference (cm)	Calc Calc		All	Y
			Temperate on admission available?	Calc		All	Y
			Heart rate on admission available?	Calc		All	Y
			Respiratory rate on admission available? Systolic blood pressure on admission available?	Calc Calc		All	Y
			Oxygen saturation on admission available?	Calc		All	Υ
			Glasgow Coma Score on admission available?  Height on admission available?	Calc Calc		All	Y
	Initial Labs	Initial lab results	Weight on admission available? White blood count	Calc		All	Y
		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> iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</ul>				All	
			Lymphocyte count	Text		All	
			Neutrophil count (ANC) Platelets	Text Text		REEF only All	
			Hematocrit	Text		All	
			Hemoglobin Lactate	Text		All	
			PTT	Text Text		All	
			PT	Text		All	
			INR AST	Text Text		All	
			ALT	Text		All	
			Total bilirubin	Text		All	
			Albumin Sodium	Text Text		All	
			Potassium	Text		All	
			Serum bicarbonate (HCO3) BUN	Text Text		All	
			Creatinine	Text		All	
			Glucose	Text		REEF only	
			Procalcitonin CRP	Text Text		All	
			LDH	Text		All	
			СК	Text		All	
1		l	Troponin I	Text		All	

Time	Doto	Tonics 9		Entry		CORAL	Answer
Time point	Data category	Topics & instructions	Variable	Entry type	Choices	Subjects	auto
			BNP	Text		All	generated?
			ESR	Text		All	
			D-dimer	Text		All	
			Ferritin IL-6	Text Text		All	
		First ABG after	First PaO2	Text		All	
		hospital arrival					
		Enter -99 if no ABG available within 24				REEF only	
		hours of hospital					
		arrival					
			FiO2 at time of first PaO2	Text		REEF only	
			pH at time of first PaO2	Text		REEF only	
		APACHE labs	PaCO2 at time of first PaO2 Lowest WBC	Text		REEF only	
		(extreme values	Lowest WBC	Text			
		within 24h hours of					
		hospital arrival)				All	
		Enter -99 if not available with 24				All	
		hours of hospital					
		arrival					
			Highest WBC	Text		All	
			Lowest Hct	Text		All	
			Highest Hct	Text		All	
			Lowest sodium	Text		All	<del>                                     </del>
			Highest sodium Lowest potassium	Text 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 On ventilator at time of lowest PaO2?	Text		All	
		Variables auto-	Haemoglobin on admission available?	Yes/No Calc		All	
		calcualted or	That magnetin an admission aranasic.	Cuic			
		defaulted for ISARIC				All	Y
		mapping					
			Haemoglobin Unit Haemoglobin Unit - Specify Other	Calc 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 APTT/APTR on admission available?	Calc 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? Total Bilirubin Unit	Calc Calc		All	Y
			Total Bilirubin Unit - Specify other	Text		All	Y
			AST/SGOT on admission available?	Calc		All	Υ
			AST/SGOT Unit	Calc		All	Y
			AST/SGOT Unit - Specify Other Urea (BUN) on admission available?	Text		All	Y
			Urea (BUN) Unit	Calc Calc		All	Y
			Urea (BUN) Unit - Specify Other	Text		All	Y
			Lactate on admission available?	Calc		All	Υ
			Lactate Unit	Calc		All	Y
			Creatinine on admission available? Creatinine Unit	Calc Calc		All	Y
			Creatinine Unit - Specify Other	Text		All	Y
			Sodium on admission available?	Calc		All	Y
			Sodium Unit	Calc		All	Υ
			Potassium on admission available?	Calc		All	Y
			Potassium Unit Procalcitonin on admission available?	Calc Calc		All	Y
			Procalcitonin on admission available?  Procalcitonin Unit	Calc		All	Y
			CRP on admission available?	Calc		All	Y
			CRP Unit	Calc		All	Υ
			LDH on admission available?	Calc		All	Y
			LDH Unit Creatine kinase on admission available?	Calc Calc		All	Y
			Creatine kinase on admission available?	Calc		All	Y
			Troponin on admission available?	Calc		All	Y
			Troponin Unit	Calc		All	Υ
			ESR on admission available?	Calc		All	Y
			ESR Unit D-dimer on admission available?	Calc Calc		All	Y
			D-dimer on admission available?  D-dimer Unit	Calc		All	Y
	ĺ		Ferritin on admission available?	Calc		All	Y
			Ferritin Unit	Calc		All	Y
			Ferritin Unit IL-6 on admission available? IL-6 Unit	Calc Calc Calc		All All	Y Y Y

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto
Baseline assessment	Initial Supportive Treatment		ICU or ICU step-down/intermediate care unit admission	Radio	1, ICU 2, IMCU/step-down	All	generated?
