HostSeq CRF

PID 5236

Codebook

Data Dictionary Codebook

07/15/2021 5:13pm

Collapse all instruments

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: **Study Eligibility** (study_eligibility)			Collapse
1	id_hostseq	HostSeq study ID	text, Required, Identifier
2	consent	Was informed consent obtained?	yesno 1, Yes 0, No
3	covid19_test	Laboratory confirmed COVID-19 test result	radio 0, Negative 1, Positive 2, Was not tested Custom alignment: RH
4	covid19_suspected Show the field ONLY if: [covid19_test]=0 or 2	If negative or not tested, is the participant suspected to be COVID-19 positive?	radio 0, No - Please do not proceed. Participant is excluded from HostSeq 1, Yes, participant has clinical signs of COVID-19 2, Yes, participant was exposed to a confirmed household member 3, Yes, participant was exposed at work 4, Yes, participant was exposed during travels in an affected area 5, Yes, participant demonstrated no COVID-19 related symptoms but was highly exposed 6, Unknown
5	study_eligibility_complete	Section Header: *Form Status* Complete?	dropdown 0, Incomplete 1, Unverified 2, Complete
Instrument: **Demographics** (demographics)			Collapse
6	host_hospital	Section Header: *IDENTIFICATION* Host hospital	text, Required
7	pi	Site PI	text, Required
8	id_source_study	Source study ID	text, Required
9	enrollment_date	Source study enrollment date	text (date_ymd)
10	other_covid_study	Has the patient participated in other COVID-19 studies (This is very important so participants are not sequenced more than once. You will receive the sequencing results)	radio 0, No 1, Yes -1, Don't knkow Custom alignment: RH
11	other_covid_study_pi Show the field ONLY if: [other_covid_study] = '1'	List PI name(s) of other COVID-19 studies	text Custom alignment: RH

12	other_covid_study_pi_2 Show the field ONLY if: [other_covid_study] = '1'		text Custom alignment: RH
13	other_covid_study_pi_3 Show the field ONLY if: [other_covid_study] = '1'		text Custom alignment: RH
14	other_covid_study_site Show the field ONLY if: [other_covid_study] = '1'	List PI affiliation(s)/location(s) of other COVID-19 studies	text Custom alignment: RH
15	other_covid_study_site_2 Show the field ONLY if: [other_covid_study] = '1'		text Custom alignment: RH
16	other_covid_study_site_3 Show the field ONLY if: [other_covid_study] = '1'		text Custom alignment: RH
17	age	Section Header: *DEMOGRAPHICS* age	text
18	sex	Sex at birth	dropdown, Identifier 0, Male 1, Female 2, Not specified
19	gender	Gender	radio 0, Male (including transgender men) 1, Female (including transgender women) 2, Prefer to self describe (e.g., non-binary, gender-fluid, agender, etc. - will be asked to specify) 3, Prefer not to say/ Don't know
20	gender_desc Show the field ONLY if: [gender]='2'	Please describe your gender	text
21	dob_month	Month of birth	dropdown 1, January 2, February 3, March 4, April 5, May 6, June 7, July 8, August 9, September 10, October 11, November 12, December -1, Don't know
22	dob_year	Year of birth	text (integer, Min: 1900, Max: 2020)
23	birth_country	Country of birth	text, Identifier

24	ancestry	Ancestry	dropdown, Identifier 0, White 1, Black 2, Hispanic 3, East Asian / Pacific Islander 4, South Asian 5, Middle Eastern or Central Asian 6, More than one race 7, Indigenous (First Nations, Metis, Inuit) 8, Ashkenazi Jewish 9, Sephardic Jewish 10, Other -1, Prefer not to answer/ Don't know
25	education	Highest education level achieved	dropdown 1, Elementary/primary school 2, High school 3, Vocational school/2 year college 4, Bachelor's degree/4 year college 5, Master's degree or higher -1, Don't know
26	height	Height (cm)	text (integer, Min: 30, Max: 220)
27	height_unk		checkbox -1, height_unk___1, Don't know
28	weight	Weight (Kg)	text (integer, Min: 1, Max: 200)
29	weight_unk		checkbox -1, weight_unk___1, Don't know
30	employment	Employment	dropdown 1, Healthcare worker (excluding long-term health care provider) 3, Long-term care facility employee 2, Factory worker 4, Grocery store employee 5, Tourism/travel worker 6, Other -1, Unknown
31	employment_other Show the field ONLY if: [employment]='6'	Specify other employment	text
32	residence_type	Type of residence	dropdown 1, Personal residence 2, Long term care facility 3, Another institution 4, Unknown
33	residence_type_other Show the field ONLY if: [residence_type]='3'	Specify other residence	text

34	household Show the field ONLY if: [residence_type]='1'	Section Header: *HOUSEHOLD COMPOSITION* Number of other people in patient's household	dropdown 0, 0 1, 1 2, 2 3, 3 4, 4 5, 5 6, 6 7, 7 8, 8 9, 9 10, 10 11, 11 12, 12 13, 13 14, 14 15, 15
35	household_age_1 Show the field ONLY if: [residence_type]='1' and [household]='1' or [household]='2' or [household]='3' or [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #1 age	text (integer)
36	household_relation_1 Show the field ONLY if: [residence_type]='1' and [household]='1' or [household]='2' or [household]='3' or [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #1 relationship to patient	dropdown 1, Spouse 2, Child 3, Parent 4, Grandparent 5, Aunt/uncle 6, Cousin 7, Other
37	household_covid_1 Show the field ONLY if: [residence_type]='1' and [household]='1' or [household]='2' or [household]='3' or [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #1 COVID-19 status	radio 0, Negative 1, Positive -1, Unknown/ Not tested Custom alignment: RH

