CASE REPORT FORM

for the Ean NEuro-covid ReGistrY

CRF version 2.0 beta
HOW TO READ

☐ Radio button

This is a radio button. Only single selection is possible within one group. A radio button group has one column in exports.

☐ Checkbox

This is a checkbox. Multiple selections within one group are possible. Each checkbox has its own column in exports.

Numerical (0.0 - 100.0 %)

This is a textbox. The darker box tells you which type of data is expected. Depending on the type additional information can be min and max values, decimal precision, units and expected formats for dates, times and decimals.
# NEUROCRITICAL CARE QUESTIONNAIRE
## SUPPLEMENTARY

### Visit date

<table>
<thead>
<tr>
<th>Date (MM/dd/yyyy)</th>
</tr>
</thead>
</table>

### 30/90 day mortality

- Yes
- No
- Unknown

### COVID Status

#### COVID-19 re-infection since previous visit

- Yes
- No

#### If Yes:

**Variant of COVID-19 re-infection**

- Alpha (B.1.1.7)
- Beta (B.1.351)
- Gamma (P.1)
- Delta (B.1.617.2)
- My (B.1.621)
- Eta (B.1.525)
- Theta (P.3)
- Kappa (B.1.617.1)
- Lambda (C.37)
- Iota (B.1.526)
- Zeta (P.2)
- Unknown
- Other:

<table>
<thead>
<tr>
<th>Text</th>
</tr>
</thead>
</table>

#### If Yes:

**Date of COVID-19 re-infection**

<table>
<thead>
<tr>
<th>Date (MM/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the patient vaccinated since previous visit?</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>If Yes: Number of vaccination doses</td>
</tr>
<tr>
<td>If Yes: Vaccine of last dose</td>
</tr>
<tr>
<td>If Yes: Date of last dose</td>
</tr>
<tr>
<td>Any comment</td>
</tr>
</tbody>
</table>