HS COVID-19 Reporting Database

This form should be completed by a healthcare professional caring for a patient with hidradenitis suppurativa and documented COVID-19.

Please only report confirmed COVID-19 cases after a minimum of 7 days after COVID-19 diagnosis and after sufficient time has passed to observe disease course through resolution of acute illness or death.

REPORTER INFORMATION

First Name

_____

Last Name

_____

Email Address

_____

Role of reporter (e.g., physician, nurse, etc.)

_____

Hospital/clinic name

_____

City of hospital/clinic

_____

State or province of hospital/clinic

_____

Country of hospital/clinic

- ◯ --- Not in this country list ---
- ◯ Åland Islands
- ◯ Afghanistan
- ◯ Albania
- ◯ Algeria
- ◯ Andorra
- ◯ Angola
- ◯ Anguilla
- ◯ Antarctica
- ◯ Antigua and Barbuda
- ◯ Argentina
- ◯ Armenia
- ◯ Aruba
- ◯ Australia
- ◯ Austria
- ◯ Azerbaijan
- ◯ Bahamas
- ◯ Bahrain
- ◯ Bangladesh
- ◯ Barbados
- ◯ Belarus
- ◯ Belgium
- ◯ Belize
- ◯ Benin
- ◯ Bermuda
- ◯ Bhutan
- ◯ Bolivia, Plurinational State of
- ◯ Bosnia and Herzegovina
- ◯ Botswana
- ◯ Bouvet Island
- ◯ Brazil
- ◯ British Indian Ocean Territory
- ◯ Brunei Darussalam
- ◯ Bulgaria
- ◯ Burkina Faso
- ◯ Burundi
- ◯ Côte dIvoire
- ◯ Cambodia
- ◯ Cameroon
- ◯ Canada
- ◯ Cape Verde
- ◯ Cayman Islands
- ◯ Central African Republic
- ◯ Chad
- ◯ Chile
- ◯ China
- ◯ Christmas Island
- ◯ Cocos (Keeling) Islands
- ◯ Colombia
- ◯ Comoros
- ◯ Congo
- ◯ Congo, the Democratic Republic
- ◯ of the
- ◯ Cook Islands
- ◯ Costa Rica
- ◯ Croatia
- ◯ Cuba
- ◯ Cyprus
- ◯ Czech Republic
- ◯ Denmark
- ◯ Djibouti
- ◯ Dominica
- ◯ Dominican Republic
- ◯ Ecuador
- ◯ Egypt
- ◯ El Salvador
- ◯ Equatorial Guinea
- ◯ Eritrea
- ◯ Estonia

◯ Ethiopia
◯ Falkland Islands (Malvinas)
◯ Faroe Islands
◯ Fiji
◯ Finland
◯ France
◯ French Guiana
◯ French Polynesia
◯ French Southern Territories
◯ Gabon
◯ Gambia
◯ Georgia
◯ Germany
◯ Ghana
◯ Gibraltar
◯ Greece
◯ Greenland
◯ Grenada
◯ Guadeloupe
◯ Guatemala
◯ Guernsey
◯ Guinea
◯ Guinea-Bissau
◯ Guyana
◯ Haiti
◯ Heard Island and McDonald Islands
◯ Holy See (Vatican City State)
◯ Honduras
◯ Hong Kong
◯ Hungary
◯ Iceland
◯ India
◯ Indonesia
◯ Iran, Islamic Republic of
◯ Iraq
◯ Ireland
◯ Isle of Man
◯ Israel
◯ Italy
◯ Jamaica
◯ Japan
◯ Jersey
◯ Jordan
◯ Kazakhstan
◯ Kenya
◯ Kiribati
◯ Korea, Democratic Peoples Republic of
◯ Korea, Republic of
◯ Kuwait
◯ Kyrgyzstan
◯ Lao Peoples Democratic Republic
◯ Latvia
◯ Lebanon
◯ Lesotho
◯ Liberia
◯ Libyan Arab Jamahiriya
◯ Liechtenstein
◯ Lithuania
◯ Luxembourg
◯ Macao
◯ Macedonia, the former Yugoslav Republic of
◯ Madagascar
◯ Malawi
◯ Malaysia
◯ Maldives
◯ Mali
◯ Malta
◯ Marshall Islands
◯ Martinique
◯ Mauritania
◯ Mauritius