38	household_age_2 Show the field ONLY if: [residence_type]='1' and [household]='2' or [household]='3' or [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #2 age	text (integer)
39	household_relation_2 Show the field ONLY if: [residence_type]='1' and [household]='2' or [household]='3' or [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #2 relationship to patient	dropdown 1, Spouse 2, Child 3, Parent 4, Grandparent 5, Aunt/uncle 6, Cousin 7, Other
40	household_covid_2 Show the field ONLY if: [residence_type]='1' and [household]='2' or [household]='3' or [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #2 COVID-19 status	radio 0, Negative 1, Positive -1, Unknown/ Not tested Custom alignment: RH
41	household_age_3 Show the field ONLY if: [residence_type]='1' and [household]='3' or [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #3 age	text (integer)
42	household_relation_3 Show the field ONLY if: [residence_type]='1' and [household]='3' or [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #3 relationship to patient	dropdown 1, Spouse 2, Child 3, Parent 4, Grandparent 5, Aunt/uncle 6, Cousin 7, Other

43	household_covid_3 Show the field ONLY if: [residence_type]='1' and [household]='3' or [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #3 COVID-19 status	radio 0, Negative 1, Positive -1, Unknown/ Not tested Custom alignment: RH
44	household_age_4 Show the field ONLY if: [residence_type]='1' and [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #4 age	text (integer)
45	household_relation_4 Show the field ONLY if: [residence_type]='1' and [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #4 relationship to patient	dropdown 1, Spouse 2, Child 3, Parent 4, Grandparent 5, Aunt/uncle 6, Cousin 7, Other
46	household_covid_4 Show the field ONLY if: [residence_type]='1' and [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #4 COVID-19 status	radio 0, Negative 1, Positive -1, Unknown/ Not tested Custom alignment: RH
47	household_age_5 Show the field ONLY if: [residence_type]='1' and [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #5 age	text (integer)
48	household_relation_5 Show the field ONLY if: [residence_type]='1' and [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #5 relationship to patient	dropdown 1, Spouse 2, Child 3, Parent 4, Grandparent 5, Aunt/uncle 6, Cousin 7, Other

49	household_covid_5 Show the field ONLY if: [residence_type]='1' and [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #5 COVID-19 status	radio 0, Negative 1, Positive -1, Unknown/ Not tested Custom alignment: RH
50	household_age_6 Show the field ONLY if: [residence_type]='1' and [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #6 age	text (integer)
51	household_relation_6 Show the field ONLY if: [residence_type]='1' and [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #6 relationship to patient	dropdown 1, Spouse 2, Child 3, Parent 4, Grandparent 5, Aunt/uncle 6, Cousin 7, Other
52	household_covid_6 Show the field ONLY if: [residence_type]='1' and [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #6 COVID-19 status	radio 0, Negative 1, Positive -1, Unknown/ Not tested Custom alignment: RH
53	household_age_7 Show the field ONLY if: [residence_type]='1' and [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #7 age	text (integer)
54	household_relation_7 Show the field ONLY if: [residence_type]='1' and [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #7 relationship to patient	dropdown 1, Spouse 2, Child 3, Parent 4, Grandparent 5, Aunt/uncle 6, Cousin 7, Other

55	household_covid_7 Show the field ONLY if: [residence_type]='1' and [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #7 COVID-19 status	radio 0, Negative 1, Positive -1, Unknown/ Not tested Custom alignment: RH
56	household_age_8 Show the field ONLY if: [residence_type]='1' and [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #8 age	text (integer)
57	household_relation_8 Show the field ONLY if: [residence_type]='1' and [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #8 relationship to patient	dropdown 1, Spouse 2, Child 3, Parent 4, Grandparent 5, Aunt/uncle 6, Cousin 7, Other
58	household_covid_8 Show the field ONLY if: [residence_type]='1' and [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #8 COVID-19 status	radio 0, Negative 1, Positive -1, Unknown/ Not tested Custom alignment: RH
59	household_age_9 Show the field ONLY if: [residence_type]='1' and [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #9 age	text (integer)
60	household_relation_9 Show the field ONLY if: [residence_type]='1' and [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #9 relationship to patient	dropdown 1, Spouse 2, Child 3, Parent 4, Grandparent 5, Aunt/uncle 6, Cousin 7, Other
61	household_covid_9 Show the field ONLY if: [residence_type]='1' and [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #9 COVID-19 status	radio 0, Negative 1, Positive -1, Unknown/ Not tested Custom alignment: RH

62	household_age_10 Show the field ONLY if: [residence_type]='1' and [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #10 age	text (integer)
63	household_relation_10 Show the field ONLY if: [residence_type]='1' and [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #10 relationship to patient	dropdown 1, Spouse 2, Child 3, Parent 4, Grandparent 5, Aunt/uncle 6, Cousin 7, Other
64	household_covid_10 Show the field ONLY if: [residence_type]='1' and [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #10 COVID-19 status	radio 0, Negative 1, Positive -1, Unknown/ Not tested Custom alignment: RH
65	household_age_11 Show the field ONLY if: [residence_type]='1' and [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #11 age	text (integer)
66	household_relation_11 Show the field ONLY if: [residence_type]='1' and [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #11 relationship to patient	dropdown 1, Spouse 2, Child 3, Parent 4, Grandparent 5, Aunt/uncle 6, Cousin 7, Other
67	household_covid_11 Show the field ONLY if: [residence_type]='1' and [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #11 COVID-19 status	radio 0, Negative 1, Positive -1, Unknown/ Not tested Custom alignment: RH
68	household_age_12 Show the field ONLY if: [residence_type]='1' and [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #12 age	text (integer)