		24 hours of hospital arrival	Nasal cannula, face mask, or HFNC oxygen	Yes/No	0, No	All	
			therapy		4.4.5	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 Inotropes/vasopressors	Yes/No 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- calcualted or defaulted for ISARIC mapping	Source of oxygen	Calc		All	Υ
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) Other medication(s) relevant for targeted COVID-19 treatment	Yes/No 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	
		Sedatives for intubated patients	Antibiotics other than azithromycin Sedatives used for patient while on ventilator	Yes/No Checkbox	0, None 1, Propofol 2, Dexmedetomidine (Precedex) 3, Benzodiazepine (continuous infusion) 4, Benzodiazepine (intermittent bolus) 5, Ketamine 9, Other	REEF only	

A-discopations	Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto
Color and carbon   Color and c			Author India	di Barah Januar Prantisan Jahan		I		generated?
Other medications   SAME   Interest set			Anticoaguiants					
All								
All particular processors of the processors of t					Yes/No			
ACC Embloors Angotenson receptor blockers (1688) Any strong (1014, Mr. or inhaled) Any strong (1014, Mr. or			24 hours of hospital	drugs)			All	
Angiprochem receptor throughes (ARMS) Any streeted (Loung of Individual Control Contro			arrivai	ACE inhibitors	Voc/No		All	
Part								
Included retarded   Yes/No								
Inhered steroids  Total productors and animatered (in mg) during All period  Text   Mercinal administrates (in mg) during 24 in period  Text   Mercinal administrates (in mg) during 24 in period  Text   Mercinal administrates (in mg) during 24 in period  Text   Mercinal administrates (in mg) during 24 in period  Text   Mercinal administrates (in mg) during 24 in period  Text   Mercinal administrates (in mg) during 24 in period 24 in pe					Yes/No			
Total promissions administered (in mg) during 24h period (in methylpredisacione) (solumedrot), which is a methylpredisacione) (solumedrot) (solumedrot), which is a methylpredisacione) (solumedrot), whi								
Zah pernod Total mathypperdissolone (folumedro), Mereiro) administrated (in mg) administ							All	
Test arrestly-preference (Solumentary 2 https://doi.org/10.1001/10.1					Text		All	
period Total spreadcontrols administered (in mg) during 24h period Total desemblance (Decadon) Total desemblance (Decadon) Total period period Total period period Total period period Total period during 24h period Total period period Total period period Total period period period period period Total period period period period period Total period period period period Total period period period period period Total period				-	Text			
during 24h period							All	
All				during 24h period			All	
Total precinicolone administered (in mg)					Text		All	
More					Text			
Variables auto- calculated or defaulted for CARIC mapping  All P  Anti-malarial Calc			IV fluids	during 24h period				
Calculated or Graphic for Inchited (and particular for Inchited (and par				hospital arrival?			All	
Daily assessment for   Dard assessment   Text			calcualted or defaulted for ISARIC	Anti-fungal	Calc		All	Y
Deliy assessment for Date of assessment   Calendar day				Anti-malarial	Calc		All	Y
Calendar day					Calc		All	Υ
Study day?   Stallent known to have died on or before this   Ves/No   State?   Did patient spend any time in an ICU or ICU   Step-down/intermediate care unit during this   California							All	
date?   Did patient spend any time in an ICU or ICU step-down/intermediate care unit during this called a called a care unit during this called a				study day?			All	
step-down/intermediate care unit during this can be called a day?  Wital signs closes to 18 am on called and day?  Enter "99" if data unavailable  Heart rate  Respiratory rate  Systolic blood pressure  Disstolic blood pressure  Text  Disstolic blood pressure  Text  Was GCS explicitly documented?  REST Text  CAM status  REST Text  CAM status  Rest CAM status  All III status  All				date?			All	
Wital signs closest to 8 am on calendra day, Enter" 99" if data unavailable				step-down/intermediate care unit during this	Radio	2, IMCU/step-down	All	
Heart rate   Text   All			8 am on calendar day. Enter "-99" if data	Temperature (*C)	Text		All	
Respiratory rate			unavailable					
Systolic blood pressure								
Diastolic blood pressure								
Mean arterial pressure								
FIO2 at time of oxygen sat.   Text   Was GCS explicitly documented?   Yes/No								
Was GCS explicitly documented?   Yes/No   GCS   Text   All								
GCS								
RASS								
CAM status								
24-hour net intake (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           All Detail         Text         All           Potassium         Text         All           Serum bicarbonate (HCO3)         Text         All           BUN         Text         All           Creatinine         Text         All           Procalcitonin         Text         All           CRP         Text         All           CK         Text         All           CK         Text         All           CK         Text         All           D-dimer         Text         A						0, Negative		
24-hour net intake (mL)					Text			
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           ALT         Text         All           Total bilirubin         Text         All           Allbumin         Text         All           Potassium         Text         All           Serum bicarbonate (HCO3)         Text         All           Serum bicarbonate (HCO3)         Text         All           Creatinine         Text         All           Creatinine         Text         All           Procalcitonin         Text         All           CRP         Text         All           LDH         Text         All           CK         Text         All           Troponin         Text         All           D-dimer         Text         All			1					
