



RECIF-MG
RECIF-ALSACE
COVIDÉ STUDY

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Date :

Country :

Region :

Doctor ID :⁽¹⁾⁽³⁾

Patient number :⁽²⁾⁽³⁾

Results and Reassessment Questionnaire⁽⁹⁾

Interrogation:^{(5)(5')} Symptoms which are present or has appeared (even temporarily) since the last consultation

Patient seen on Day of symptoms' onset:

Patient taking self-medication NSAIDs: yes no

Fever: Intermittent, peak of fever at °C, on / /

Continuous, peak of fever at °C no

Asthenia: yes no Anorexia: yes no

Body aches: yes no Throatsore: yes no

Rhinorrhea : abundant light No

Nasal obstruction : yes No

Dys / anosmia: yes no

Dys / agueusia: yes no

Cough: Dry, since..... Days Oily, since Days no

Dyspnea yes, NYHA Classification : I II III IV no

Eye pruritus: yes no

Conjunctivitis: yes no

Eye movement pain: yes no

Sensation of blurred vision: yes no

Nausea: yes no Vomiting: yes no
Abdominal pain: yes no of which cramps: yes no
Liquid diarrhea: yes a single episode no
Soft stools: yes a single episode no

Chest pain: yes no
Chest tightness: yes no
Ear aches: Unilateral Bilateral no

Cutaneous fibrosis : Yes No
Cutaneous hyperesthesia : Yes No Scalp pain : Yes No
Headache: Diffuse Frontal Occipital Other no
Dizzines: yes no
Rachialgia : Cervicalgia Dorsalgia Lombalgia No

Lumbosciatica : L3 L4 L5 S1 ill-defined no
Member weakness episode: yes no

Remark :

Clinical examination:⁽⁶⁾ Physical consultation Teleconsultation

Temperature : °C with Paracetamol taken less than 6 hours before : Yes No
Blood pressure : /..... mmHg Cardiac pulse : bpm
Glasgow scale :

Respiratory frequency per mn : SpO2 at rest : %

Conjunctivitis (light or serious) : Unilateral Bilateral No
Cervical lymph nodes : Yes No

Virological result:

Covid-19: Positive PCR Negative PCR not done
 Diagnosis confirmed by imaging

Influenza: Positive PCR ou serology Negative PCR or serology not done

Complementary exam :

Biology of... /... / (Write below or attach results):^{(8) (10)}

NFS: Leukocytes: G / l PNN: G / l
Lymphocytes: G / l Platelets: G / l

Ionogram: Na +: mmol/l K +: mmol/l

CRP: mg / l ProCalcitonin: ng / ml

CPK: IU / l

Remark:

Imagery of... /... / (write below or attach the report):⁽⁸⁾

Survival:

Patient living and considered cured⁽¹¹⁾ on:

Patient died on:

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

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