◯ Mayotte
◯ Mexico
◯ Micronesia, Federated States of
◯ Moldova, Republic of
◯ Monaco
◯ Mongolia
◯ Montenegro
◯ Montserrat
◯ Morocco
◯ Mozambique
◯ Myanmar
◯ Namibia
◯ Nauru
◯ Nepal
◯ Netherlands
◯ Netherlands Antilles
◯ New Caledonia
◯ New Zealand
◯ Nicaragua
◯ Niger
◯ Nigeria
◯ Niue
◯ Norfolk Island
◯ Northern Mariana Islands
◯ Norway
◯ Oman
◯ Pakistan
◯ Palau
◯ Palestinian Territory, Occupied
◯ Panama
◯ Papua New Guinea
◯ Paraguay
◯ Peru
◯ Philippines
◯ Pitcairn
◯ Poland
◯ Portugal
◯ Qatar
◯ Ré union
◯ Romania
◯ Russian Federation
◯ Rwanda
◯ Saint Barthélemy
◯ Saint Helena, Ascension and Tristan da Cunha
◯ Saint Kitts and Nevis
◯ Saint Lucia
◯ Saint Martin (French part)
◯ Saint Pierre and Miquelon
◯ Saint Vincent and the Grenadines
◯ Samoa
◯ San Marino
◯ Sao Tome and Principe
◯ Saudi Arabia
◯ Senegal
◯ Serbia
◯ Seychelles
◯ Sierra Leone
◯ Singapore
◯ Slovakia
◯ Slovenia
◯ Solomon Islands
◯ Somalia
◯ South Africa
◯ South Georgia and the South Sandwich Islands
◯ Spain
◯ Sri Lanka
◯ Sudan
◯ Suriname
◯ Svalbard and Jan Mayen
◯ Swaziland
◯ Sweden

◯ Switzerland
◯ Syrian Arab Republic
◯ Taiwan, Province of China
◯ Tajikistan
◯ Tanzania, United Republic of
◯ Thailand
◯ Timor-Leste
◯ Togo
◯ Tokelau
◯ Tonga
◯ Trinidad and Tobago
◯ Tunisia
◯ Turkey
◯ Turkmenistan
◯ Turks and Caicos Islands
◯ Tuvalu
◯ Uganda
◯ Ukraine
◯ United Arab Emirates
◯ United Kingdom
◯ United States
◯ Uruguay
◯ Uzbekistan
◯ Vanuatu
◯ Venezuela, Bolivarian Republic of
◯ Vietnam
◯ Virgin Islands, British
◯ Wallis and Futuna
◯ Western Sahara
◯ Yemen
◯ Zambia
◯ Zimbabwe

PATIENT INFORMATION

Patient age in years	_____
Patient sex at birth	◯ Male ◯ Female ◯ Other
Is the patient Hispanic, Latino/a or Spanish Origin? One or more categories may be selected.	☐ No, not Hispanic, Latino/a, or Spanish Origin ☐ Yes, Mexican, Mexican American, Chicano/a ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, another Hispanic, Latino/a or Spanish origin ☐ Other ☐ Unknown

What is the patient's race? Please check all that apply.	☐ White (Middle Eastern, North African, European, Russian) ☐ Black or African American ☐ American Indian or Alaska Native Asian Indian ☐ Asian: Indian, Pakistani, Nepali, Bangladeshi ☐ Asian: Chinese ☐ Asian: Filipino ☐ Asian: Japanese ☐ Asian: Korean ☐ Asian: Vietnamese ☐ Asian: Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Other ☐ Unknown

