

	Instituto Nacional de Saúde (INS)	
Review: 0.1	Moringa-COVID-19 study data collection form	FM – CISPOC- CL225

A. Demographics

- 1.Name:_____ 2. Admission date: ____/____/____ 3. Department: _____
- 4.Patient code:_____ Telephone Contact: _____
5. **Residence:** Neighborhood _____
- 6.Date of birth: ____/____/____ 7. Age: _____ 8. Sex: Male ☐ Fem ☐
- 9.Race: Black ☐ White ☐ Asian ☐ Mixed race ☐ Other: _____
- 10.Education: None ☐ Primary ☐ Secondary ☐ Technical ☐ University ☐
11. **Marital Status:** Single ☐ Married ☐ Divorced ☐ Widower ☐

B. Epidemiological data and risk factors

12. Habits

a) **Alcoholics** ☐ Duration _____ (days/months/years)

13. **Recent trip:** Yes ☐ No ☐ If yes locations: _____

a) Departure date _____ b) Return date _____

14. **Contact with sick people:** Yes ☐ No ☐ a) Duration of contact _____

15. Presence of comorbidities

a) Diabetes ☐ c) Asthma ☐ e) Tumors ☐

b) Hypertension ☐ d) Heart diseases ☐ f) Renal insufficiency ☐

C. CLINICAL INFORMATION

16. **Previous hospitalization:** Yes ☐ No ☐

17. **Health unit:** _____ 18. **Inpatient service:** _____

19. **Length of stay:** _____

20. **Use of medical devices:** Yes ☐ No ☐

a) **Venous catheter:** Yes ☐ No ☐

b) **Mechanical ventilation:** Yes ☐ No ☐

c) **Nasogastric tube:** Yes ☐ No ☐

d) **Surgical procedures:** Yes ☐ No ☐

e) **Others:** _____

f) **Vaccination:** Yes ☐ No ☐ which: _____

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21. Medication: prior treatment: Yes ☐ No ☐

Name	Duration	Start Date
_____	Duration ____ days ____ ____ dd/mm/yy	
_____	Duration ____ days ____ ____ dd/mm/yy	
_____	Duration ____ days ____ ____ dd/mm/yy	

D. Clinical data

22. Transfer: Yes ☐ No ☐ **23. Health unit:** _____ **24. Service:** _____

25. Symptom onset date: ____/____/____ **26. Date of admission:** ____/____/____

27. Days of symptom evolution: _____

28. Inpatient diagnosis: _____

29. Symptomatology

Fever ☐	Myalgia ☐	Diarrhea ☐	Splenomegaly ☐	Cough ☐
Chills ☐	Anorexia ☐	Vomiting ☐	Hepatomegaly ☐	Chest pain ☐
Headache ☐	Dehydration ☐	Abdominal pain ☐	Oropharyngeal pain ☐	Dyspnea ☐
Athralgia ☐	Nausea ☐	Jaundice ☐		Spine pain ☐
Weakness ☐				Pain when urinating ☐

Others: _____

30. Serological status (HIV): Yes ☐ No ☐ **31. CD4 level** _____ **32. Viral load** _____

33. Hematological Data:

Parameter	Result	Reference values	
		Men	Both sexes Women
HGB		12.2 - 17.7	9.5 - 15.8
PLT		126-438	
WBC		3.1-9.1	
Neutrophils		1.08 - 4.71	
Lymphocytes			

Investigator's Signature: _____ Date: ____/____/____

Verified by: _____ Date: ____/____/____