69	household_relation_12 Show the field ONLY if: [residence_type]='1' and [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #12 relationship to patient	dropdown 1 Spouse 2 Child 3 Parent 4 Grandparent 5 Aunt/uncle 6 Cousin 7 Other
70	household_covid_12 Show the field ONLY if: [residence_type]='1' and [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #12 COVID-19 status	radio 0 Negative 1 Positive -1 Unknown/ Not tested Custom alignment: RH
71	household_age_13 Show the field ONLY if: [residence_type]='1' and [household]='13' or [household]='14' or [household]='15'	Person #13 age	text (integer)
72	household_relation_13 Show the field ONLY if: [residence_type]='1' and [household]='13' or [household]='14' or [household]='15'	Person #13 relationship to patient	dropdown 1 Spouse 2 Child 3 Parent 4 Grandparent 5 Aunt/uncle 6 Cousin 7 Other
73	household_covid_13 Show the field ONLY if: [residence_type]='1' and [household]='13' or [household]='14' or [household]='15'	Person #13 COVID-19 status	radio 0 Negative 1 Positive -1 Unknown/ Not tested Custom alignment: RH
74	household_age_14 Show the field ONLY if: [residence_type]='1' and [household]='14' or [household]='15'	Person #14 age	text (integer)
75	household_relation_14 Show the field ONLY if: [residence_type]='1' and [household]='14' or [household]='15'	Person #14 relationship to patient	dropdown 1 Spouse 2 Child 3 Parent 4 Grandparent 5 Aunt/uncle 6 Cousin 7 Other
76	household_covid_14 Show the field ONLY if: [residence_type]='1' and [household]='14' or [household]='15'	Person #14 COVID-19 status	radio 0 Negative 1 Positive -1 Unknown/ Not tested Custom alignment: RH

77	household_age_15 Show the field ONLY if: [residence_type]='1' and [household]='15'	Person #15 age	text (integer)
78	household_relation_15 Show the field ONLY if: [residence_type]='1' and [household]='15'	Person #15 relationship to patient	dropdown 1 Spouse 2 Child 3 Parent 4 Grandparent 5 Aunt/uncle 6 Cousin 7 Other
79	household_covid_15 Show the field ONLY if: [residence_type]='1' and [household]='15'	Person #15 COVID-19 status	radio 0 Negative 1 Positive -1 Unknown/ Not tested Custom alignment: RH
80	pregnancy Show the field ONLY if: [sex] = '1' or [sex] = '2'	Section Header: *PREGNANCY* Currently pregnant	yesno 1 Yes 0 No Custom alignment: RH
81	pregnancy_weeks Show the field ONLY if: [pregnancy]='1'	Gestational weeks	text
82	demographics_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: **Comorbidities** (comorbidities)			Collapse
83	blank	Section Header: *COMORBIDITIES - any health conditions that are ongoing (have not been resolved) at the time of admission/assessment.*	descriptive
84	com_hiv	Section Header: *Comorbidities: Immune system* HIV	radio, Identifier 0 No 1 Yes -1 Don't know Custom alignment: RH
85	com_immunocomp	Immunocompromised status	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
86	com_immunocomp_time Show the field ONLY if: [com_immunocomp]='1'	Days from the onset of covid-19 symptoms to immuno-compromisation	text (integer)

87	com_transplant	Organ transplant	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
88	com_transplant_type Show the field ONLY if: [com_transplant]='1'	Organ type of transplant	checkbox 1, com_transplant_type___1, Heart 2, com_transplant_type___2, Kidney 3, com_transplant_type___3, Liver 4, com_transplant_type___4, Pancreas 5, com_transplant_type___5, Intestine 6, com_transplant_type___6, Lung 7, com_transplant_type___7, Eye (Cornea) 8, com_transplant_type___8, Blood/bone marrow 9, com_transplant_type___9, Blood vessel 10, com_transplant_type___10, Other
89	com_transplant_type_other Show the field ONLY if: [com_transplant_type(10)]='1'	Specify other organ type of transplant	text
90	com_autoimm_rheum	Autoimmune or rheumatologic disease (e.g., rheumatoid arthritis, systemic lupus erythematosus, multiple sclerosis, inflammaory bowel disease)	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
91	com_diabetes	diabetes	radio 0, no, 1, yes, -1, don't know
92	com_type_i_diabetes Show the field ONLY if: [com_diabetes]=1	Type I diabetes	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
93	com_type_ii_diabetes Show the field ONLY if: [com_diabetes]=1	Type II diabetes	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
94	com_asthma	Section Header: *Comorbidities: Respiratory system* Asthma	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH

95	com_chronic_pulm	Chronic obstructive pulmonary disease (COPD)	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
96	com_cystic_fibrosis	Cystic Fibrosis	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
97	com_sleep_apnea	Sleep Apnea	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
98	com_sleep_cpap	Home CPAP (continuous positive airway pressure) device used at night	radio 0, No 1, Yes -1, Don't know Custom alignment: RH
99	com_chronic_kidney	Section Header: *Comorbidities: Genitourinary/Metabolic* Chronic kidney disease	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
100	com_liver	Liver disease	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
101	com_gallbl	Gallbladder disease	radio 0, No 1, Yes -1, Don't know Custom alignment: RH
102	com_pancreas	Pancreatic disease	radio 0, No 1, Yes -1, Don't know Custom alignment: RH

103	com_angio	Section Header: *Comorbidities: Cardiovascular system* Balloon angioplasty or percutanuous coronary intervention	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
104	com_bypass	Coronary artery bypass	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
105	com_heart_failure	Congestive heart failure	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
106	com_hypertension	Hypertension	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
107	com_mi	myocardial infarction	radio 0, no 1, yes -1, don't know
108	com_infarction_type1 Show the field ONLY if: [com_mi]=1	Myocardial infarction Type I	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
109	com_infarction_type2 Show the field ONLY if: [com_mi]=1	Myocardial infarction Type II	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
110	com_vascular	Peripheral vascular disease	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH

111	com_stroke	Stroke	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
112	com_arrythmias	Arrythmias	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
113	com_dementia	Section Header: *Comorbidities: Neurological* Dementia	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
114	com_neurological	Neurological or neuropsychiatric disease	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
115	com_cancer	Section Header: *Comorbidities: Cancer* Is the patient currently diagnosed with cancer?	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
116	com_cancer_age Show the field ONLY if: [com_cancer]='1'	Patient age at diagnosis	text
117	com_leukemia Show the field ONLY if: [com_cancer]='1'	Leukemia	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
118	com_lymphoma Show the field ONLY if: [com_cancer]='1'	Lymphoma	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH

119	com_sarcoma Show the field ONLY if: [com_cancer]='1'	Sarcoma	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
120	com_carcinoma Show the field ONLY if: [com_cancer]='1'	Carcinoma	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
121	com_myeloma Show the field ONLY if: [com_cancer]='1'	Myeloma	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
122	com_cancer_mixedtypes Show the field ONLY if: [com_cancer]='1'	Mixed types	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
123	com_cancer_location Show the field ONLY if: [com_cancer]='1'	Cancer location	checkbox 0, com_cancer_location___0, Skin 1, com_cancer_location___1, Lungs 2, com_cancer_location___2, Breast 3, com_cancer_location___3, Head and neck 4, com_cancer_location___4, Digestive/Gastrointestina 5, com_cancer_location___5, Gynecologic 6, com_cancer_location___6, Genitourinary (bladder, kidney, prostate, penile, testicular) 7, com_cancer_location___7, Eye 8, com_cancer_location___8, Musculoskeletal 9, com_cancer_location___9, Germ cell/CNS 10, com_cancer_location___10, Other -1, com_cancer_location____1, Don't know
124	com_cancer_location_other Show the field ONLY if: [com_cancer_location(10)]='1'	Specify other cancer location	text

125	com_cancer_treatment Show the field ONLY if: [com_cancer]='1'	Cancer treatment in the past 12 months (please mark all that apply)	checkbox 0, com_cancer_treatment___0, Surgery 1, com_cancer_treatment___1, Chemotherapy 2, com_cancer_treatment___2, Radiation therapy 3, com_cancer_treatment___3, HSCT 4, com_cancer_treatment___4, Immunotherapy 5, com_cancer_treatment___5, Hormon therapy 6, com_cancer_treatment___6, Clinical trials 7, com_cancer_treatment___7, Other 8, com_cancer_treatment___8, No treatment -1, com_cancer_treatment____1, Don't know
126	com_cancer_treatment_other Show the field ONLY if: [com_cancer_treatment(7)]='1'	Specify other cancer treatment	text
127	com_other	Other comorbidities	text
128	smoke_100	Section Header: *RISK FACTORS* Has patient smoked at least 100 (tobacco) cigarettes in their entire life? (There are 20 cigarettes in a pack.)	dropdown 0, Haven't smoked 100 cigarettes in a life time 1, Smoked 100 cigarettes in a life time but currently not smoking 2, Smoked 100 cigarettes in a life time, and currently smoking -1, Don't know
129	smoke_quit_years Show the field ONLY if: [smoke_100]='1'	Years since quitting	text (integer)
130	smoke_habit Show the field ONLY if: [smoke_100]>'0'	How many cigarettes smoked daily (at present for current smokers or prior to quitting for past smokers)?	text (integer)
131	vaping	Vaping	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
132	vaping_amount Show the field ONLY if: [vaping]='1'	Average number of cartilages per week	text (number)
133	cannabis	Cannabis	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
134	cannabis_amount Show the field ONLY if: [cannabis]='1'	Average number of joints/bong per week	text (number)
135	comorbidities_complete	Section Header: *Form Status* Complete?	dropdown 0, Incomplete 1, Unverified 2, Complete

Instrument: **Assessment** (assessment) Collapse

136	er_visit	Section Header: *PATIENT STATE* Patient seen in ER	radio 0, No 1, Yes Custom alignment: RH Question number: RH
137	triage_date Show the field ONLY if: [er_visit] = '1'	ER triage date at reporting facility	text (date_ymd)
138	transfer_facility	Transfer from another facility	dropdown 0, No 1, Yes - facility is a study site 2, Yes - facility is not a study site
139	transfer_facility_name Show the field ONLY if: [transfer_facility]>'0'	Name of transfer facility	text
140	transfer_facility_date Show the field ONLY if: [transfer_facility]>'0'	ER triage date at transfer facility	text (date_ymd)
141	transfer_facility_sourceid Show the field ONLY if: [transfer_facility]='1'	Source study ID # from transfer facility	text
142	transfer_facility_hostseqid Show the field ONLY if: [transfer_facility]='1'	HostSeq study ID # from transfer facility	text
143	hospitalized	Patient hospitalized	radio 0, No 1, Yes Custom alignment: RH Question number: RH
144	ambulatory_state Show the field ONLY if: [hospitalized]='0'	Ambulatory state	radio 0, No limitation of activities 1, Limitation of activities -1, Unknown
145	date_admission Show the field ONLY if: [hospitalized]='1'	Date of admission	text (date_ymd)
146	hospitalized_state Show the field ONLY if: [hospitalized]='1'	Hospitalized state	radio 0, No oxygen therapy 1, Oxygen by mask or nasal prongs 2, Non-invasive ventilation or high-flow oxygen 3, Intubation and mechanical ventilation 4, Ventilation + additional organ support - pressor, RRT, ECMO
147	vent_days Show the field ONLY if: [hospitalized_state] = '3' or [hospitalized_state] = '4'	Total duration of invasive ventilation *days*	text
148	covid19_test_date	Section Header: *TESTING AT ADMISSION/ASSESSMENT* COVID-19 test date	text (date_ymd)
149	covid19_diagnosis_date	COVID-19 diagnosis date (by lab confirmed test) - First positive test	text (date_ymd)

150	pcr	PCR	radio 1, Positive 0, Negative -1, Not administered
151	serology	Serology	checkbox 0, serology___0, Negative 1, serology___1, IgM Positive 2, serology___2, IgG Positive 3, serology___3, Ab Positive 4, serology___4, Ab Negative 5, serology___5, Not administered 6, serology___6, Equivocal
152	serology_date	serology positive date (first positive test)	text (date_ymd)
153	negative_test_date	If all tests are negative, date of last negative test	text (date_ymd)
154	serology_kit Show the field ONLY if: [serology(5)] <> '1'	Commercial serology test kit name (if known)	text
155	covid19_vaccine	COVID-19 vaccination status	dropdown 0, No 1, Yes, one dose 2, Yes, two doses -1, Don't know
156	covid19_vaccine_1_date Show the field ONLY if: [covid19_vaccine]='1' or '2'	Date of first dose of COVID-19 vaccine received or scheduled	text (date_ymd)
157	covid19_vaccine_1_name Show the field ONLY if: [covid19_vaccine]='1' or '2'	Name of the first dose of COVID-19 vaccine	radio 0, Pfizer 1, Moderna 2, AstraZeneca 3, Johnson & Johnson 4, Other 5, Don't know
158	covid19_vaccine_1_desc Show the field ONLY if: [covid19_vaccine_1_name]='4'	Please specify the name of the first dose of COVID-19 vaccine	text
159	covid19_vaccine_2_date Show the field ONLY if: [covid19_vaccine]='2'	Date of second dose of COVID-19 vaccine received or scheduled	text (date_ymd)
160	covid19_vaccine_2_name Show the field ONLY if: [covid19_vaccine]='2'	Name of second dose of COVID-19 vaccine	radio 0, Pfizer 1, Moderna 2, AstraZeneca 3, Johnson & Johnson 4, Other 5, Don't know
161	covid19_vaccine_2_desc Show the field ONLY if: [covid19_vaccine_2_name]='4'	Please specify the name of the second dose of COVID-19 vaccine	text
162	heart_rate	Heart rate *beats per minute*	text (integer)

163	respiratory_rate	Highest respiratory rate *breaths per minute*	text (integer)
164	bp_sys	Systolyc blood pressure *mmHg*	text (integer)
165	bp_dia	Diastolic blood pressure *mmHg*	text (integer)
166	oxygen_sat	Oxygen saturation *%*	text (integer)
167	oxygen_sat_on		radio 1, Room air 2, Oxygen therapy 3, N/A Question number: RH
168	influenza	Section Header: *PATHOGEN TESTING (done during this illness episode)* Influenza	dropdown 0, Negative 1, Yes - Confirmed 2, Yes - Probable -1, Not tested Question number: RH
169	influenza_type Show the field ONLY if: [influenza]='1' or [influenza]='2'	Specify influenza type	dropdown 1, A/H3N2 2, A/H1N1pdm09 3, A/H5N1 4, A, not typed 5, B 6, Other
170	influenza_type_other Show the field ONLY if: [influenza_type] = '6'	Specify other influenza type	text
171	coronavirus	Coronavirus	dropdown 0, Negative 1, Yes - Confirmed 2, Yes - Probable -1, Not tested Question number: RH
172	coronavirus_type Show the field ONLY if: [coronavirus]='1' or [coronavirus]='2'	Specify coronavirus type	dropdown 1, Novel CoV 2, MERS CoV 3, Other CoV
173	coronavirus_type_other Show the field ONLY if: [coronavirus_type]='3'	Specify other coronavirus type	text
174	rsv	RSV	dropdown 0, Negative 1, Yes - Confirmed 2, Yes - Probable -1, Not tested Question number: RH

