**CLL Forum CLL Patient Coronavirus Survey**

**Patient characteristics:**

**Patient Initials……….…. Hospital Number ………………….. Patient Age………………….**

**Sex – M/F Please circle Blood group if known …………. BMI if known……………**

**Date of CLL Diagnosis……../……./……. Stage at Diagnosis A0 A B C Please circle**

**Does the patient have Hypogammaglobulinaemia? Yes/No Please circle**

 **If Yes:**

**Low IgG? Yes/No Please circle - IgG level g/dl……………..**

 **Low IgA?** **Yes/No Please circle - IgA level g/dl………………**

 **Low IgM?** **Yes/No Please circle - IgM level g/dl……………..**

**Clinical Therapy:**

**Has the patient previously received vaccination against?**

**Pneumococcus? Yes/No Please circle**

**Haemophilus Influenza B? Yes/No Please circle**

**Seasonal Flu? Yes/No Please circle**

**Has the patient previously been admitted with infections of any type? Yes/No Please circle**

**Has the patient previously received therapy for their CLL? Yes/No Please circle**

**If Yes, number of previous regimens………………………….**

**What was the last treatment the patient received and date of commencement?**

**Treatment regimen…………………………………………….Date………/………/……..**

**Any other significant co-morbidities? Yes/No Please circle**

**If Yes please state three most important**

 **1)……………………………….**

 **2)……………………………….**

 **3)………………………………..**

**Performance Status at last clinic visit. 1 / 2 / 3 / 4 Please circle**

**Coronavirus:**

**Has the patient undergone a Coronavirus test? Yes/No Please circle**

**If Yes – Date of testing ……./……./…….**

**Result of Coronavirus test Positive/Negative/Indeterminate** **Please circle**

**Did the patient have symptoms suggestive of Coronavirus at time of testing?**

 **Yes/No Please circle**

**If Yes, please state a maximum of 3 symptoms patient had at time of testing and**

**date of first symptom ………./………./……..**

 **1)……………………………………………………..**

 **2)………………………………………………………**

**3)………………………………………………………**

**Did the patient home isolate? Yes/No Please circle**

 **If Yes, date of home isolation if known ………/………/……..**

**Was admitted to hospital?** **Yes/No Please circle**

 **If Yes, date of home hospitalisation if known ………/………/……..**

**Require mechanical ventilation? Yes/No Please circle**

 **If Yes, date of mechanical ventilation if known ………/………/……..**

**Receive any other treatment for Coronavirus? Yes/No Please circle**

**If Yes, which therapy(ies) did the patient receive?**

1. **…………………………………………………….................Date started (if known)…../…../…..**
2. **…………………………………………………….................Date started (if known)…../…../…..**
3. **…………………………………………………….................Date started (if known)…../…../…..**
4. **…………………………………………………….................Date started (if known)…../…../…..**

**Maximum D-Dimer level during Coronavirus infection episode………………..**

**Maximum Procalcitonin level (if available) during Coronavirus infection episode …………………………………**

**Did the patient to your knowledge receive a NSAID? Yes/No Please circle**

 **If Yes which NSAID…………………………………………….**

**Clinical Outcome:**

**Did the patient make a:**

**Full Recovery/ Recover but with added morbidities/Succumb Please circle**

**If latter, Date of Death……../….…./….….**

**Any other comments about outcome of coronavirus infection?**

**……………..…….………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..**

**Finally:**

**Are you aware of a stored blood, serum or cell sample? Yes/No Please circle**

**If Yes, the sample is stored:**

1. **In our local lab Yes/No Please circle**
2. **In the CLL biobank in Liverpool Yes/No Please circle**
3. **Stored as part of a clinical study Yes/No Please circle**

**If Yes – please name study/trial………………………………………………….**

1. **Stored elsewhere…please specify……………………………………………………………………….**

**Name of person completing form…………………………………………..……………….**

**Contact details: Email Address………………………….…………………………………….**

**Name of centre patient managed at…………………………..……………………………**

**Don’t worry if all questions cannot be answered – all data will be of value.**

**Please email back to:** **fegancd1@cardiff.ac.uk**

**Thank you!!**