## SECTION 1 – INCLUSION CRITERIA

1.1 ☐ Age < 21, AND

1.2 ☐ Fever > 38.0°C for ≥ 24 hours, or report of subjective fever lasting ≥ 24 hours, AND

1.3 ☐ Laboratory markers of inflammation (including, but not limited to one or more; an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin, AND

1.4 ☐ Evidence of clinically severe illness requiring hospitalization, with multisystem (≥ 2) organ involvement (check all applicable below): AND

1.4.1 ☐ Cardiac (e.g. shock, elevated troponin, BNP, abnormal echocardiogram, arrhythmia)

1.4.2 ☐ Renal (e.g. acute kidney injury or renal failure)

1.4.3 ☐ Respiratory (e.g. pneumonia, ARDS, pulmonary embolism)

1.4.4 ☐ Hematologic (e.g. elevated D-dimers, thrombophilia, or thrombocytopenia)

1.4.5 ☐ Gastrointestinal (e.g. elevated bilirubin, elevated liver enzymes, or diarrhea)

1.4.6 ☐ Dermatologic, (e.g. rash, mucocutaneous lesions)

1.4.7 ☐ Neurological, (e.g. CVA, aseptic meningitis, encephalopathy)

1.5 ☐ No alternative plausible diagnosis; AND

1.6 ☐ Positive for current or recent SARS-COV-2 infection by (check all applicable below): OR

1.6.1 ☐ RT-PCR

1.6.2 ☐ Serology

1.6.3 ☐ Antigen test

1.7 ☐ COVID-19 exposure within the 4 weeks prior to the onset of symptoms

1.7.1 ☐ If yes, date of first exposure within the 4 weeks prior: (MM/DD/YYYY): ___/___/______ Unknown

## SECTION 2 – PATIENT DEMOGRAPHICS

2.1 State of Residence: __________

2.2 Patient zip code/postal code (primary residence): __________

2.3 Date of birth (MM/DD/YYYY): ___/___/______

2.4 Sex:  ☐ Male  ☐ Female

2.5 Ethnicity:  ☐ Hispanic or Latino  ☐ Not Hispanic or Latino  ☐ Refused or Unknown

2.6 Race (mark all that apply, selecting more than one option as necessary):

2.6.1 ☐ White

2.6.2 ☐ Black or African American

2.6.3 ☐ American Indian

2.6.4 ☐ Alaska Native or Aboriginal Canadian

2.6.5 ☐ Native Hawaiian

2.6.6 ☐ Other Pacific Islander

2.6.7 ☐ Asian

2.6.8 ☐ Other

2.6.9 ☐ Refused or Don’t know

2.7 Height: ________ inches

2.8 Weight: ________ lbs

2.9 BMI: ________

Comorbidities:

2.10.1 Immunosuppressive disorder/malignancy  ☐ Yes  ☐ No

2.10.2 Obesity  ☐ Yes  ☐ No

2.10.3 Type 1 diabetes  ☐ Yes  ☐ No

2.10.4 Type 2 diabetes  ☐ Yes  ☐ No

2.10.5 Seizures  ☐ Yes  ☐ No

2.10.6 Congenital heart disease  ☐ Yes  ☐ No

2.10.7 Sickle cell disease  ☐ Yes  ☐ No

2.10.8 Chronic lung disease  ☐ Yes  ☐ No

2.10.9 Other congenital malformations  ☐ Yes  ☐ No

2.10.10 Other (specify): __________

2.11 Hospital admission date (MM/DD/YYYY): ___/___/______

2.11.1 Number of days in the hospital: ________

2.12 If admitted to the ICU, admission date (MM/DD/YYYY): ___/___/______

2.12.1 Number of days in the ICU: ________

2.13 Patient outcome:  ☐ Died  ☐ Discharged  ☐ Still admitted

2.13.2 Hospital discharge or death date (MM/DD/YYYY): ___/___/______
SECTION 3 – CLINICAL SIGNS AND SYMPTOMS

3.1 Did the patient have preceding COVID-like illness? ○ Yes ○ No

3.1.1 Date of symptom onset (MM/DD/YYYY): ____/____/______

3.2 Date of symptom onset of MIS (MM/DD/YYYY): ____/____/______

3.3 Fever ≥ 38.0°C: ○ Yes ○ No

3.3.1 Date of fever onset (MM/DD/YYYY): ____/____/______

3.3.2 Highest Temperature: _____°C

3.3.3 Number of days febrile: _____

Signs and symptoms during present illness

3.4.1 Cardiac

3.4.1.1 Shock ○ Yes ○ No
3.4.1.2 Elevated troponin ○ Yes ○ No
3.4.1.3 Elevated BNP or NT-proBNP ○ Yes ○ No

3.4.2 Renal

3.4.2.1 Acute kidney injury ○ Yes ○ No
3.4.2.2 Renal failure ○ Yes ○ No

3.4.3 Respiratory

3.4.3.1 Cough ○ Yes ○ No
3.4.3.2 Shortness of breath ○ Yes ○ No
3.4.3.3 Chest pain/tightness ○ Yes ○ No
3.4.3.4 Pneumonia ○ Yes ○ No
3.4.3.5 ARDS ○ Yes ○ No
3.4.3.6 Pulmonary embolism ○ Yes ○ No