HS INFORMATION

What was the patient's HS severity at the time of COVID-19 symptom onset? Please check one.	◯ Hurley Stage 1 ◯ Hurley Stage 2 ◯ Hurley Stage 3 ◯ Unknown
What was the patient's HS activity level at the time of symptom onset (or at COVID-19 diagnosis if asymptomatic)? Please check one.	◯ Remission ◯ Minimal or low disease activity (4 or fewer inflammatory lesions) ◯ Moderate disease activity (5-10 inflammatory lesions) ◯ Severe or high disease activity (11+ inflammatory lesions) ◯ Unknown
Please indicate biologic medications the patient was taking for HS within the 2 weeks prior to COVID-19 diagnosis. Check all that apply.	☐ Adalimumab/Humira ☐ Infliximab/Remicade ☐ Etanercept/Enbrel ☐ Golimumab/Simponi ☐ Certozilumab/Cimzia ☐ Ustekinumab/Stelara ☐ Guselkumab/Tremfya ☐ Tildrakizumab/Ilumya ☐ Risankizumab/Skyrizi ☐ Anakinra/Kineret ☐ Canakinumab/Ilaris ☐ Rilonacept/Arcalyst ☐ Secukinumab/Cosentyx ☐ Ixekizumab/Taltz ☐ Brodalumab/Siliq ☐ Other _____ ☐ None
Specify Adalimumab/Humira dose prior to COVID-19 diagnosis (mg)	◯ 40mg ◯ 80mg ◯ Other _____
Other Adalimumab/Humira dose (mg)	_____

Specify Adalimumab/Humira dose interval prior to COVID-19 diagnosis.	◯ Daily ◯ Less than daily but more than weekly ◯ Weekly ◯ Q2 weeks ◯ Q3 weeks ◯ Q4 weeks ◯ Q5 weeks ◯ Q6 weeks ◯ Q7 weeks ◯ Q8 weeks ◯ Q9 weeks ◯ Q10 weeks ◯ Q11 weeks ◯ Q12 weeks ◯ Other Dose Interval _____
Specify other dose interval (months)	_____
Specify approximate Adalimumab/Humira duration prior to COVID-19 diagnosis (months)	_____
Was Adalimumab/Humira discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Specify Infliximab/Remicade dose prior to COVID-19 diagnosis (mg)	◯ 5mg/kg ◯ 10mg/kg ◯ Other _____
Other Infliximab/Remicade dose (mg)	_____
Specify Infliximab/Remicade dose interval prior to COVID-19 diagnosis.	◯ Daily ◯ Less than daily but more than weekly ◯ Weekly ◯ Q2 weeks ◯ Q3 weeks ◯ Q4 weeks ◯ Q5 weeks ◯ Q6 weeks ◯ Q7 weeks ◯ Q8 weeks ◯ Q9 weeks ◯ Q10 weeks ◯ Q11 weeks ◯ Q12 weeks ◯ Other Dose Interval _____
Specify other dose interval (months)	_____
Specify approximate Infliximab/Remicade duration prior to COVID-19 diagnosis (months)	_____
Was Infliximab/Remicade discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown

Specify Etanercept/Enbrel dose prior to COVID-19 diagnosis (mg)	◯ 25mg ◯ 50mg ◯ Other _____
Other Etanercept/Enbrel dose (mg)	_____
Specify Etanercept/Enbrel dose interval prior to COVID-19 diagnosis.	◯ Daily ◯ Less than daily but more than weekly ◯ Weekly ◯ Q2 weeks ◯ Q3 weeks ◯ Q4 weeks ◯ Q5 weeks ◯ Q6 weeks ◯ Q7 weeks ◯ Q8 weeks ◯ Q9 weeks ◯ Q10 weeks ◯ Q11 weeks ◯ Q12 weeks ◯ Other Dose Interval _____
Specify other dose interval (months)	_____
Specify approximate Etanercept/Enbrel duration prior to COVID-19 diagnosis (months)	_____
Was Etanercept/Enbrel discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Specify Golimumab/Simponi dose prior to COVID-19 diagnosis (mg).	◯ 50mg ◯ 100mg ◯ Other _____
Other Golimumab/Simponi dose (mg)	_____
Specify Golimumab/Simponi dose interval prior to COVID-19 diagnosis	◯ Daily ◯ Less than daily but more than weekly ◯ Weekly ◯ Q2 weeks ◯ Q3 weeks ◯ Q4 weeks ◯ Q5 weeks ◯ Q6 weeks ◯ Q7 weeks ◯ Q8 weeks ◯ Q9 weeks ◯ Q10 weeks ◯ Q11 weeks ◯ Q12 weeks ◯ Other Dose Interval _____
Specify other dose interval (months)	_____