Lymphocyte count								
Platelets								
Hematocrit			1					
Lactate         Text         All           INR         Text         All           AST         Text         All           ALT         Text         All           ALT         Text         All           Total bilirubin         Text         All           Albumin         Text         All           Potassium         Text         All           Serum bicarbonate (HCO3)         Text         All           Serum bicarbonate (HCO3)         Text         All           BUN         Text         All           Creatinine         Text         All           Procalcitonin         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								
INR			1					
AST Text All ALT 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 CRP Text All CRP Text All CRR Text All CR Text All D-dimer Text All Troponin Text All Trept All D-dimer Text All D-dimer Text All Ferritin Text All			1					
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           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								
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								
Potassium   Text   All			1				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								
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								
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								
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								
LDH         Text         All           CK         Text         All           Troponin         Text         All           BNP         Text         All           D-dimer         Text         All           Ferritin         Text         All								
CK         Text         All           Troponin         Text         All           BNP         Text         All           D-dimer         Text         All           Ferritin         Text         All			1					
Troponin         Text         All           BNP         Text         All           D-dimer         Text         All           Ferritin         Text         All								
BNP         Text         All           D-dimer         Text         All           Ferritin         Text         All			1					
D-dimer         Text         All           Ferritin         Text         All								
Ferritin Text All								
IL-6 Text All				Ferritin	Text		All	
		l	Į	IL-6	Text		All	

me int	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answe
		ABG closest to 8 am	PaO2	Text			generate
		Enter "-99" if ABG	1402	TEXT			
		unavailable				All	
			FiO2 at time of PaO2 pH at time of PaO2	Text Text		All	
			PaCO2 at time of PaO2	Text		All	
		Worst lab/VS data	Lowest GCS	Text		7.11	
		from calendar day					
		(for SOFA				All	
		calculation) Enter "-99" if data					
		unavailable					
			Lowest MAP	Text		All	
			Highest creatinine	Text		All	
			Highest total bilirubin	Text		All	
			Lowest platelets	Text		All	
			Lowest PaO2	Text Text		All	
			FiO2 accompanying lowest PaO2. Lowest O2 sat (%)	Text	+	All	
			FiO2 accompanying lowest O2 sat	Text		All	
		EKG data	Did patient have an electrocardiogram (ECG)	Yes/No			
			during the calendar day?		<u> </u>	REEF only	
			QTc duration (ms)	Text		REEF only	
		Organ support at	Nasal cannula, face mask, or HFNC oxygen	Yes/No			
		any point during calendar day	therapy			All	
		calellual day	Maximum O2 flow via NC, face mask, or HFNC	Radio	1, 1-5L		
			ividatifium 02 flow via NC, face mask, of fit NC	Naulo	2,6-10L		
					3,11-15L	All	
					4, >15L		
					9, Unknown		
			Most intense method used to give support	Radio	1, Nasal cannula		
					3,Simple mask 4, Mask with reservoir	All	
					2, HFNC		
			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, or		
					vasopressin ≤0.4 units/min	All	
					3, Dopamine >15, norepinephrine		
					>0.1, or epinephrine >0.1		
			ECMO	Yes/No		All	
			Treated with inhaled pulmonary vasodilators	Yes/No		All	
			(nitric oxide [iNO] or epoprostenol [Flolan])			7.11	
			Therapeutic neuromuscular blockade /	Yes/No		All	
			therapeutic paralysis 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	All	
					therapy or slow low-efficiency dialysis		
		Ventilator check	Ventilator mode	Radio	0, Not receiving invasive		
		data on calendar day			mechanical ventilation		
		closest to 8 am			1, Volume control		
					2, PRVC/VC+		
					Pressure control     Pressure support	All	
					5, CPAP		
					6, APRV		
					9, Other		
			Set tidal volume (mL)	Text	1	All	
			Set inspiratory pressure (cmH2O)	Text		All	
			Pressure support set (cmH2O)	Text		All	
			Actual tidal volume (mL)	Text		All	
			Peak pressure (cmH2O)	Text		All	
	l		Plateau pressure (cmH2O) Set respiratory rate (PR)	Text		All	
			Set respiratory rate (RR) Actual/total respiratory rate (RR)	Text Text	1	All	
		1	Total minute ventilation	Text		All	
			Positive end-expiratory pressure (PEEP,	Text			
			rositive enu-expiratory pressure (FEEF.	1		All	
			cmH20)				
				Text		All	
			cmH20) FiO2 O2 sat (%)	Text		All	
			cmH20) FiO2 O2 sat (%) Set I:E ratio	Text Text		All All	
			cmH2O) FiO2 O2 sat (%) Set I:E ratio Actual I:E ratio	Text Text Text		All	
-	Daily assessment		cmH20) FiO2 O2 sat (%) Set I:E ratio	Text Text		All All	
ily ment	Daily assessment		cmH2O) FiO2 O2 sat (%) Set I:E ratio Actual I:E ratio	Text Text Text		All All	

Time point category instructions  Other medication(s) relevant for targeted COVID-19 treatment  Other medication(s) relevant for targeted COVID-19 treatment  Other medication(s) relevant for targeted 2, Lopinavir/itonavir (Kaletra) 3, Other HIV protease inhibitor 4, Interferon alpha 5, Interferon beta 6, Ribavirin 7, Osetlamivir (Tamiflu) 8, Baloxavir 9, Sarulimab (Kevzara) 10, Anakinra (Kinaret) 11, IV vitamiba (Kevzara) 10, Anakinra (Kinaret) 11, IV vitamiba (Kevzara) 12, IV vitamiba (Kevzara) 12, IV vitamiba (Kevzara) 13, IV vitamiba (Kevzara) 13, IV vitamiba (Kevzara) 14, IV vitamiba (Kevzara)	auto generated?