175	adenovirus	Adenovirus	dropdown 0, Negative 1, Yes - Confirmed 2, Yes - Probable -1, Not tested Question number: RH
176	enterovirus	Enterovirus	dropdown 0, Negative 1, Yes - Confirmed 2, Yes - Probable -1, Not tested Question number: RH
177	bacteria	Bacteria	dropdown 0, Negative 1, Yes - Confirmed 2, Yes - Probable -1, Not tested Question number: RH
178	bacteria_type Show the field ONLY if: [bacteria]='1' or [bacteria]='2'	Specify bacteria type	checkbox 1, bacteria_type___1, Streptococcus pneumoniae 2, bacteria_type___2, Staphylococcus aureus 3, bacteria_type___3, Group A streptococcus 4, bacteria_type___4, Escherichia coli 5, bacteria_type___5, Klebsiella pneumoniae 6, bacteria_type___6, Other
179	bacteria_type_other Show the field ONLY if: [bacteria_type(6)] = '1'	Specify other bacteria type	text
180	bacteria_location Show the field ONLY if: [bacteria]='1' or [bacteria]='2'	Specify location(s)	checkbox 1, bacteria_location___1, Blood 2, bacteria_location___2, Lower respiratory tract 3, bacteria_location___3, Urine 4, bacteria_location___4, Bone or joint 5, bacteria_location___5, CNS 6, bacteria_location___6, Other
181	bacteria_location_other Show the field ONLY if: [bacteria_location(6)] = '1'	Specify other location(s)	text
182	other_infect_respiratory	Other infectious respiratory diagnosis	dropdown 0, Negative 1, Yes - Confirmed 2, Yes - Probable -1, Not tested Question number: RH
183	other_infect_respiratory_type Show the field ONLY if: [other_infect_respiratory]='1' or [other_infect_respiratory] ='2'	Specify other infectious respiratory diagnosis	text

184	pneumonia	Physician diagnosis of pneumonia	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
185	non_infective	NONE OF THE ABOVE: Suspected Non-infective	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
186	abo_type	Section Header: *OTHER INFORMATION AT ADMISSION/ASSESSMENT* ABO blood type	dropdown A, A B, B AB, AB O, O -1, Don't know
187	rh_factor	Rh factor	dropdown 0, Absent 1, Present -1, Unknown
188	home_meds	Home medications	checkbox 1, home_meds___1, ACE inhibitor 2, home_meds___2, Angiotensin receptor blocker 3, home_meds___3, Steroids 4, home_meds___4, Other immunosuppressive medication 5, home_meds___5, NSAIDs 6, home_meds___6, Other 7, home_meds___7, ACE inhibitor or Angiotensin receptor blocker 0, home_meds___0, None
189	home_meds_other Show the field ONLY if: [home_meds(6)]='1'	Specify other home medications	text
190	bcg	Has the patient received BCG vaccine?	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
191	first_symptom_date	Section Header: *SYMPTOMS AT ADMISSION/ASSESSMENT* Onset date of first/earliest symptom	text (date_ymd)
192	first_symptom_none		checkbox 0, first_symptom_none___0, Asymptomatic

193	cough	Cough	dropdown 0 No 1 Yes 2 Yes, with sputum production 3 Yes, bloody sputum/haemoptysis
194	days_cough Show the field ONLY if: [cough]='1' or [cough]='2' or [cough]='3'	Days with cough	text
195	days_cough_unk Show the field ONLY if: [cough]='1' or [cough]='2' or [cough]='3'		checkbox -1 days_cough_unk___1 Don't know
196	difficulty_breathing	Difficulty breathing	dropdown 0 No 1 Yes -1 Don't know
197	diff_breathing_specify Show the field ONLY if: [difficulty_breathing]=1	Difficulty breathing - severity	radio 1 Slight 2 Moderate 3 Severe
198	highest_temp	Highest temperature recorded on admission/assessment	text
199	highest_temp_unit		radio C &#8451 F &#8457 Custom alignment: RH
200	fever	Fever	radio 0 No 1 Yes, -1 Don't know
201	days_fever Show the field ONLY if: [fever]='1'	Days with Fever	text
202	days_fever_unk		checkbox -1 days_fever_unk___1 Don't know
203	fatigue	Fatigue	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
204	myalgia	Myalgia (general aches and pains)	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH

205	runny_nose	Runny nose	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
206	sore_throat	Sore throat	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
207	loss_taste_smell	Loss of taste/smell sense	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
208	loss_taste_smell_specify Show the field ONLY if: [loss_taste_smell]='1'	Specify loss of taste/smell sense	dropdown 1, Only smell 2, Only taste 3, Both smell and taste -1, Don't know
209	nosebleed	Nosebleed	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
210	ear_pain	Ear pain	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
211	wheezing	Wheezing	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
212	chest_pain	Chest pain	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH

213	joint_pain	Joint pain	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
214	headache	Headache	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
215	seizure	Seizures	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
216	alter_consciousness	Altered consciousness/confusion	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
217	abdominal_pain	Abdominal pain	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
218	diarrhea	Diarrhea	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
219	nausea	Nausea/vomiting	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
220	conjunctivitis	Conjunctivitis	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH

221	rash	Skin rash	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
222	asymptomatic	Asymptomatic	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
223	symp_other	Other symptoms	text
224	outcome	Section Header: *OUTCOME* Outcome	dropdown 0, Discharged alive 1, Hospitalization 2, Transfer to another facility 3, Death 4, Palliative discharge 5, Not hospitalized -1, Don't know
225	outcome_transfer Show the field ONLY if: [outcome]='2'	Transfer facility name	text
226	outcome_date	Outcome date	text (date_ymd), Identifier
227	outcome_self_care Show the field ONLY if: [outcome]<>'3'	Ability to self-care at discharge versus before illness	dropdown 0, Same as before illness 1, Worse 2, Better -1, Don't know
228	repeat_hosp Show the field ONLY if: [outcome]<>'3'	Repeat hospital visit within 30 days?	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
229	repeat_hosp_date Show the field ONLY if: [repeat_hosp]='1'	Date of repeat hospital visit	text (date_ymd)
230	repeat_hosp_reason Show the field ONLY if: [repeat_hosp]='1'	Reason for repeat hospital visit	text
231	assessment_complete	Section Header: *Form Status* Complete?	dropdown 0, Incomplete 1, Unverified 2, Complete