Specify approximate Golimumab/Simponi duration prior to COVID-19 diagnosis (months)	_____
Was Golimumab/Simponi discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Specify Certozilumab/Cimzia dose prior to COVID-19 diagnosis (mg)	◯ 200mg ◯ 400mg ◯ Other _____
Other Certozilumab/Cimzia dose (mg)	_____
Specify Certozilumab/Cimzia duration dose interval prior to COVID-19 diagnosis	◯ Daily ◯ Less than daily but more than weekly ◯ Weekly ◯ Q2 weeks ◯ Q3 weeks ◯ Q4 weeks ◯ Q5 weeks ◯ Q6 weeks ◯ Q7 weeks ◯ Q8 weeks ◯ Q9 weeks ◯ Q10 weeks ◯ Q11 weeks ◯ Q12 weeks ◯ Other Dose Interval _____
Specify other dose interval (months)	_____
Specify approximate Certozilumab/Cimzia duration prior to COVID-19 diagnosis (months)	_____
Was Certozilumab/Cimzia discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Specify Ustekinumab/Stelara dose prior to COVID-19 diagnosis (mg).	◯ 45mg ◯ 90mg ◯ Other _____
Other Ustekinumab/Stelara dose (mg)	_____

Specify Ustekinumab/Stelara dose interval prior to COVID-19 diagnosis.	◯ Daily ◯ Less than daily but more than weekly ◯ Weekly ◯ Q2 weeks ◯ Q3 weeks ◯ Q4 weeks ◯ Q5 weeks ◯ Q6 weeks ◯ Q7 weeks ◯ Q8 weeks ◯ Q9 weeks ◯ Q10 weeks ◯ Q11 weeks ◯ Q12 weeks ◯ Other Dose Interval _____
Specify other dose interval (months)	_____
Specify approximate Ustekinumab/Stelara duration prior to COVID-19 diagnosis (months)	_____
Was Ustekinumab/Stelara discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Specify Guselkumab/Tremfya dose prior to COVID-19 diagnosis (mg).	◯ 100mg ◯ Other _____
Other Guselkumab/Tremfya dose (mg)	_____
Specify Guselkumab/Tremfya dose interval prior to COVID-19 diagnosis.	◯ Daily ◯ Less than daily but more than weekly ◯ Weekly ◯ Q2 weeks ◯ Q3 weeks ◯ Q4 weeks ◯ Q5 weeks ◯ Q6 weeks ◯ Q7 weeks ◯ Q8 weeks ◯ Q9 weeks ◯ Q10 weeks ◯ Q11 weeks ◯ Q12 weeks ◯ Other Dose Interval _____
Specify other dose interval (months)	_____
Was Guselkumab/Tremfya discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Specify Tildrakizumab/Ilumya dose prior to COVID-19 diagnosis (mg).	◯ 100mg ◯ 200mg ◯ Other _____

Other Tildrakizumab/Ilumya dose (mg)	_____
Specify Tildrakizumab/Ilumya dose interval prior to COVID-19 diagnosis.	◯ Daily ◯ Less than daily but more than weekly ◯ Weekly ◯ Q2 weeks ◯ Q3 weeks ◯ Q4 weeks ◯ Q5 weeks ◯ Q6 weeks ◯ Q7 weeks ◯ Q8 weeks ◯ Q9 weeks ◯ Q10 weeks ◯ Q11 weeks ◯ Q12 weeks ◯ Other Dose Interval _____
Specify other dose interval (months)	_____
Specify approximate Tildrakizumab/Ilumya duration prior to COVID-19 diagnosis (months)	_____
Was Tildrakizumab/Ilumya discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Specify Risankizumab/Skyrizi dose prior to COVID-19 diagnosis (mg).	◯ 150mg ◯ Other _____
Other Risankizumab/Skyrizi dose (mg)	_____
Specify Risankizumab/Skyrizi dose interval prior to COVID-19 diagnosis.	◯ Daily ◯ Less than daily but more than weekly ◯ Weekly ◯ Q2 weeks ◯ Q3 weeks ◯ Q4 weeks ◯ Q5 weeks ◯ Q6 weeks ◯ Q7 weeks ◯ Q8 weeks ◯ Q9 weeks ◯ Q10 weeks ◯ Q11 weeks ◯ Q12 weeks ◯ Other Dose Interval _____
Specify other dose interval (months)	_____
Specify approximate Risankizumab/Skyrizi duration prior to COVID-19 diagnosis (months)	_____

