

Characteristics, Comorbidities, and Data Gaps for Coronavirus Disease Deaths, Tennessee, USA

Appendix 1

Case Report Form, Preexisting Conditions Section

This form was completed in standard surveillance and chart-abstraction

Did they have any underlying medical conditions and/or risk behaviors? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
Diabetes Mellitus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Immunosuppressive condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Autoimmune condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Severe obesity (BMI ≥40)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Current smoker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Cardiovascular disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Former smoker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Chronic Renal disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Substance abuse or misuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Chronic Liver disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Chronic Lung disease (asthma/emphysema/COPD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk				
Other chronic diseases If yes, specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk				
Other underlying condition or risk behavior, specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Psychological/psychiatric condition If yes, specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk

Supplemental Chart Review: Additional comorbidity questions

Enhanced Mortality Surveillance

[Collapse Subsections](#)

Note

Central Office is completing Enhanced Mortality Surveillance to capture additional information about deceased patients. This section should only be completed if the patient is deceased due to this illness.

Comorbidities

Current carcinoma (other than skin):
If carcinoma, specify:
End Stage Liver Disease (e.g., cirrhosis):
End Stage Renal Disease (ESRD):
Coronary Artery Disease:
Other Heart disease (e.g., cardiomyopathy, arrhythmia, etc.):
HIV/AIDS:
Asthma:
Chronic obstructive pulmonary disease (COPD):
Other chronic lung disease (e.g, idiopathic pulmonary fibrosis, sarcoidosis):
If other chronic lung disease, specify:
Obstructive Sleep Apnea (OSA):
Organ or bone marrow transplant (history):
Neuromuscular/neurodegenerative disease:
Peripheral Vascular Disease:
Cerebrovascular Disease:
Other comorbidity(ies):
Was the patient DNR?:

Exposures

Current chronic oral steroids (e.g., Prednisone = 10mg/day):
Current Chemotherapy:
If yes, specify therapy:
Current immunosuppressive treatment other than steroids:
If yes, specify therapy:
Dialysis: