

**Form: COVID-19 Treatment and Hospitalization**Treatment/Diagnostic Information

Did the participant receive supplemental oxygen? Yes   
No

Did the participant have pneumonia on radiologic imaging (e.g.,  
chest x-ray or CT scan)? Yes   
No   
Unknown

Was the participant enrolled in any experimental treatment trials? Yes   
No

If "Yes", specify: \_\_\_\_\_

Did the participant receive any of the following medications?

Complete below AND record on the Concomitant Medications log, as applicable.

Remdesivir Yes   
No   
Unknown

Chloroquine/hydroxychloroquine +/- azithromycin Yes   
No   
Unknown

Tocilizumab or other IL-6 pathway inhibitors Yes   
No   
Unknown

Convalescent plasma Yes   
No   
Unknown

Corticosteroids Yes   
No   
Unknown

Hospitalization Information

Was the participant hospitalized? Yes   
No

If "No", end of form.

Did the participant receive intensive care? Yes   
No

If "Yes", was the participant intubated? Yes   
No

If "Yes", did the participant receive ECMO? Yes   
No   
Unknown

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Was the participant discharged on supplemental oxygen? Yes

No

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