

This secure, anonymised CRF has been created in response to the global COVID-19 coronavirus pandemic. It is intended for healthcare professionals caring for patients with MS to report confirmed coronavirus (COVID-19) infection in patients with MS.

We hope that this study will aid MS clinicians and researchers in better understanding the effect of COVID-19 on patients with MS.

PLEASE ONLY REPORT PATIENTS WITH LABORATORY CONFIRMED COVID-19

This form:

- Is for clinicians to use to report PATIENTS WITH MS AND COVID-19
- Requires reporter's contact details and does not collect patient identifiable information
- Takes around 5 minutes to complete.

The survey results will be shared securely on request, to any clinician contributing data and summary data will be available every two weeks to the MS community.

Follow up data may be required by the MS Register Team seeking further (minimal) outcomes. Your contact details will not be used for any other reason, and will not be passed on to any other parties, except members of the UK MS Register team and the COVID19 sub-study group members.

The data will be held securely by the MS Register at Swansea University (<https://www.ukmsregister.org/AboutUs/GovernanceAndManagement>)

Please email contact@ukmsregister.org if you have any questions.

Reporter Details

Name	
Email	
NHS Trust	
Date of report	/ /

Patient Information

Age of Patient		Gender (circle)	Female	Male	Other
Is the patient pregnant? (tick)	Y	N			
Does the patient have (or had) laboratory confirmed COVID-19? (tick)	Y	N			

PLEASE DO NOT COMPLETE THIS FORM UNTIL YOU HAVE A CONFIRMED TEST.

Which test was it? (circle)	PCR	Antibody	Don't Know
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Coronavirus Information

In the 14 days before onset had the patient: (tick)

Travelled abroad	Y	N	Unknown
Been in close contact with a confirmed or probable case while that patient was symptomatic	Y	N	Unknown
Been present in a hospital/GP office/healthcare provider office	Y	N	Unknown

Please indicate which symptoms the patient has/had (circle)					
Temperature	Cough	Respiratory	Sputum	Sore Throat	Headache
Fatigue	Myalgia	Shortness of Breath	Nasal Congestion	Chills	Loss of smell/ taste
GI Symptoms (nausea/vomiting/diarrhoea)			Other Symptoms:		

Onset date of earliest coronavirus symptoms	/	/
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Please indicate the severity of the Coronavirus infection based on the following criteria: (circle)			
Mild (no evidence of pneumonia on imaging)	Moderate (evidence of pneumonia on imaging)	Severe (any of the following: respiratory rate ≥ 30 breaths/min, oxygen saturation $\leq 93\%$ at rest, progression of chest lesions within 24 to 48 hours, admission to hospital but not ITU)	Critical (requiring mechanical ventilation, shock, or any other organ failure requiring admission to the ITU)

Please state the highest level of ventilatory support given to the patient (circle)					
Nasal Cannulae	Face Mask	High Flow Oxygen	Non-Invasive Ventilation (CPAP etc)	Intubated and Ventilated	Transferred for ECMO

Duration in Days	
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Signs of Infection (circle)					
Enlarged lymph nodes	Tonsil swelling	Throat congestion	Rash	Temperature	None
Other signs of infection:					

MS Information

MS Type Now (circle)	PRMS	SPMS	PPMS	Date of MS Onset	/ /
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EDSS Score prior to COVID-19 Infection (circle)									
0	1	2	2.5	3.0	3.5	4.0	4.5	5	5.5
6.0	6.5	7.0	7.5	8.0	8.5	9.0	9.5		

DMT Information

Was the patient receiving a DMT at the time of the infection? (tick)		Y	N	
Current DMT: (circle)				
Alemtuzumab (Lemtrada/Campath)	Glatiramer acetate (Copaxone/Brabio)	Fingolimod (Gilenya)	Mitoxantrone (Novantrone)	
Natalizumab (Tysabri)	Beta-interferon (Rebif, Avonex, Betaferon, Plegridy, Extavia etc.)	Teriflunomide (Aubagio)	Tecfidera (Dimethyl fumarate)	
Ocrelizumab (Ocrevus)	Cladribine (Mavenclad)	Stem Cell Treatment (HSCT others)	Siponimod (Mayzent)	
Other:				
When did they start taking this DMT?	/ /	Last Dose	/ /	
Have you changed the management of this DMT? (circle)				
No, continuing as before	DMT has been changed, but not because of the infection	DMT paused/stopped because of the infection	DMT switched because of the infection	DMT dosing interval extended because of the infection
Other:				
If yes, why was the plan changed?				

Do you know the patients lymphocyte count prior to the COVID-19 infection? (tick)			Y	N
Lymphocyte Count		Date count was taken	/	/

Does the patient have any of the following comorbidities? (circle)				
Cardiovascular disease (coronary artery disease, heart failure, arrhythmia, etc.)	Diabetes	Asthma	COPD	Other Chronic Lung Disease (NOT asthma/COPD)
Hypertension	Cancer	Stroke	Chronic renal disease (Chronic Kidney Disease, etc.)	Chronic liver disease

Hospitalisation

Was the patient hospitalised? (tick)	Y	N	
If yes, why? (circle)			
For Coronavirus complications	For MS complications	For social reasons (unable to be supported at home)	Risk to cohabittees
Other:			
Please add details of complications			

Other Studies

Is the patient part of a large MS observational research cohort?	Y	N	
If yes, which one(s)? (circle)			
MS Register	TONIC	SWIMS	OPTIMISE
Other:			