Eligibility: register data on sequential patients who present or phone with CA-ARTI with either:

- lower and/or upper respiratory tract infection (≤14 days)
- another suspicion of COVID-19

Exclusion: Patients with only ear symptoms

ID: AA-X-000  Consultation date:
Consultation during: □ office hours □ out-of-hours
Consultation at: □ practice □ telephone □ video/skype □ home
Consultation in this illness episode: □ first □ follow-up □ unknown

C1. Has the patient contacted official/governmental phone/online services regarding suspected COVID-19 infection:
□ yes □ no □ unknown

C2. Has the patient already been tested for COVID-19 infection:
□ yes □ no □ unknown
If yes: □ positive □ negative □ unknown

C3. Does the patient have a known, established risk factor for COVID-19 infection:
□ yes □ no □ unknown
If yes: □ travel to high-risk region/country □ contact with COVID-19 infected patient □ other: .................

C4. Did you as a GP take protective measures:
□ yes □ no
If yes: □ apron/body protection □ face, nose/mouth protection □ safety glasses □ gloves

Patient characteristics
1.1 Sex: □ male □ female
1.2 Age: .... months (0-11 months) .... years (≥1 year of age)

2. Number of days with acute RTI symptoms before this consultation: ... days

3. Any comorbidity present:
□ yes □ no □ unknown
If yes: □ chronic respiratory condition (asthma, COPD, CF) □ diabetes □ cardiovascular disease □ neoplasm □ chronic renal failure □ chronic neurological condition □ other

4.1. Patient reported fever:
□ yes □ no
4.2. Temperature taken in clinic:
□ yes □ no
If yes, physician measured temperature: …°C

5. Have you measured? O₂ saturation:
□ yes □ no
If yes, value:
Respiratory rate:
□ yes □ no
If yes, value:

6.2. How many days has the patient missed work/out-of-home care/school? .... days □ unknown

7. Signs and symptoms (either reason for consulting or part of consultation)
7.2. Rhinitis:
□ yes □ no □ unknown
7.3. Sore throat or difficulty swallowing:
□ yes □ no □ unknown
7.4. Cough:
□ yes □ no □ unknown
If yes, tick all that apply:
□ short of breath (dyspnea)
□ increased, or purulent sputum
□ abnormal auscultation
□ (pleuritic) chest pain
□ wheezing
□ tachypnea □ none of the above
7.5 General symptoms: □ yes □ no □ unknown
If yes, tick all that apply □ headache □ muscle ache □ altered mental status/confusion □ fatigue/extremely low energy/sleepiness □ diarrhea □ none of the above

8.1. Overall illness severity (physician’s impression): □ mild □ moderate □ severe
8.2. How confident are you in your assessment of the patient’s condition: □ very confident □ confident □ moderately □ unconfident □ very unconfident

9. Have you done/ordered additional diagnostic tests? □ yes □ no
If yes: □ Group A β-hemolytic Strep antigen □ POC □ LAB □ CRP □ POC □ LAB □ RSV □ POC □ LAB □ Influenza □ POC □ LAB □ COVID-19 test □ POC □ LAB □ Total white blood cell count □ POC □ LAB □ Multiplex PCR panel □ POC □ LAB □ Chest X-ray □ Other test, specify: ……….. If POC yes, value: ……….. □ RSV □ POC □ LAB □ Influenza □ POC □ LAB □ COVID-19 test □ POC □ LAB □ Total white blood cell count □ POC □ LAB □ Multiplex PCR panel □ POC □ LAB □ Chest X-ray □ Other test, specify: ……….. □ RSV □ POC □ LAB □ Influenza □ POC □ LAB □ COVID-19 test □ POC □ LAB □ Total white blood cell count □ POC □ LAB □ Multiplex PCR panel □ POC □ LAB □ Chest X-ray □ Other test, specify: ………..

10.1 What was the suspected etiology: □ viral (other than COVID-19) □ COVID-19 □ bacterial □ allergic □ not clear
10.2 How certain are you about this suspected etiology:
□ very certain □ certain □ moderately □ uncertain □ very uncertain

11. Initial working diagnosis □ acute pharyngitis □ acute tonsillitis □ laryngitis/laryngotracheitis (croup) □ peritonsillar abscess □ influenza-like-illness □ bronchiolitis □ acute bronchitis □ community acquired pneumonia □ wheezing □ exacerbation of chronic respiratory condition □ upper RTI / common cold / sinusitis □ COVID-19 infection, if yes:
Have you contacted (public health) authorities about this patient: □ yes □ no
Would you recommend this patient be tested for COVID-19: □ yes □ no □ other, specify: ………..

17.1 Have you provided? □ advice for home isolation, if ticked, for how many days? ……….. □ advice for symptomatic treatment □ a scheduled follow-up visit/call □ prescribed medication, if ticked: □ inhaled medication □ antibiotic □ antiviral medication, if ticked, which one: ……….. □ antihistamines □ other □ advice for family members, if ticked: □ home isolation (quarantine) □ social distancing □ other, specify: ……….. □ preventive measures, if ticked: □ extra handwashing □ sneezing in sleeve □ social distancing □ nose/mouth protection □ staying in a separate room in the house □ other, specify: ……….. □ where to find reliable (home care) information □ none of the above

17.2. How confident are you that you have provided advice/treatment that will benefit this patient:
□ very confident □ confident □ moderately □ unconfident □ very unconfident

18.1 Did you refer the patient to hospital? □ yes □ no
18.2 Did you advise the patient contacting, or did you refer to a COVID-19 specific health service? □ yes □ no