Was Risankizumab/Skyrizi discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Specify Anakinra/Kineret dose prior to COVID-19 diagnosis (mg)	◯ 100mg ◯ Other _____
Other Anakinra/Kineret dose (mg)	_____
Specify Anakinra/Kineret dose interval prior to COVID-19 diagnosis.	◯ Daily ◯ Less than daily but more than weekly ◯ Weekly ◯ Q2 weeks ◯ Q3 weeks ◯ Q4 weeks ◯ Q5 weeks ◯ Q6 weeks ◯ Q7 weeks ◯ Q8 weeks ◯ Q9 weeks ◯ Q10 weeks ◯ Q11 weeks ◯ Q12 weeks ◯ Other Dose Interval _____
Specify other dose interval (months)	_____
Specify approximate Anakinra/Kineret duration prior to COVID-19 diagnosis (months)	_____
Was Anakinra/Kineret discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Specify Canakinumab/Ilaris dose prior to COVID-19 diagnosis (mg)	◯ 150mg ◯ Other _____
Other Canakinumab/Ilaris dose (mg)	_____
Specify Canakinumab/Ilaris dose interval prior to COVID-19 diagnosis.	◯ Daily ◯ Less than daily but more than weekly ◯ Weekly ◯ Q2 weeks ◯ Q3 weeks ◯ Q4 weeks ◯ Q5 weeks ◯ Q6 weeks ◯ Q7 weeks ◯ Q8 weeks ◯ Q9 weeks ◯ Q10 weeks ◯ Q11 weeks ◯ Q12 weeks ◯ Other Dose Interval _____

Specify other dose interval (months)	_____
Specify approximate Canakinumab/Ilaris duration prior to COVID-19 diagnosis (months)	_____
Was Canakinumab/Ilaris discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Specify Rilonacept/Arcalyst dose prior to COVID-19 diagnosis (mg)	◯ 220mg ◯ Other _____
Other Rilonacept/Arcalyst dose (mg)	_____
Specify Rilonacept/Arcalyst dose interval prior to COVID-19 diagnosis.	◯ Daily ◯ Less than daily but more than weekly ◯ Weekly ◯ Q2 weeks ◯ Q3 weeks ◯ Q4 weeks ◯ Q5 weeks ◯ Q6 weeks ◯ Q7 weeks ◯ Q8 weeks ◯ Q9 weeks ◯ Q10 weeks ◯ Q11 weeks ◯ Q12 weeks ◯ Other Dose Interval _____
Specify other dose interval (months)	_____
Specify approximate Rilonacept/Arcalyst duration prior to COVID-19 diagnosis (months)	_____
Was Rilonacept/Arcalyst discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Specify Secukinumab/Cosentyx dose prior to COVID-19 diagnosis (mg)	◯ 150mg ◯ 300mg ◯ Other _____
Other Secukinumab/Cosentyx dose (mg)	_____

Specify Secukinumab/Cosentyx dose interval prior to COVID-19 diagnosis.	◯ Daily ◯ Less than daily but more than weekly ◯ Weekly ◯ Q2 weeks ◯ Q3 weeks ◯ Q4 weeks ◯ Q5 weeks ◯ Q6 weeks ◯ Q7 weeks ◯ Q8 weeks ◯ Q9 weeks ◯ Q10 weeks ◯ Q11 weeks ◯ Q12 weeks ◯ Other Dose Interval _____
Specify other dose interval (months)	_____
Specify approximate Secukinumab/Cosentyx duration prior to COVID-19 diagnosis (months)	_____
Was Secukinumab/Cosentyx discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Specify Ixekizumab/Taltz dose prior to COVID-19 diagnosis (mg).	◯ 80mg ◯ Other _____
Other Ixekizumab/Taltz dose (mg)	_____
Specify Ixekizumab/Taltz dose interval prior to COVID-19 diagnosis.	◯ Daily ◯ Less than daily but more than weekly ◯ Weekly ◯ Q2 weeks ◯ Q3 weeks ◯ Q4 weeks ◯ Q5 weeks ◯ Q6 weeks ◯ Q7 weeks ◯ Q8 weeks ◯ Q9 weeks ◯ Q10 weeks ◯ Q11 weeks ◯ Q12 weeks ◯ Other Dose Interval _____
Specify other dose interval (months)	_____
Specify approximate Ixekizumab/Taltz duration prior to COVID-19 diagnosis (months	_____
Was Ixekizumab/Taltz discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown

Specify Brodalumab/Siliq dose prior to COVID-19 diagnosis (mg)	◯ 210mg ◯ Other _____
Other Brodalumab/Siliq dose (mg)	_____
Specify Brodalumab/Siliq dose interval prior to COVID-19 diagnosis.	◯ Daily ◯ Less than daily but more than weekly ◯ Weekly ◯ Q2 weeks ◯ Q3 weeks ◯ Q4 weeks ◯ Q5 weeks ◯ Q6 weeks ◯ Q7 weeks ◯ Q8 weeks ◯ Q9 weeks ◯ Q10 weeks ◯ Q11 weeks ◯ Q12 weeks ◯ Other Dose Interval _____
Specify other dose interval (months)	_____
Specify approximate Brodalumab/Siliq duration prior to COVID-19 diagnosis (months)	_____
Was Brodalumab/Siliq discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Name of other biologic medication	_____
Specify dose of other biologic medication	_____
Specify dose interval of other biologic medication prior to COVID-19 diagnosis	◯ Daily ◯ Less than daily but more than weekly ◯ Weekly ◯ Q2 weeks ◯ Q3 weeks ◯ Q4 weeks ◯ Q5 weeks ◯ Q6 weeks ◯ Q7 weeks ◯ Q8 weeks ◯ Q9 weeks ◯ Q10 weeks ◯ Q11 weeks ◯ Q12 weeks ◯ Other Dose Interval _____
Specify other dose interval (months)	_____

Specify approximate duration of other biologic medication prior to COVID-19 diagnosis (months)	_____
Was the other biologic discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Please indicate disease modifying antirheumatic drugs (DMARDs) the patient was taking for HS within the 2 weeks prior to COVID-19 diagnosis. Check all that apply.	☐ Methotrexate ☐ Cyclosporine ☐ Azathioprine ☐ Mycophenolate Mofetil ☐ Glucocorticoids ☐ Other_____ ☐ None
Specify Methotrexate dose prior to COVID-19 diagnosis in mg (range 2.5-30.0mg)	_____
Specify Methotrexate dose interval prior to COVID-19 diagnosis.	◯ Weekly ◯ Other
Specify other dose interval of methotrexate (mg)	_____
Specify approximate Methotrexate duration prior to COVID-19 diagnosis (months)	_____
Was Methotrexate discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Specify Cyclosporine dose prior to COVID-19 diagnosis in mg (range 0-750mg)	_____
Specify Cyclosporine dose interval prior to COVID-19	◯ Daily ◯ Twice daily ◯ Three times daily ◯ Other
Specify other dose interval of cyclosporine	_____
Specify approximate Cyclosporine duration prior to COVID-19 diagnosis (months)	_____
Was Cyclosporine discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Specify Azathioprine dose prior to COVID-19 diagnosis (range 0-3000 mg)	_____
Specify Azathioprine dose interval prior to COVID-19 diagnosis	◯ Daily ◯ Twice daily ◯ Three times daily ◯ Other

Specify other dose interval of azathioprine	_____
Specify approximate Azathioprine duration prior to COVID-19 diagnosis (months)	_____
Was Azathioprine discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Specify Mycophenolate mofetil dose prior to COVID-19 diagnosis in mg (range 0-3000mg)	_____
Specify Mycophenolate Mofetil dose interval prior to COVID-19 diagnosis	◯ Daily ◯ Twice daily ◯ Three times daily ◯ Other
Specify other dose interval of Mycophenolate Mofetil	_____
Specify approximate Mycophenolate Mofetil duration prior to COVID-19 diagnosis (months)	_____
Was Mycophenolate Mofetil discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Specify name of glucocorticoid	_____
Specify glucocorticoid dose prior to COVID-19 diagnosis (mg)	_____
Specify glucocorticoid dose interval prior to COVID-19 diagnosis (mg)	◯ Every other day ◯ Daily ◯ Twice daily ◯ Other
Specify other dose interval of glucocorticoid	_____
Specify approximate glucocorticoid duration prior to COVID-19 diagnosis (months)	_____
Was glucocorticoid discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Specify name of other DMARD	_____
Specify dose of other DMARD prior to COVID-19 diagnosis (mg)	_____