COVID-19 treatment  A Interferon alpha 5, interferon alpha 6, Ribavirin 7, Oseltamivir (Tamiflu) 8, Baloxavir 9, Sarulimalo (Kevzara) 10, Anakinra (Kinaret) 11, IV vitamin C 12, Transfusion of convalescent plasma 99, Other  All  Antibiotics  Antiviral (excluding meds given as part of placebo-controlled RCT)  Antibiotics  Arithromycin Ness of the placebo-controlled RCT)  Antibiotics  Sedatives for intubated patients  Sedatives used for patient while on ventilator  Intubated patients  Sedatives used for patient while on ventilator  Covid-19 treatment of the place of	
Iilness	Y
Antibiotics Azithromycin Yes/No All Antibiotics other than azithromycin Yes/No Sedatives for intubated patients    Anticoagulants    Anti	Y
Antibiotics other than azithromycin  Sedatives for intubated patients  Sedatives used for patient while on ventilator intubated patients  Sedatives used for patient while on ventilator intubated patients  Sedatives used for patient while on ventilator  I, Propofol 2, Dexmedetomidine (Precedex) 3, Benzodiazepine (continuous infusion) 4, Benzodiazepine (intermittent bolus) 5, Ketamine 9, Other  Anticoagulants  Selectives interceptor/i> All  Selectives interceptor intermittent bolus) 5, Ketamine 9, Other  All  Selectives interceptor intermittent bolus) 6, Ketamine 9, Other  All  All  All  All  All  All  All  A	
Sedatives for intubated patients  Sedatives used for patient while on ventilator intubated patients  Sedatives used for patient while on ventilator intubated patients  Sedatives used for patient while on ventilator  I, propofol 2, Dexmedetomidine (Precedex) 3, Benzodiazepine (continuous infusion) 4, Benzodiazepine (intermittent bolus) 5, Ketamine 9, Other  Anticoagulants  Seprophylactic Setamine 9, Other  All  Fibrinolytic ("lytic") therapy Yes/No All  Other medications administered on calendar day  ACE inhibitors  ACE inhibitors  Angiotensin receptor blockers (ARBs) Pes/No Angiotensin receptor blockers (ARBs) Pes/No Angiotensin receptor blockers (ARBs) Pes/No All  Nysteroids (oral, IV, or inhaled) Pes/No All  IV steroids All  IV steroids	
<>>Therapeutic       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	
Fibrinolytic ("lytic") therapy Yes/No All  Other medications administered on calendar day  ACE inhibitors Yes/No All  Angiotensin receptor blockers (ARBs) Yes/No All  Diuretics Yes/No All  Any steroids (oral, IV, or inhaled) Yes/No All  IV steroids Yes/No All	
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	
Diuretics         Yes/No         REEF only           Any steroids (oral, IV, or inhaled)         Yes/No         All           IV steroids         Yes/No         All	<b> </b>
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  Total methylprednisolone (Solumedrol, Text	
Medrol) administered (in mg) during 24h period  Total hydrocortisone administered (in mg)  Text	
during 24h period	
Total dexamethasone (Decadron) Text administered (in mg) during 24h period	
Total prednisolone administered (in mg)  during 24h period  All	
Outcome scale WHO ordinal outcome scale (8-point version) Calc All	Υ
Variables auto- calcualted or defaulted for ISARIC mapping	Y
Heart rate available? Calc All	Y
Respiratory rate available? Calc All Systolic blood pressure available? Calc All	Y
Diastolic blood pressure available? Calc All	Y
Severe dehydration? Dropdown 1, Yes 0, No All 3, Unknown	Y
Sternal capillary refill time >2 seconds?  Dropdown 1, Yes 0, No All 3, Unknown	Y
Glasgow Coma Score available? Calc All Oxygen saturation available? Calc All	Y
AVPU available? Caic All AVPU available? Dropdown 1, Yes	, r
O, NO All 3, Unknown  Cough Dropdown 1, Yes	Y
2, No All 3, Unknown  Cough: with sputum production Dropdown 1, Yes	Y
2, No All 3, Unknown	Y
2, No All 3, Unknown	Y
Chest pain Dropdown 1, Yes 2, No All 3, Unknown	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	Υ
			Diarrhoea	Dropdown	1, Yes 2, No 3, Unknown	All	Υ
			Conjunctivitis	Dropdown	2, No 3, Unknown	All	Y
			Myalgia	Dropdown	2, No 3, Unknown	All	Y
			Other sign or symptom	Dropdown	1, Yes 2, No 3, Unknown	All	Y
			Haemoglobin available?	Calc		All	Υ
	ĺ		Haemoglobin Unit	Calc		All	Y
	ĺ		Haemoglobin Unit - Specify Other	Text		All	Y
	ĺ		WBC count available?	Calc		All	Υ
	ĺ		WBC count Unit	Calc		All	Y
			Haematocrit available?	Calc		All	Y
			Platelets available?	Calc		All	Y
			Platelets Unit	Calc		All	Υ
			APTT/APTR available?	Dropdown	1, Yes 0, Not Done 3, Unknown	All	Υ
			PT available?	Dropdown		All	Υ
