**Screening form**

Date of visit: DD-MMM-YYYY

**1. Where did you hear about this study?**

☐ CanTreatCOVID website

☐ Social media

☐ Public communications (e.g., posters, advertisements)

☐ A letter was mailed to my residence

☐ My primary care provider

☐ Other, please specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Inclusion and exclusion criteria**

**Inclusion criteria (all should be Yes)**

|  |  |
| --- | --- |
| **a.** **Patients have a positive SARS-CoV-2 test (PCR or RAT) with proof of a positive test provided via a picture of the result and symptoms beginning within 2 days of screening date** | O Yes O No |
| **b. Patients over 18 (at least one of the following criteria should be Yes)** | O Yes O No |
| 1. Age ≥50 years (does not need any other risk criteria) | O Yes O No |
| 2. Chronic respiratory disease (including COPD, cystic fibrosis and asthma requiring at least daily use of preventative and/or reliever medication) | O Yes O No |
| 3. Chronic heart or vascular disease | O Yes O No |
| 4. Chronic kidney disease | O Yes O No |
| 5. Chronic liver disease | O Yes O No |
| 6. Chronic neurological disease (including dementia, stroke, epilepsy) | O Yes O No |
| 7. Severe and profound learning disability | O Yes O No |
| 8. Down’s syndrome | O Yes O No |
| 9. Diabetes (Type 1 or Type 2) | O Yes O No |
| 10. Immunosuppression: primary (e.g., inherited immune disorders resulting from genetic mutations) or secondary due to disease or treatment (e.g., sickle cell, HIV, cancer, chemotherapy) | O Yes O No |
| 11. Solid organ, bone marrow and stem cell transplant recipients | O Yes O No |
| 12. Morbid obesity (BMI >35) | O Yes O No |
| 13. Severe mental illness | O Yes O No |
| 14. Care home resident | O Yes O No |

**Exclusion Criteria**

|  |  |
| --- | --- |
| Were any exclusion criteria met? | O Yes O No |
| What was the exclusion criteria? (check all that apply): |
| 1. Admitted to hospital or in an emergency department for more than 24 hours | O |
| 2. Previously randomized to CanTreatCOVID | O |
| 3. Currently participating in a clinical trial of a therapeutic agent for acute SARS-CoV-2 infection that is not/suspected not compatible with the study therapeutics | O |
| 4. Already taking a study therapeutic or contraindication to a study therapeutic *[research assistant to read out list of contraindicated drugs]* | O |
| 5. Inability for participant or caregiver to provide informed consent | O |

**Screen Failure**

|  |  |
| --- | --- |
| **In the opinion of the research assistant, is the participant considered a screen failure?** | O Yes O No |
| **Date the participant was considered a screen failure?** | DD-MMM-YYYY |
| **Reason for screen failure?** | O Inclusion or Exclusion Criteria Unmet O Withdrew Consent |