3.4.4 Hematologic

3.4.4.1 Elevated D-dimers ○ Yes ○ No
3.4.4.2 Thrombophilia ○ Yes ○ No
3.4.4.3 Thrombocytopenia ○ Yes ○ No

3.4.5 Gastrointestinal

3.4.5.1 Abdominal pain ○ Yes ○ No
3.4.5.2 Vomiting ○ Yes ○ No
3.4.5.3 Diarrhea ○ Yes ○ No
3.4.5.4 Elevated bilirubin ○ Yes ○ No
3.4.5.5 Elevated liver enzymes ○ Yes ○ No

3.4.6 Dermatologic

3.4.6.1 Rash ○ Yes ○ No
3.4.6.2 Mucocutaneous lesions ○ Yes ○ No

3.4.7 Neurological

3.4.7.1 Headache ○ Yes ○ No
3.4.7.2 Altered mental state ○ Yes ○ No
3.4.7.3 Syncope/near syncope ○ Yes ○ No
3.4.7.4 Meningitis ○ Yes ○ No
3.4.7.5 Encephalopathy ○ Yes ○ No

3.4.8 Other

3.4.8.1 Neck pain ○ Yes ○ No
3.4.8.2 Myalgia ○ Yes ○ No
3.4.8.3 Conjunctival injection ○ Yes ○ No
3.4.8.4 Periorbital edema ○ Yes ○ No
3.4.8.5 Cervical lymphadenopathy >1.5 cm diameter ○ Yes ○ No

SECTION 4 – COMPLICATIONS

4.1 Arrhythmia ○ Yes ○ No

If yes:

4.1.1 Ventricular arrhythmia: ○ Yes ○ No
4.1.2 Supraventricular arrhythmia: ○ Yes ○ No
4.1.3 Other arrhythmia (specify): ○ Yes ○ No

4.2 Congestive heart failure ○ Yes ○ No

4.3 Myocarditis ○ Yes ○ No

4.4 Pericarditis ○ Yes ○ No

4.5 Liver failure ○ Yes ○ No

4.6 Deep vein thrombosis or PE ○ Yes ○ No
4.7 ARDS ○ Yes ○ No
4.8 Pneumonia ○ Yes ○ No
4.9 CVA or stroke ○ Yes ○ No

4.10 Encephalitis or aseptic meningitis ○ Yes ○ No

SECTION 5 – TREATMENTS

5.1 Low flow nasal cannula ○ Yes ○ No
5.2 High flow nasal cannula ○ Yes ○ No
5.3 Non-invasive ventilation ○ Yes ○ No
5.4 Intubation ○ Yes ○ No
5.5 Mechanical ventilation ○ Yes ○ No
5.6 ECMO ○ Yes ○ No

5.7 Vasoactive medications
(e.g. epinephrine, milrinone, norepinephrine, or vasopressin) (specify): ○ Yes ○ No

5.8 Steroids ○ Yes ○ No

5.9 Immune modulators
(e.g. anakinra, tocilizumab) (specify): ○ Yes ○ No

5.10 Antiplatelets
(e.g. aspirin, clopidogrel) (specify): ○ Yes ○ No

5.11 Anticoagulation
(e.g. heparin, enoxaparin, warfarin) (specify): ○ Yes ○ No

5.12 Dialysis ○ Yes ○ No
5.13 First IVIG ○ Yes ○ No
5.14 Second IVIG ○ Yes ○ No
## SECTION 6 – STUDIES

### 6.1 Blood Test Results

| Test          | Highest value: | Lowest value: | Units: | Low | Normal | High |
|---------------|---------------|---------------|--------|-----|--------|------|
| Fibrinogen    |               |               |        |     |        |      |
| CRP           |               |               |        |     |        |      |
| Ferritin      |               |               |        |     |        |      |
| Troponin      |               |               |        |     |        |      |
| BNP           |               |               |        |     |        |      |
| NT-proBNP     |               |               |        |     |        |      |
| D-dimer       |               |               |        |     |        |      |
| IL-6          |               |               |        |     |        |      |
| Serum White blood count |               |               |        |     |        |      |
| Platelets     |               |               |        |     |        |      |
| Neutrophils   |               |               |        |     |        |      |
| Lympocyes     |               |               |        |     |        |      |
| Bands         |               |               |        |     |        |      |

### 6.2 CSF Studies

| Test          | Highest value: | Lowest value: | Units: |
|---------------|---------------|---------------|--------|
| White blood count |               |               |        |
| Protein       |               |               |        |
| Glucose       |               |               |        |

### 6.3 Urinalysis

| Test          | Highest value: | Lowest value: | Units: |
|---------------|---------------|---------------|--------|
| Urine White blood count |               |               |        |

### 6.4 Echocardiogram

-select one
- Coronary artery aneurysms
- Max coronary artery Z-score: 
- Coronary artery dilatation
- Cardiac dysfunction (decreased function), specify type:
  - left ventricular dysfunction
  - right ventricular dysfunction
- Pericardial effusion
- Pleural effusion
- Mitral regurgitation, specify type: mild moderate severe
- Other (specify): 

### 6.5 Date of first test showing coronary artery aneurysm or dilatation (MM/DD/YYYY): 

### 6.6 Abdominal imaging

- Ultrasound
- CT
- Not done

### 6.7 Chest imaging

- Chest x-ray
- CT
- Not done

### SARS-COV-2 testing

| Test          | If performed, date (MM/DD/YYYY): |
|---------------|---------------------------------|
| RT-PCR:       | Positive Negative Not done |
| Antigen:      | Positive Negative Not done |
| IgG:          | Positive Negative Not done |
| IgM:          | Positive Negative Not done |
| IgA:          | Positive Negative Not done |