

WHF Global COVID-19 and CVD Survey
Hospital and Provider-level Information - Site questionnaire
To be entered once for your centre.

Hospital/Centre Name _____

Form completed by _____ Date _____

1. Current Hospital facilities

Total number of hospital beds |_____| Unknown
ICU No Yes, Number of beds |_____| Unknown
Does your hospital have ventilators No Yes, Number of ventilators |_____| Unknown

Availability of cardiological & other services:

ECG Yes No Unknown
Echocardiography Yes No Unknown
X-ray Yes No Unknown
CT Yes No Unknown
ECMO (Extracorporeal) Yes No Unknown
Cardiac Cath Lab Yes No Unknown

Availability of Personal Protective Equipment (PPE):

Gloves Yes No Unknown
Medical/Surgical masks Yes No Unknown
Goggles Yes No Unknown
Face shields Yes No Unknown
Medical/Surgical gowns Yes No Unknown
Filtering facepiece respirators Yes No Unknown
(i.e. N95 or FFP2 or FFP3 standard or equivalent)

2. Hospital and area information

Number of inhabitants of reference area |_____| Unknown
Administrative status of hospital Community / District Hospital
 University Hospital
 Private clinic
 Other
 Unknown

3. Human resources at your hospital

Consultants in Cardiology |_____| Unknown
Respiratory Consultants |_____| Unknown
Infectious Disease Specialists |_____| Unknown

4. Other

Number of COVID-19 patients admitted in last 30 days |_____| Unknown