Instrument: **Complications** (complications) Collapse

232	viral_pneumonitis	Section Header: *COMPLICATIONS - health conditions experienced during or after COVID-19 infection* Viral pneumonitis	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
233	pneumonia_bact	Bacterial pneumonia	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
234	ards	Acute respiratory distress syndrome (ARDS)	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
235	ards_specify Show the field ONLY if: [ards]='1'	Specify ARDS severity	dropdown 1 Mild 2 Moderate 3 Severe 4 Unknown
236	pneumothorax	Pneumothorax	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
237	pleural_effusion	Pleural effusion	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
238	cop	Cryptogenic organizing pneumonia (COP)	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
239	bronchiolitis	Bronchiolitis	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH

240	menin_enceph	Meningitis / Encephalitis	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
241	comp_seizure	Seizure	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
242	comp_stroke	Stroke / Cerebrovascular accident	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
243	chf	Congestive heart failure	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
244	chf_lvef Show the field ONLY if: [chf]='1'	Specify left ventricular ejection fraction status	radio 1, Normal 2, Decreased -1, Unknown
245	chf_decrease Show the field ONLY if: [chf_lvef]='2'	Specify % decrease %	text
246	cardiac_inflam	Cardiac inflammation	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
247	cardiac_inflam_type Show the field ONLY if: [cardiac_inflam]='1'	Specify type(s) of cardiac inflammation	checkbox 1, cardiac_inflam_type___1, Endocarditis 2, cardiac_inflam_type___2, Myocarditis 3, cardiac_inflam_type___3, Pericarditis
248	cardiac_arrhyth	Cardiac arrhythmia	radio 0, No 1, Yes -1, Don't know Custom alignment: RH

249	cardiac_arrhyth_type Show the field ONLY if: [cardiac_arrhyth]='1'	Specify type(s) of cardiac arrhythmia	checkbox 1 cardiac_arrhyth_type___1 AF 2 cardiac_arrhyth_type___2 VT/VF 3 cardiac_arrhyth_type___3 Other
250	cardiac_arrhyth_type_other Show the field ONLY if: [cardiac_arrhyth_type(3)] = '1'	Specify other type(s) of cardiac arrhythmia	text
251	cardiac_ischaemia	Cardiac ischaemia	radio 0 No 1 Yes -1 Don't know Custom alignment: RH
252	cardiac_ischaemia_type Show the field ONLY if: [cardiac_ischaemia]='1'	Specify type of cardiac ischaemia	checkbox 1 cardiac_ischaemia_type___1 STEMI 2 cardiac_ischaemia_type___2 NSTEMI 3 cardiac_ischaemia_type___3 Cath 4 cardiac_ischaemia_type___4 Stent
253	cardiac_arrest	Cardiac arrest	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
254	coag_disorder	Coagulation disorder / Disseminated intravascular coagulation	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
255	anemia	Anemia	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
256	rhabdo_myo	Rhabdomyolysis / Myositis	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
257	ari_arf	Acute renal injury/ Acute renal failure	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH

258	gastro_haemo	Gastrointestinal haemorrhage	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
259	pancreatitis	Pancreatitis	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
260	liver_dysf	Liver dysfunction	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
261	hyperglycemia	Hyperglycemia	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
262	hypoglycemia	Hypoglycemia	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
263	inflam_syndrom	Inflammatory syndrome/Kawasaki disease like	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
264	comp_other	Other complications	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
265	comp_other_desc Show the field ONLY if: [comp_other]='1'	Please specify other complication(s)	text
266	complications_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Laboratory Results** (laboratory_results) Collapse

267	lab_date	Section Header: *LABORATORY RESULTS (complete one form on hospital admission and one form on admission to ICU, if applicable)* Date of assessment	text (date_ymd)
268	lab_haemoglobin	Haemoglobin	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
269	lab_haemoglobin_result Show the field ONLY if: [lab_haemoglobin]='1'	Haemoglobin result	text
270	lab_haemoglobin_unit Show the field ONLY if: [lab_haemoglobin]='1'		radio g_L, g/L g_dL, g/dL Question number: RH
271	lab_wbc	WBC count	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
272	lab_wbc_result Show the field ONLY if: [lab_wbc]='1'	WBC count result	text
273	lab_wbc_unit Show the field ONLY if: [lab_wbc]='1'		radio x109L, x10&#8313/L x103L, x10&#0179/L
274	lab_lymphocyte	Lymphocyte count	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
275	lab_lymphocyte_result Show the field ONLY if: [lab_lymphocyte]='1'	Lymphocyte count result *cells/&#xb5L*	text
276	lab_neutrophil	Neutrophil count	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
277	lab_neutrophil_result Show the field ONLY if: [lab_neutrophil]='1'	Neutrophil count result *cells/&#xb5L*	text

