RECIF-MG
RECIF-ALSACE
COVIDÉ STUDY
Investigators : Dr Louise FLUHR-IZRI, Nicolas OBRECHT

questionnairecovide@gmail.com

Annex 1 Covidé Study

Presentation :

The Covidé study is a prospective observational epidemiological study aimed at better systematizing the symptoms and clinical signs present in patients suspected of having contracted Covid-19.
The second objective of this study is also to better identify Covid-19 + patients at risk of hospitalization, intubation and death; through their history, symptoms and signs observed during clinical examination.
Depending on the results of the study, we could prioritize the prescription of anti-covid-19 treatment (currently in development) for patients at high risk of complications at the early stage of the disease, and thereby better manage the stocks of treatments that will probably be in limited quantities.

Thus, based on feedback on the questionnaire and the results of other studies, the questionnaire may be modified on some items in order to be more precise and systematic in screening the Covid-19.

This study is supported by RECIF (International Francophone Clinical Epidemiology Network) and has received the authorization of the CNIL for its realization.

When should the questionnaire be used:

- This questionnaire is intended for liberal general practitioners and liberal pediatricians.
- It is to be filled for any patient **suspected** (according to the judgment of the medical examiner) of having contracted Covid-19, without restriction and without age limit.
- Even if this questionnaire is designed for adult patients, it can be used for children of all ages. The data collected will be all the more valuable since there are only few studies done on children.
- The Covidé study is a NO-interventional study. It should therefore not modify your

prescription habits (in particular your prescription for additional biological examination and medical imaging).
However, any biological or medical imaging results are welcome and can be attached to the questionnaire.

How to use the questionnaire correctly:

This questionnaire is ergonomically designed to fit on a double-sided A4 sheet and with 2 pages per side.

(1) To receive your “Doctor Identifier” (specific to the study and personal), simply send the following statement: "I want to participate in the Covidé study", followed by your name, first name, specialty, address of your practice, telephone number and email, at the following email address: questionnairecovide@gmail.com.

Your doctor identifier will then be communicated to you by email within 24 hours.
Ex .: OBNIC68

(2) The patient identification number corresponds to the number of the initial questionnaire that you have completed. This statement is specific to you and should therefore not be shared with another doctor.
Ex.: For the first initial questionnaire that you fill out, the patient will have number 1, for the second initial questionnaire that you fill out, the patient will have number 2, etc.

(3) When collecting data, the patient will be identified using the **doctor identifier and** his **patient identification number**. The doctor identifier and the patient identification number must therefore be identical for any given patient, even if the reassessment or postponement of additional data is carried out by another doctor or caregiver.
Ex: I reassess a patient seen by a colleague identified as DUMIC68. This colleague completed an initial questionnaire with his identifier DUMIC68 and the patient number 11. For the reassessment questionnaire, the patient's identification will therefore be “Doctor identifier: DUMIC68” and “Patient number: 11”.

It is **imperative** that for any **initial** questionnaire, you use your own doctor identifier and your own patient identification number, in order to avoid any double identification of the patient or any identical identification for two different patients.

I therefore invite you to note the doctor identifier and the patient specific number in his / her computer / paper medical file, so it can easily be found by yourself and your collaborators.

(4) The initial questionnaire is to be completed when the suspected Covid-19 patient consults for the first time. The initial questionnaire must be completed by a doctor.

→ A sheet "Annex 2: patient identification" must be completed at the same time and must be kept in the GP's office.

(5) For the Initial questionnaire: the check boxes represent the symptoms that have appeared recently, including sporadically, since the onset of symptoms.

For the Reassessment questionnaire: the check boxes represent symptoms that persist or have appeared since the last consultation.

(5 ’) This questionnaire is not exhaustive. For any unlisted noteworthy symptom which would appear recurrently, fill the remark section and communicate this symptom by email.

(6) This questionnaire is not exhaustive. For any unlisted noteworthy clinical sign or measure which would appear recurrently, fill in the remark section and communicate the said clinical sign by email.

(7) This list is not exhaustive and is based on the Chinese clinical study "Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study". For any comments, complete the remark section and send it by email.

(8) To avoid any tedious and time-consuming copying work, you can print the latest prescription for usual treatments / biological results / x-ray report; delete the patient's identity; write down the doctor's identifier and the proper patient identification number; attach everything to the questionnaire.

(9) The reassessment questionnaire is to be completed when the patient is reassessed and an initial questionnaire has already been completed. It can be completed by a caregiver (Ex: advanced practice nurse or medical student) under the coordination and control of the doctor.

(10) This questionnaire is not exhaustive. For any unlisted noteworthy biological result which would appear recurrently, fill in the remark section and communicate the said biological result by email.

(11) The patient is considered to be cured from the moment that the tests for Covid-19 return negative OR from the disappearance of the symptoms (in particular cough).

Although very complete, this questionnaire is intended to be ergonomic. **Do not hesitate to multiply the questionnaires for the same patient** (also make sure to refer the date, the doctor identifier and the patient identification number), **even if** you only report the notion of hospitalization or virologic results.

For any comments or questions relating to this questionnaire, you can contact the following email address: questionnairecovide@gmail.com.

We thank you warmly for your help, your energy and your courage in the face of this epidemic.

Dr Louise FLUHR-IZRI e-mail : fluhrizrilouise@gmail.com

Nicolas OBRECHT, Interne MG e-mail : nicolas.obrecht.strasbourg@gmail.com

NYHA Functional Classification :	
Class I	No limitation of physical activities. Ordinary physical activities do not cause any symptom.
Class II	Slight limitation of physical activities. Comfortable at rest. Ordinary physical activities may cause symptoms like fatigue, palpitation, dyspnea.
Class III	Marked limitation of physical activities. Comfortable at rest. Less than ordinary activities may cause symptoms like fatigue, palpitation, dyspnea.
Class IV	Inability to carry out any physical activities without discomfort. Symptoms of heart failure present even at rest.

Glasgow Coma Scale			
	Eye opening response	Verbal response	Motor response
1	No response	No response	No response
2	To pain	Incomprehensible	Abnormal extension
3	To speech	Inappropriate	Abnormal flexion
4	Spontaneously	Confused	Flex to withdraw from pain
5		Normal	Moves to localised pain
6			Obeys command