			INR available? ALT/SGPT available?	Calc Calc	·	All 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	Υ
			Urea (BUN) Unit	Calc		All	Υ
			Urea (BUN) Unit - Specify Other	Text		All	Υ
			Lactate available?	Calc		All	Υ
			Lactate Unit	Calc		All	Υ
			Creatinine available?	Calc		All	Υ
			Creatinine Unit	Calc		All	Υ
			Creatinine Unit - Specify Other	Text		All	Y
			Sodium available?	Dropdown	1, Yes 0, Not Done 3, Unknown	All	Υ
	1		Potassium available?	Calc		All	Y
	1		Potassium Unit	Calc		All	Y
	1		Procalcitonin on available?	Calc		All	Y
	1		Procalcitonin Unit	Calc		All	Y
	ĺ		CRP available?	Calc		All	Y
	ĺ		CRP Unit	Calc		All	Y
	ĺ		LDH available?	Calc		All	Y
	1		LDH Unit	Calc		All	Y
	1		Creatine kinase available?	Calc	<del> </del>	All	Y
	1		Creatine kinase Unit Troponin available?	Calc Calc	<del> </del>	All All	Y
	ĺ		Troponin available? Troponin Unit	Calc	<del> </del>	All	Y
			ESR available?	Dropdown	0, Not Done	All	Y
	ĺ				3, Unknown		
	1		D-dimer available?	Calc		All	Y
	1		D-dimer Unit	Calc	<del> </del>	All	Y
	ĺ		Ferritin available?	Calc	<del> </del>	All	Y
	1		Ferritin Unit	Calc		All	Y
	1		IL-6 available?	Calc		All	Y
	ĺ		IL-6 Unit	Calc	la v	All	Y
			Oral/orogastric fluids?	Dropdown	2, No 3, Unknown	All	Υ
			Intravenous fluids?	Dropdown	1, Yes 2, No 3, Unknown	All	Y

Time	Data	Topics &		Entry		CORAL	Answer
point	category	instructions	Variable	type	Choices	Subjects	auto generated?
			Antifungal agent?	Dropdown	1, Yes 2, No	All	y Y
			Antimalarial agent?	Dropdown	3, Unknown 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	Υ
		ABG data	Date/time of ABG	Text	, -	REEF only	
			pH PaCO2	Text Text		REEF only	
			PaO2	Text		REEF only	
		Ventilator check	FiO2 Date/time of ventilator check	Text Text		REEF only	
		data		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) Actual tidal volume (mL)	Text Text		REEF only	
			Peak pressure (cmH2O)	Text		REEF only	
			Plateau pressure (cmH2O)	Text		REEF only	
			Set respiratory rate (RR) Actual/total respiratory rate (RR)	Text Text		REEF only	
			Total minute ventilation	Text		REEF only	
			Positive end-expiratory pressure (PEEP, cmH20)	Text		REEF only	
			FiO2	Text		REEF only	
			O2 sat (%) Set I:E ratio	Text Text		REEF only	
			Actual I:E ratio	Text		REEF only	
Final assessment	Outcomes	Follow-up duration  Hospital outcomes	Date of last data update  Hospital discharge/death date/time	Text		All	
		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.				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 TACH 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	1 Drimany receivations (-1)	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	REEF only	
1							

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 O, No 9, Unknown	REEF only	3-11-11-11-11
			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	No limitations     Limitation due to patient goals     Limitation due to hospital policy     Limitation due to MD decision     (outside of crisis management)     Limitation for other reason     Limitation, reason unknown	REEF only	
			Limitation on intubation (e.g. DNI)? Reason(s)?	Checkbox	O, 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	O, 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	O, 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	Same as before illness     Worse than before illness     Better than before illness     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	O, 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	Discharged on new or increased nasal cannula, face mask, or high-flow oxygen therapy?	Yes/No		All	
		of discharge summary					
			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	All	
			Discharged with a new tracheotomy?	Yes/No	tracheotomy.	All	
			Level of support via tracheostomy	Radio	1, Ventilator (includes nocturnal- only ventilator) 2, Trach collar with FiO2 >0.4 3, Trach colar with FiO2 ≤0.4 4, Capped	All	
			Discharged on new dialysis?	Yes/No		All	
Final ssessment	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  Date of first ICU discharge	Text 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 Text		All	
			Date of fourth ICU admission  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, 15L 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  Number of episodes of mechanical ventilation	Yes/No Text		All	
		1	during encounter	· CAL	i	All	Ī

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto
			Was patient on invasive mechanical	Yes/No			generated?
