**General characteristics of the participant to the ENERGY Registry**

Investigator name and surname …………………………………………………………………………….

Center name …………………………………………………………………………………………………………..

Center’s ID /\_\_/\_\_/\_\_/

* University hospital /\_\_/
* General hospital /\_\_/
* Outpatient service /\_\_/
* Other (specify) …………………………………………………………………………………………… /\_\_/\_\_/

Town ……………………………………………………………………………………………………………………… /\_\_/\_\_/

Country ………………………………………………………………………………………………………………….. /\_\_/\_\_/

Does the institution have a record of all patients assessed for COVID infection? /Yes//No/

Number of patients assessed in the institution for COVID infection

* Estimated /\_\_/\_\_/\_\_/
* Calculated (absolute numbers) /\_\_/\_\_/\_\_/

Number of patients with confirmed COVID infection

* Estimated /\_\_/\_\_/\_\_/
* Calculated (absolute numbers) /\_\_/\_\_/\_\_/

CENTER profiling

Data first patient entered /\_\_/\_\_//\_\_/\_\_//\_\_/\_\_/

Data last patient entered /\_\_/\_\_//\_\_/\_\_//\_\_/\_\_/

* Consecutive patients with neurologic problems / R / / P /
* Consecutive patients with neurologic problems seen by a neurologist / R / / P /
* Consecutive patients admitted to the hospital/unit / R / / P /
* Non- consecutive patients seen by a neurologist / R / / P /
* Non- consecutive patients admitted to the hospital evaluated by a neurologist / R / / P /
* Non- consecutive patients admitted to the hospital/unit / R / / P /

R = Retrospective

P = Prospective