

Long-COVID syndrome in COVID-19 with dialysis dependence and kidney transplantation

Case Record Form (P.1/5)		ID	□□□□
		Date of admission	_____/_____/_____ (DD/MM/YY)
Age: (years)		□□	01
Gender (male, 01; female, 02)		□□	02
Body mass index (kg/m ²)		□□□.□	03
Time from onset to hospitalization (day(s))		□□	04
Number of comorbidities		□□	05
Comorbidities		□□	06
01 Type 2 DM (yes, 1; no, 0)		□□	07
02 Hypertension (yes, 1; no, 0)		□□	08
03 Chronic kidney disease (yes, 1; no, 0)		□□	09
04 Ischemic heart disease (yes, 1; no, 0)		□□	10
05 Chronic respiratory disease (yes, 1; no, 0)		□□	11
06 Immunosuppressive disease (yes, 1; no, 0)		□□	12
Current medication(s) (yes, 1; no, 0)		□□	13
_____ _____			
Received COVID-19 vaccine type (1 st / 2 nd / 3 rd / 4 th)		□□/□□/□□/□□	14
01 None			
02 mRNA [BNT162b2(BioNTech/Pfizer)]			
03 mRNA-1273 (Moderna)			
04 Vector [ChAdOx nCoV-19 (AstraZeneca)]			
05 Ad26.COV2.S (Johnson & Johnson)			
06 CoronaVAC (Sinovac)			
07 BBIBP-CorV (Sinopharm)			
08 Others: _____			

[NA : DATA NOT AVAILABLE]

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Case Record Form (P.2/5)

ID

Respiratory supports

15

- 01 None
- 02 Low-flow nasal cannula or face mask
- 03 High-flow nasal cannula
- 04 Non-invasive mechanical ventilation
- 05 Invasive mechanical ventilation (full ventilation support)

Treatments

- 01 Antiplatelet agent (yes, 1; no, 0) 16
- 02 Anticoagulant agents (yes, 1; no, 0) 17
- 03 Favipiravir (yes, 1; no, 0) 18
- 04 Remdesivir (yes, 1; no, 0) 19
- 05 Tocilizumab (yes, 1; no, 0) 20
- 06 Baricitinib (yes, 1; no, 0) 21
- 07 Tofacitinib (yes, 1; no, 0) 22
- 08 Hemoperfusion (yes, 1; no, 0) 23
- 09 Corticosteroids (yes, 1; no, 0) 24
- 10 Others (yes, 1; no, 0) 25

Renal function status

- 01 No chronic kidney disease (yes, 1; no, 0) 26
- 02 Chronic kidney disease, stage 1 (yes, 1; no, 0) 27
- 03 Chronic kidney disease, stage 2 (yes, 1; no, 0) 28
- 04 Chronic kidney disease, stage 3a (yes, 1; no, 0) 29
- 05 Chronic kidney disease, stage 3b (yes, 1; no, 0) 30



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Case Record Form (P.3/5)	ID	□□□□□
06 Chronic kidney disease, stage 4 (yes, 1; no, 0)	□□	31
07 Chronic kidney disease, stage 5 (yes, 1; no, 0)	□□	32
08 Dialysis dependence (yes, 1; no, 0)	□□	33
Hemodialysis (yes, 1; no, 0)	□□	34
Peritoneal dialysis (yes, 1; no, 0)	□□	35
<i>Laboratory at enrollment</i>		
White blood cell count (cells/mm ³)	□□□□□□	36
Polymorphonuclear neutrophil count (cells/mm ³)	□□□□□□	37
Lymphocyte count (cells/mm ³)	□□□□□□	38
Platelet count (x10 ³ cells/mm ³)	□□□	39
BUN (mg/dL)	□□□.□□	40
Creatinine (mg/dL)	□□.□□	41
C-reactive protein (mg/L)	□□□.□□	42
D-dimer (ng/mL)	□□□.□□	43
PCR covid: ORF1ab gene CT	□□.□□	44
PCR covid: N gene CT	□□.□□	45
Disease severity (mild = 1; moderate = 2, severe =3)	□	46

PLEASE check √

1. Mild/moderate disease:

Fever, upper respiratory infection symptoms, with or without pneumonia.

2. Severe: Any of the following:

respiratory failure,

respiratory rate ≥ 30 breaths per minute,

oxygen saturation at rest ≤ 93%,

PaO₂/FiO₂ ≤ 300 mmHg.



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Case Record Form (P.4/5)

ID

3. Critical: Any of the following:

- need for invasive mechanical ventilation (IMV),
- shock,
- multiple organ failure.

COVID-19 Outcomes:

01 Death (yes, 1; no, 0)	<input type="checkbox"/> <input type="checkbox"/>	47
02 Fully recover (SpO2 > 97% at room air) (yes, 1; no, 0)	<input type="checkbox"/> <input type="checkbox"/>	48
03 Partial recover (SpO2 93-96% at room air) (yes, 1; no, 0)	<input type="checkbox"/> <input type="checkbox"/>	49
04 Refer or discharge with oxygen support (yes, 1; no, 0)	<input type="checkbox"/> <input type="checkbox"/>	50

Long-COVID syndrome (yes, 1; no, 0) 51

Long-COVID syndrome characteristics

01 Respiratory signs and symptoms (yes, 1; no, 0)	<input type="checkbox"/> <input type="checkbox"/>	52
02 New/ uncontrolled hypertension (yes, 1; no, 0)	<input type="checkbox"/> <input type="checkbox"/>	53
03 Sleep wake disorder (yes, 1; no, 0)	<input type="checkbox"/> <input type="checkbox"/>	54
04 Nervous system signs and symptoms (yes, 1; no, 0)	<input type="checkbox"/> <input type="checkbox"/>	55
05 Musculoskeletal pain (not low back pain) (yes, 1; no, 0)	<input type="checkbox"/> <input type="checkbox"/>	56
06 Malaise and fatigue (yes, 1; no, 0)	<input type="checkbox"/> <input type="checkbox"/>	57
07 Chest pain (yes, 1; no, 0)	<input type="checkbox"/> <input type="checkbox"/>	58
08 Oropharyngeal disorders (yes, 1; no, 0)	<input type="checkbox"/> <input type="checkbox"/>	59
09 Abdominal pain (yes, 1; no, 0)	<input type="checkbox"/> <input type="checkbox"/>	60
10 Dysphagia (yes, 1; no, 0)	<input type="checkbox"/> <input type="checkbox"/>	61
11 Diarrhea (yes, 1; no, 0)	<input type="checkbox"/> <input type="checkbox"/>	62
12 Constipation	<input type="checkbox"/> <input type="checkbox"/>	63



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13 Loss of appetite/ anorexia (yes, 1; no, 0) 64

14 Indigestion (yes, 1; no, 0) 65

15 Vomiting (yes, 1; no, 0) 66

16 Loss of taste (yes, 1; no, 0) 67

17 Peritonitis / intraabdominal infection (yes, 1; no, 0) 68

18 Others (yes, 1; no, 0) 69

Onset of Long-COVID syndrome (post COVID-19, month(s)) 70

End of Long-COVID syndrome (post COVID-19, month(s)) 71

Long-COVID-19 Outcomes:

01 Death (yes, 1; no, 0) 72

02 Fully recover (yes, 1; no, 0) 73

03 Partial recover (yes, 1; no, 0) 74