			ventilation at time of hospital death or discharge?			All	
			Date of first intubation	Text		All	
			Date of first extubation	Text		All	
			Date of second intubation	Text		All	
			Date of second extubation  Date of third intubation	Text Text		All	
			Date of third extubation	Text		All	
			Date of fourth intubation	Text		All	
			Date of FINAL extubation	Text		All	
			Inotropes/vasopressors  Total days of inpatient vasopressor therapy up	Yes/No Text		All	
			to and including day 28			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 proning therapy up to and	Text		All	
			including day 28			All	
			Treated with inhaled pulmonary vasodilators (nitric oxide [iNO] or epoprostenol [Flolan])	Yes/No		All	
			Total days received inhaled pulmonary	Text			
			vasodilators up to and including day 28			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	Yes/No		REEF only	
			therapy at any point during this admission  Total days of inpatient dialysis/renal	Text			
			replacement therapy therapy up to and including day 28	Text		All	
		Variables auto- calcualted 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.		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	No infiltrates     Unilateral infiltrates,     Bilateral infiltrates	All	
			Total number of abdominal or abdominal/pelvis CTs	Text		All	
			Total number of formal echocardiagrams (TEE or TTE) available for upload	Text		All	
			Total number of informal/point-of-care ultrasounds with stored images available (includes echocardiagrams, lung ultrasound,	Text		All	
			and other informal point-of-care ultrasound)  Total number of electrocardiograms (ECGs)	Text			
			available for upload			All	
			Total number of telemetry files for upload	Text	1	All	Υ

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.		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		AII	
			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 HIV test during admission	Notes 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- calcualted or defaulted for ISARIC mapping	Viral hemorrhagic fever	Calc		All	Y
			Other pathogen of public interest detected	Calc		All	Y
			Falciparum malaria	Calc		All	Y

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto
Final	Complications	Complications	Seizures	Radio	1, Yes		generated?
assessment		observed at any time during hospitalization			0, No		
		Obtain data from					
		review of discharge, interim, and transfer					
		summaries. If patient is					
		transferred between				All	
		hospitals within your hospital system,					
		review data from all available					
		hospitalizations to answer summative questions.					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
			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	All	
			Ventricular arrhythmia	Radio	0, No 1, Yes	All	
			Endocarditis	Radio	0, No 1, Yes	All	
			Myocarditis/pericarditis	Radio	0, No 1, Yes		
			Cardiac arrest	Radio	0, No 1, Yes	All	
			ST-elevation MI (STEMI)	Radio	0, No 1, Yes	All	
			Non-ST elevation MI (NSTEMI) or other cardiac	Radio	0, No 1, Yes	All	
			ischemia		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 yocardial 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	Radio	1, Yes	All	
			central vein Shock (use of vasopressors)	Radio	0, No 1, Yes	All	
			Bacteremia	Radio	0, No 1, Yes	All	
			Coagulation disorder / disseminated	Radio	0, No 1, Yes	All	
			intravascular coagulation Symptomatic hypoglycemia	Radio	0, No 1, Yes	All	
			Bleeding	Radio	0, No 1, Yes	1	
			Anemia	Radio	0, No 1, Yes	All	
			Pancreatitis	Radio	0, No 1, Yes	All	
					0, No	All	
			Acute renal injury/failure	Radio	1, Yes 0, No	All	
			Liver dysfunction/failure	Radio	1, Yes 0, No	All	
Final assessment	Meds	Participation in drug research trial during	Other complication Was a medication given as part of a research trial?	Calc Yes/No	1, Yes 0, No	All	Y
		hospitalization	Was patient's treatment assignment blinded?	Radio	9, Unknown 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	Text	-,	All	
l		I	assignment possibilities/options.			I	

Time point	Data category	Topics & instructions	Variable	Entry type	Choices	CORAL Subjects	Answer auto generated?
			For unblinded/open-label studies, list the	Text		All	generateu.
