

Title: Screening

Instructions:

SCREENING FORM

Support: [mail](#) or +45 3545 7237

Patient Identification

S1 National identification number [\[info\]](#)

Date of birth (ddmmyy) Site ID Serial

Inclusion criteria

S2 Is the patient \geq 18 years old? Yes No

S3 Does the patient have documented **COVID-19**? Yes No [\[info\]](#)

S4 Oxygen supplementation through an **open system** with an oxygen flow of at least 10 L/min? Yes No [\[info\]](#)

Note: Round to nearest whole number.
If mixture of pure oxygen and atmospheric air is used, use this converter to calculate supplemental oxygen flow.

S5 Respiratory support in a **closed system**? Yes No [\[info\]](#)

S5a Invasive mechanical ventilation Yes No [\[info\]](#)

S5b Non-invasive mechanical ventilation Yes No [\[info\]](#)

S5c Continuous CPAP (NOT including intermittent CPAP) Yes No [\[info\]](#)

Exclusion criteria

S6 Does the patient have an indication for use of systemic corticosteroids in doses higher than 6 mg dexamethasone or equivalents? Yes No [\[info\]](#)

S7 Has the patient received systemic corticosteroids for **COVID-19** for \geq 5 consecutive days? Yes No [\[info\]](#)

S8 Does the patient have an invasive fungal infection? Yes No [\[info\]](#)

S9 Does the patient have active tuberculosis? Yes No [\[info\]](#)

S10 Is the patient pregnant? Yes No [\[info\]](#)

S11	Known hypersensitivity to dexamethasone?	<input type="radio"/> Yes <input type="radio"/> No
S12	Consent unobtainable according to national regulations?	<input type="radio"/> Yes <input type="radio"/> No [info]
S13	For how many consecutive days has the patient received systemic corticosteroids for COVID-19?	<input type="text"/> (days) <input type="checkbox"/> Not Available

Form is incomplete

Stratification and randomisation

N1	Name of the patient	<input type="text"/> [info] <input type="checkbox"/> Unknown at admission
ST1	Is the patient ≥ 70 years old?	<input type="radio"/> Yes <input type="radio"/> No
ST2	Invasive mechanical ventilation?	<input type="radio"/> Yes <input type="radio"/> No
ST3	Site	<input type="text" value="COVID ST."/>

Perform randomisation

R1	Participant randomised to	<input type="text"/>
R2	Randomisation timestamp	<input type="text"/>