Specify dose interval of other DMARD prior to COVID-19 diagnosis (mg)	_____
Specify approximate duration of other DMARD prior to COVID-19 diagnosis (months)	_____
Was other DMARD discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Please indicate any other medications the patient was taking for HS within the 2 weeks prior to COVID-19 diagnosis. Check all that apply	☐ Doxycycline ☐ Clindamycin ☐ Rifampin ☐ Dapsone ☐ Penicillin ☐ Cephalexin ☐ Azithromycin ☐ Metronidazole ☐ Levofloxacin/Moxifloxacin ☐ Ertapenem ☐ Vancomycin ☐ Spironolactone ☐ Finasteride ☐ Oral Contraceptives ☐ Other _____ ☐ None
Specify name of other medication for HS	_____
Was Doxycycline discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Was Clindamycin discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Was Rifampin discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Was Dapsone discontinued or continued upon COVID-19 diagnosis?	☐ Continued ☐ Discontinued ☐ Unknown
Was Penicillin discontinued or continued upon COVID-19 diagnosis?	☐ Continued ☐ Discontinued ☐ Unknown
Was Cephalexin discontinued or continued upon COVID-19 diagnosis?	☐ Continued ☐ Discontinued ☐ Unknown

Was Azithromycin discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Was Metronidazole discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Was Levofloxacin/Moxifloxacin discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Was Ertapenem discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Was Vancomycin discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Was Spironolactone discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Was Finasteride discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Was Oral Contraceptives discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Was this other medication for HS discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Please indicate medications the patient was taking for diagnoses other than HS at the time of COVID-19 diagnosis.	☐ NSAIDs (ibuprofen, naproxen, etc.) ☐ Hydroxychloroquine/plaquenil ☐ ACE inhibitor ☐ Angiotensin receptor blocker ☐ Sildenafil (or other PD5 inhibitor) ☐ Other _____ ☐ None
Was NSAIDs discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Was Hydroxychloroquine/plaquenil discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Was ACE inhibitor discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown

Was Angiotensin receptor blocker discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Was Sildenafil discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
What other medication(s) was the patient taking for diagnoses other than HS at the time of COVID-19 diagnosis?	_____
Was the other medication discontinued or continued upon COVID-19 diagnosis?	◯ Continued ◯ Discontinued ◯ Unknown
Did the patient have any of the following comorbid conditions? Check all that apply.	☐ None ☐ Cardiovascular disease (coronary artery disease, congestive heart failure) ☐ Asthma ☐ Interstitial lung disease (e.g. NSIP, UIP, IPF) ☐ Obstructive lung disease (COPD/asthma) ☐ Other lung disease _____ ☐ Obstructive sleep apnea ☐ Chronic renal disease (renal insufficiency or end stage renal disease) ☐ Chronic liver disease ☐ Diabetes ☐ Obesity ☐ Hypertension ☐ Cancer, currently undergoing treatment (excluding non-melanoma skin cancer) ☐ Inflammatory bowel disease ☐ Inflammatory arthritis ☐ Lupus ☐ Psoriasis ☐ Pyoderma gangrenosum ☐ Polycystic ovarian syndrome ☐ Trisomy ☐ Current tobacco smoker ☐ Current user of other tobacco products (vaping, e-cigarettes) ☐ Other _____ ☐ Unknown
Specify other lung disease	_____
Specify other comorbid condition	_____
What was the patient's pregnancy status at the time of COVID-19 diagnosis? Please check one.	◯ Not pregnant ◯ Pregnant ◯ Postpartum < 6 weeks

COVID-19 DIAGNOSIS

Year of diagnosis

- ◯ 2019
- ◯ 2020
- ◯ 2021
- ◯ 2022
- ◯ 2023
- ◯ 2024
- ◯ 2025

In what setting was the diagnosis of COVID-19 made? (Check all the apply)

- ☐ Home or standalone testing (e.g., mobile testing site)
- ☐ Nursing home or assisted living facility
- ☐ Outpatient facility
- ☐ Emergency department
- ☐ Inpatient/hospital
- ☐ Unknown
- ☐ Other _____

Specify other diagnostic setting

_____

What test was used to make this diagnosis? Check all that apply.

- ☐ Presumptive diagnosis based on symptoms only
- ☐ PCR of nasal or oral swab
- ☐ Antibody test (IgM) from blood sample/serology
- ☐ Metagenomic testing
- ☐ CT scan of lungs
- ☐ Laboratory assay, type unknown
- ☐ Unknown
- ☐ Other _____

Specify other diagnostic test

_____

What symptoms of COVID-19 did the patient experience? Check all that apply.