Final	Meds		treatment assignment patient received.  Hydroxychloroquine (plaquenil)	Yes/No			
assessment						All	
			Remdesivir	Yes/No		All	
			Tocilizumab (Actemra) Other medication(s) relevant for targeted	Yes/No Checkbox	0, None	All	
			COVID-19 treatment	CHECKBOX	10, None 10, None 11, 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, Anakirra (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 <i>Therapeutic</i> anticoagulation	Yes/No 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 Oral/enteric steroids	Yes/No Yes/No		All	
			Inhaled steroids	Yes/No		All	
		Variables auto-	IV fluids	Calc			
		calcualted or defaulted for ISARIC mapping				All	Y
			Oral/orogastric fluids Anti-fungal	Calc Calc		All	Y
			Anti-rungai 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	
		6 10 11 11 11 11	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 Primary address-Street (part 1)	Text		REEF only	
		1	Primary address-Street (part 1) Primary address-Street (part 2)	Text Text		REEF only	
			Filliary address-street (part 2)		i .		
			Primary address-Street (part 2)	Text		REEF only	
			Primary address-City Primary address-State	Text Text		REEF only	
		Backup contact	Primary address-City	Text	1, Spouse/partner		
		Backup contact information Leave blank if unavailable	Primary address-City Primary address-State Secondary address	Text Text Notes	1, Spouse/partner 2, Parent 3, Child 4, Sibling 5, Other (specify in name field)	REEF only	
		information Leave blank if	Primary address-City Primary address-State Secondary address Backup contact person #1 relationship Backup contact person #1 name	Text Text Notes Radio	2, Parent 3, Child 4, Sibling	REEF only REEF only REEF only	
		information Leave blank if	Primary address-City Primary address-State Secondary address Backup contact person #1 relationship  Backup contact person #1 name Backup contact person #1 telephone #1	Text Text Notes Radio  Text Text Text	2, Parent 3, Child 4, Sibling	REEF only REEF only REEF only REEF only	
		information Leave blank if	Primary address-City Primary address-State Secondary address Backup contact person #1 relationship  Backup contact person #1 name Backup contact person #1 telephone #1 Backup contact person #1 telephone #2	Text Text Notes Radio  Text Text Text Text Text Text	2, Parent 3, Child 4, Sibling	REEF only	
		information Leave blank if	Primary address-City Primary address-State Secondary address Backup contact person #1 relationship  Backup contact person #1 name Backup contact person #1 telephone #1 Backup contact person #1 telephone #2 Backup contact person #1 address	Text Notes Radio  Text Text Text Text Text Text Notes	2, Parent 3, Child 4, Sibling	REEF only	
		information Leave blank if	Primary address-City Primary address-State Secondary address Backup contact person #1 relationship  Backup contact person #1 name Backup contact person #1 telephone #1 Backup contact person #1 telephone #2	Text Text Notes Radio  Text Text Text Text Text Text	2, Parent 3, Child 4, Sibling 5, Other (specify in name field)  1, Spouse/partner 2, Parent 3, Child 4, Sibling	REEF only	
		information Leave blank if	Primary address-City Primary address-State Secondary address Backup contact person #1 relationship  Backup contact person #1 name Backup contact person #1 telephone #1 Backup contact person #1 telephone #2 Backup contact person #1 address Backup contact person #1 address Backup contact person #1 penail Backup contact person #1 penail	Text Text Notes Radio  Text Text Text Text Notes Text Radio	2, Parent 3, Child 4, Sibling 5, Other (specify in name field)  1, Spouse/partner 2, Parent 3, Child	REEF ONLY	
		information Leave blank if	Primary address-City Primary address-State Secondary address Backup contact person #1 relationship  Backup contact person #1 name Backup contact person #1 telephone #1 Backup contact person #1 telephone #2 Backup contact person #1 address Backup contact person #1 email Backup contact person #2 relationship	Text Text Notes Radio  Text Text Text Text Rotes Text Radio	2, Parent 3, Child 4, Sibling 5, Other (specify in name field)  1, Spouse/partner 2, Parent 3, Child 4, Sibling	REEF only	
		information Leave blank if	Primary address-City Primary address-State Secondary address Backup contact person #1 relationship  Backup contact person #1 name Backup contact person #1 telephone #1 Backup contact person #1 telephone #2 Backup contact person #1 address Backup contact person #1 address Backup contact person #1 penail Backup contact person #1 penail	Text Text Notes Radio  Text Text Text Text Notes Text Radio	2, Parent 3, Child 4, Sibling 5, Other (specify in name field)  1, Spouse/partner 2, Parent 3, Child 4, Sibling	REEF ONLY	
		information Leave blank if	Primary address-City Primary address-State Secondary address Backup contact person #1 relationship  Backup contact person #1 relationship Backup contact person #1 telephone #1 Backup contact person #1 telephone #2 Backup contact person #1 address Backup contact person #1 email Backup contact person #2 relationship  Backup contact person #2 relationship	Text Text Notes Radio  Text Text Text Notes Text Radio  Text Text Notes Text Radio	2, Parent 3, Child 4, Sibling 5, Other (specify in name field)  1, Spouse/partner 2, Parent 3, Child 4, Sibling	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	ү
