

# Covid19 ( real—life practice)

Questionary for COVID-19 patients

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**\*Obligatoire**

1. Name and pronoun \*

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2. Age ( years) \*

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3. sex \*

*Une seule réponse possible.*

Male

female

4. Wheight ( in Kg) \*

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5. Size (in cm) \*

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## 6. Profession \*

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Stduent

without profession

Retraited

sedentary

physical activity

Doctor

nurse

Autre : \_\_\_\_\_

when you were labeled covid + \*

you were managed in full at home you

were hospitalized immediately

you were managed at home at the beginning and then hospitalized secondarily

PCR+ date (approximately) \*

\_\_\_\_\_

Habits \*

No

Weaned smoker over 2 years old

substance

abuse \_\_\_\_\_

Other:

If smoking, specify the number in pack year (in PA)

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Do you have regular physical activity during the last 6 months (  
At least 30 min, three times a week)

never

someti

mes

always

on estrogen-positive contraception \*

yes

no

not concerned (male)

## Medical history \*

- ☐ None
  - ☐ High blood pressure
  - ☐ Dyslipidemia
  - ☐ Stroke ATCD ( stroke) Anemie
  - ☐ Cancer in remission
  - ☐ Active hypothyroid
  - ☐ hyperthyroidism
  - ☐ cancer
  - ☐ Chronic renal failure (not dialysis) chronic
  - ☐ dialysis
  - ☐ Adrenal insufficiency
  - ☐ Hepathopathy
  - ☐ system disease
  - ☐ neuromuscular disease ( multiple sclerosis, myopathy, myasthenia. ....)
  - ☐ Diabete
  - ☐ Others \_\_\_\_\_
- :

### if hypertensive

- ☐ blood pressure not measured during the period covid
- ☐ blood pressure measured during covid by you same
- ☐ blood pressure measured by a doctor
- ☐ lower or eqgal balanced voltage 140/90
- ☐ you have changed your antihypertensive treatment
- ☐ you have kept the same antihypertensive treatment

## 15. History of heart disease\*

- .  
☐ None  
☐ Atrial fibrillation  
☐ Ischemic heart disease  
☐ Mechanical prosthesis  
☐ Valvulopathies Heart  
☐ failure  
☐ Other : \_\_\_\_\_

## ATCD of respiratory disease \*

- ☐ No  
☐ COPD (chronic bronchopneumoapathy)  
☐ asthma  
☐ dilation of the bronchi  
☐ pulmonary fibrosis  
☐ sleep apnea syndrome  
☐ Others : \_\_\_\_\_

## Other antecedents \*

- ☐ None  
☐ Abortion < 1 month  
☐ delivery <1 month  
☐ Orthopedic, gynecological, urological, carcinological surgery «1 month Pregnancy in  
☐ progress (when she discovered covid)  
☐ contraceptives  
☐ Other : \_\_\_\_\_

## 16. History of thromboembolic complications

yes

No

## ATCD of hemorrhagic complications \*

☐ No☐ Intracerebral hemorrhage☐ Gastrointestinal hemorrhage☐ Gynecological hemorrhage☐ Urological hemorrhage☐ parietal hematoma or lésion, soft parts☐ Other : \_\_\_\_\_

## sick on anticoagulants at long course \*

non

sintrom

previscan

rivaroxaban (Riva or Xaban)

LMWH at long course

Other : \_\_\_\_\_

## Sick on anti-active ingredients \*

None

Clopidogrel ( plavix, pidogrel, clopix, cloven, copigrel)

Ticagrelor ( Brilique)

Aspegic or Kardegic or aspirin

## Taking Aspégic for the first time during covid \*

no

yes

## Other treatments at long course \*

No chemotherapy

non-invasive ventilation at home

immunosuppressant corticosteroid

therapy

Other : \_\_\_\_\_

## Clinical form of covid 19 \*

Asymptomatic

Mild ( diarrhea , fever , anosmia..... ) without dyspnea

Moderate (respiratory signs, dyspnea with oxygen need , but O2 needs <4l/min)

severe ( need for hospitalization from the outset)

Duration of symptoms in days \*

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Chest CT \*

unrealized

realized and

normal

realized and pathological

did you do a dosage of DDimères \*

oui

No

the highest level dosed in ng /ml exp the normal threshold < 500 ng/ml

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Prescribing physician

Private general practitioner

General practitioner public

health Private cardiologist

Hospital cardiologist

Private pulmonologist

Hospital pulmonologist

Self-prescription

Other : \_\_\_\_\_



## 17. The patient received anticoagulation \*

	no	an injection /j ( enoxa 40)	two injections/ d (enoxa 40*2/d)	two injections /J ( curative: enoxa weight *2/j)	Rivaroxaban 10	Rivaroxaban 15	Rivarox 20
TTT in first intension				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TTT in 2nd intension			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TTT in 3rd intension				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Mode of Injection of LMWH

self injection

neighbourhood or service nurse

member of the family

Pharmacy officinale

Other : \_\_\_\_\_

duration LMWH ( in days)

\_\_\_\_\_

duration Rivaroxaban (in days)

\_\_\_\_\_

total duration of anticoagulant TTT (in day)

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1. Rest of the Treatment received \*

- ☐ No
  - ☐ Antibiotics
  - ☐ Vitamin supplements Oxygenotherapie
  - ☐ at home
  - ☐ Systemic corticosteroids (oral or injected)
  - ☐ analgesic ( paracetamol)
  - ☐ Stopping
  - ☐ contraceptives Other 

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- :

Follow-up \*

- ☐ Favourable developments
- ☐ Thromboembolic complications
- ☐ need for hospitalization respiratory
- ☐ worsening Hemorrhagic
- ☐ complications Neurological
- ☐ complications renal complications
- ☐ Death
- ☐ Other : 

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cause of death

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if thromboembolic complications, specify the Type

- ☐ thrombophlebitis
- ☐ pulmonary
- ☐ embolism Stroke
- ☐ IDM
- ☐ ischemia of the member
- ☐ mesenteric infarction
- ☐ fistula thrombosis in dialysis patients
- ☐ Other : \_\_\_\_\_

1. if thromboembolic complication, specify the time (in days) from the onset of symptoms

\_\_\_\_\_

1. Hemorrhagic complications on anticoagulants \*

No

digestive hemorrhage

intracerebral hemorrhage

urological hemorrhage

hematoma of soft parts

minimal bleeding (epistaxis, gingivorragia, ...)

## 41. post covid syndrome (after the guerrison you have kept symptoms)\*

- ☐ cephalea
- ☐ palpitations chest
- ☐ pain dyspnea
- ☐ cough
- ☐ fatigue
- ☐ sleep disorders loss of
- ☐ taste (agueusia)
- ☐ loss of smell (anosmia)
- ☐ difficulty concentrating
- ☐ myalgia
- ☐ abdominal pain
- ☐ none
- ☐ Other : \_\_\_\_\_

## 1. have you consulted for this postcovid syndrome \*

yes

No

## 1. You have made explorations for this postcovid syndrome \*

- ☐ No
- ☐ ECG
- ☐ Echocoeur
- ☐ Echoabdominal
- ☐ Thraocic Troponin
- ☐ Scanner
- ☐ BNP
- ☐ Ddimers
- ☐ Rhythmic Holter
- ☐ Other : \_\_\_\_\_

1. Results of these examinations

no examination carried

out and normal all

Other : \_\_\_\_\_

1. comments (name of l'investigateur)

\_\_\_\_\_

\_\_\_\_\_