- ☐ Fever
- ☐ Cough
- ☐ Sinus congestion
- ☐ Shortness of breath
- ☐ Anosmia/aguesia
- ☐ Headache
- ☐ Nausea/vomiting
- ☐ Diarrhea
- ☐ Rash
- ☐ Unknown
- ☐ Other _____
- ☐ None

Specify other symptom(s)

_____

In the 14 days before illness onset, did the patient have any of the following? Check all that apply.

- ☐ History of travel to an area with documented cases of COVID-19 infection
- ☐ Close contact with a confirmed or probable case of COVID-19 infection
- ☐ Presence in a healthcare facility where COVID-19 infections have been managed
- ☐ None of the above (community acquired)
- ☐ Unknown
- ☐ Other _____

Specify other potential COVID-19 exposure

_____

How severe was the COVID-19 infection? Please check one.

- ◯ Asymptomatic- no clinical signs or symptoms during the positive COVID-19 period.
- ◯ Mild- symptoms of acute upper respiratory tract infection, including fever, fatigue, myalgia, cough, sore throat, runny nose, and sneezing or gastrointestinal symptoms or digestive symptoms such as nausea, vomiting, abdominal pain and diarrhea.
- ◯ Moderate- pneumonia, with or without clinical symptoms, no hypoxia
- ◯ Severe- early respiratory symptoms or gastrointestinal symptoms followed by dyspnea and hypoxia (O2 saturations less than 92%)
- ◯ Critical- ARDS, respiratory failure, encephalopathy, shock, coagulopathy, multi-organ impairment (lung, heart, kidney, brain) that may be life threatening

COVID-19 TREATMENT AND COMPLICATIONS

What treatment(s) did the patient receive for COVID-19? Check all that apply. (Please only include medications to treat COVID-19 infection.) Check all the apply.

- ☐ No treatment
- ☐ Supportive care including oxygen
- ☐ Azithromycin
- ☐ Remdesivir
- ☐ Oseltamivir
- ☐ Lopinavir-ritonavir
- ☐ Anti-malarials (e.g. chloroquine, hydroxychloroquine)
- ☐ IL-6 inhibitors (e.g. tocilizumab, sarilumab, siltuximab)
- ☐ Bevacizumab
- ☐ JAK inhibitors (e.g. tofacitinib, baricitinib, upadacitinib)
- ☐ Serpin inhibitors
- ☐ Ciclesonide
- ☐ Glucocorticoids (for COVID-19 care)
- ☐ IVIG
- ☐ Plasma from recovered patients
- ☐ No medications and/or investigational therapies used
- ☐ Other _____
- ☐ Unknown

Specify other COVID-19 treatment

_____

What is the highest level of care the patient received? Please check one.

- ◯ Not hospitalized, treated at home
- ◯ Treated in emergency department
- ◯ Hospitalized, but did not require ICU-level care
- ◯ Hospitalized, required ICU-level care but was not intubated
- ◯ Hospitalized, required ICU-level care including intubation
- ◯ Treated in field hospital
- ◯ Unknown
- ◯ Other _____

Specify other level of care	_____
What complications did the patient sustain from COVID-19? Check all that apply.	☐ No known complications ☐ Acute Respiratory Distress Syndrome or ARDS ☐ Sepsis ☐ Myocarditis or new heart failure ☐ Concomitant or secondary infection (e.g. Influenza) ☐ HS disease exacerbation ☐ Unknown ☐ Other serious complication _____
Specify other serious complication	_____
Did the patient die of COVID-19 or complications caused by COVID-19? Please check one.	◯ Yes ◯ No ◯ Unknown
May we contact you to get more information about the outcomes of this case?	◯ Yes ◯ No
Please share any learnings from this patient, or any information that we haven't asked for that you think is relevant.	_____
We are grateful for the time you have taken out of your busy schedule to report a case during this global crisis. We would like to acknowledge your contribution. Please check this box ONLY IF YOU WOULD LIKE TO OPT-OUT of being acknowledged in the Reporter Acknowledgments section of our website (https://hscovid.ucsf.edu).	☐ I would like to OPT-OUT of being included in the Reporter Acknowledgments section of the website (https://hscovid.ucsf.edu).