		e.sewiiere	Age on hospital admit (months, age <1y)	Text		All	Υ
			Charlson score Total hospital length of stay (from hospital	Text Text		All	Υ
			admit)	TEXT		All	Υ
			Total ICU length of stay (from hospital admit)	Text		All	Y
			VFD from admission to hospital discharge or day 28	Text		All	Υ
			Hospital-free days from hospital admit	Text		All	Υ
Other	Optional	Additional detail for first COVID-19 test	COVID-19 specimen #1 type (e.g. nasopharyngeal swab)  Setting in which patient had first COVID	Radio	Nasopharyngeal swab     Oropharyngeal swab     Syntum     Hall     Tracheal Aspirate     Other     Hell     Sunder     Hell     Sunder     Hell     Sunder     Hell     Sunder     Hell     Sunder     Hell     Sunder	Optional	
			testing	Raulo	2, Urgent care 3, Inpatient 4, Outpatient lab 5, Drive-through clinic	Optional	
			COVID-19 test #1 order date/time COVID-19 test #1 result date/time	Text Text		Optional 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	
		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: <ul> <li>ul&gt;<li>-Enter "</li> <li>99.0" if missing for:</li> <li>WBC, hemoglobin, lactate, PT, total billirubin, albumin, potassium</li> <li>il&gt;-Enter "</li> <li>-99.0" if missing for:</li> </li></ul>				Optional	
			Lowest lymphocyte count after hospital arrival	Text		Optional	
			Highest neutrophil count after hospital arrival	Text		Optional	
			Lowest platelet after hospital arrival  Lowest hematocrit after hospital arrival	Text Text		Optional Optional	
			Lowest hemoglobin after hospital arrival	Text		Optional	
			Highest lactate after hospital arrival	Text		Optional	
			Highest aPTT after hospital arrival Highest INR after hospital arrival	Text Text	+	Optional Optional	
			Highest AST after hospital arrival	Text		Optional	
			Highest ALT after hospital arrival	Text		Optional	
			Highest total bilirubin after hospital arrival Lowest albumin	Text Text		Optional 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 Highest procalcitonin after hospital arrival	Text Text	1	Optional Optional	
			Highest LDH after hospital arrival	Text		Optional	
			Highest CRP after hospital arrival	Text		Optional	
			Highest ferritin after hospital arrival Highest troponin after hospital arrival	Text Text		Optional Optional	
			Highest BNP after hospital arrival	Text		Optional	
			Highest D-dimer after hospital arrival	Text		Optional	
			Highest CK after hospital arrival	Text		Optional	
		1	Highest II-6 after hospital arrival	Text	L	Optional	l

Time point	Data	Topics &					Answer
point			Variable	Entry	Choices	CORAL	auto
	category	instructions		type	3.10.000	Subjects	generated?
		Elixhauser	Elixhauser-Cardiac arrhythmias	Yes/No			generatea.
		comorbidities	, , , , , , , , , , , , , , , , , , , ,				
		Obtain data from					
		review of admission H&P if not available				Optional	
		from automated					
		query					
			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 Elixhauser-Other neurologic disorders	Yes/No Yes/No		Optional Optional	
			Elixhauser-Chronic pulmonary disease	Yes/No		Optional	
			Elixhauser-Connective tissue disease	Yes/No		Optional	
			Elixhauser-Peptic ulcer disease without	Yes/No		Optional	
			bleeding				
			Elixhauser-AIDS	Yes/No		Optional	
			Elixhauser-Liver disease Elixhauser-Diabetes without end-organ	Yes/No Yes/No		Optional	
			damage	103/140		Optional	
			Elixhauser-Paralysis	Yes/No		Optional	
			Elixhauser-Renal failure	Yes/No		Optional	
			Elixhauser-Diabetes with end-organ damage	Yes/No		Optional	
			(retinopathy, neuropathy, nephropathy)	Va - /a:		·	
			Elixhauser-Hypothyroidism Elixhauser-Solid tumor with metastasis	Yes/No Yes/No		Optional 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 Elixhauser-Blood loss anemia	Yes/No Yes/No		Optional Optional	
			Elixhauser-Deficiency anemias	Yes/No		Optional	
		Discharge diagnosis	ICD-10 code #1	Text		Ориони	
		ICD-10 codes				Ontional	
		(electronic query				Optional	
		only)	100 10 10 10				
			ICD-10 code #2 ICD-10 code #3	Text Text		Optional 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 ICD-10 code #10	Text		Optional	
			ICD-10 code #10	Text Text		Optional 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 ICD-10 code #18	Text Text		Optional Optional	
			ICD-10 code #18 ICD-10 code #19	Text		Optional	
			ICD-10 code #19	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 ICD-10 code #26	Text Text		Optional Optional	
			ICD-10 code #26	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 ICD-10 code #33	Text Text		Optional Optional	
			ICD-10 code #33 ICD-10 code #34	Text		Optional	
			ICD-10 code #35	Text		Optional	
			ICD-10 code #36	Text		Optional	
			ICD-10 code #37	Text		Optional	<u> </u>
			ICD-10 code #38	Text		Optional	
		1	ICD-10 code #39	Text		Optional	
			ICD-10 code #40	Text		Optional	