278	lab_haematocrit	Haematocrit	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
279	lab_haematocrit_result Show the field ONLY if: [lab_haematocrit]='1'	Haematocrit result *%*	text
280	lab_platelets	Platelets	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
281	lab_platelets_result Show the field ONLY if: [lab_platelets]='1'	Platelets result	text
282	lab_platelets_unit Show the field ONLY if: [lab_platelets]='1'		radio x109L, x10&#8313/L x103L, x10&#0179/L
283	lab_aptt	APTT	radio 0, No 1, Yes -1, Don't know Custom alignment: RH
284	lab_aptt_result Show the field ONLY if: [lab_aptt]=1	APTT result (seconds)	text
285	lab_aptt_aptr	APTT/APTR	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
286	lab_aptt_aptr_result Show the field ONLY if: [lab_aptt_aptr]='1'	APTT/APTR result	text
287	lab_pt	PT	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
288	lab_pt_result Show the field ONLY if: [lab_pt]='1'	PT result *seconds*	text

289	lab_inr	INR	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
290	lab_inr_result Show the field ONLY if: [lab_inr]='1'	INR result	text
291	lab_alt_sgpt	ALT/SGPT	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
292	lab_alt_sgpt_result Show the field ONLY if: [lab_alt_sgpt]='1'	ALT/SGPT result *U/L*	text
293	lab_total_bilirubin	Total bilirubin	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
294	lab_total_bilirubin_result Show the field ONLY if: [lab_total_bilirubin]='1'	Total bilirubin result	text
295	lab_total_bilirubin_unit Show the field ONLY if: [lab_total_bilirubin]='1'		radio umol_l, &#xb5mol/L mg_dl, mg/dL
296	lab_ast_sgot	AST/SGOT	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
297	lab_ast_sgot_result Show the field ONLY if: [lab_ast_sgot]='1'	AST/SGOT result *U/L*	text
298	lab_glucose	Glucose	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
299	lab_glucose_result Show the field ONLY if: [lab_glucose]='1'	Glucose result	text

300	lab_glucose_unit Show the field ONLY if: [lab_glucose]='1'		radio mmol_l | mmol/L mg_dl | mg/dL Question number: RH
301	lab_bun	Blood urea nitrogen (urea)	radio 0 | No 1 | Yes -1 | Don't know Custom alignment: RH Question number: RH
302	lab_bun_result Show the field ONLY if: [lab_bun]='1'	Blood urea nitrogen (urea) result	text
303	lab_bun_unit Show the field ONLY if: [lab_bun]='1'		radio mmol_l | mmol/L mg_dl | mg/dL Question number: RH
304	lab_lactate	Lactate	radio 0 | No 1 | Yes -1 | Don't know Custom alignment: RH Question number: RH
305	lab_lactate_result Show the field ONLY if: [lab_lactate]='1'	Lactate result	text
306	lab_lactate_unit Show the field ONLY if: [lab_lactate]='1'		radio mmol_l | mmol/L mg_dl | mg/dL Question number: RH
307	lab_creatinine	Creatinine	radio 0 | No 1 | Yes -1 | Don't know Custom alignment: RH Question number: RH
308	lab_creatinine_result Show the field ONLY if: [lab_creatinine]='1'	Creatinine result	text
309	lab_creatinine_unit Show the field ONLY if: [lab_creatinine]='1'		radio umol_l | &#xb5mol/L mg_dl | mg/dL
310	lab_sodium	Sodium	radio 0 | No 1 | Yes -1 | Don't know Custom alignment: RH Question number: RH

311	lab_sodium_result Show the field ONLY if: [lab_sodium]='1'	Sodium result *mEq/L*	text
312	lab_potassium	Potassium	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
313	lab_potassium_result Show the field ONLY if: [lab_potassium]='1'	Potassium result *mEq/L*	text
314	lab_procalcitonin	Procalcitonin	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
315	lab_procalcitonin_result Show the field ONLY if: [lab_procalcitonin]='1'	Procalcitonin result *ng/L*	text
316	lab_crp	CRP	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
317	lab_crp_result Show the field ONLY if: [lab_crp]='1'	CRP result *mg/L*	text
318	lab_chest_ct	Chest CT	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
319	lab_chest_xray	Chest X-ray	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
320	lab_chest_xray_infiltrates Show the field ONLY if: [lab_chest_xray] = '1'	Infiltrates present on chest X-ray	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH

321	lab_ecg	ECG	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
322	lab_pocus	POCUS	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
323	lab_echo	Echocardiogram	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
324	lab_ldh	LDH	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
325	lab_ldh_result Show the field ONLY if: [lab_ldh]='1'	LDH result	text
326	lab_ldh_unit Show the field ONLY if: [lab_ldh]='1'		radio u_l, U/L m_l, microkatals/L Question number: RH
327	lab_ddimer	D-Dimer	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
328	lab_ddimer_result Show the field ONLY if: [lab_ddimer]='1'	D-Dimer result	text
329	lab_fibrinogen	Fibrinogen	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
330	lab_fibrinogen_result Show the field ONLY if: [lab_fibrinogen]='1'	Fibrinogen result	text

331	lab_fibrinogen_unit Show the field ONLY if: [lab_fibrinogen]='1'		radio g_L | g/L mg_dL | mg/dL Question number: RH
332	lab_ferritin	Ferritin	radio 0 | No 1 | Yes -1 | Don't know Custom alignment: RH Question number: RH
333	lab_ferritin_result Show the field ONLY if: [lab_ferritin]='1'	Ferritin result *ng/mL*	text
334	lab_triglycerides	Triglycerides	radio 0 | No 1 | Yes -1 | Don't know Custom alignment: RH Question number: RH
335	lab_triglycerides_result Show the field ONLY if: [lab_triglycerides]='1'	Triglycerides result *mg/dL*	text
336	lab_il6	IL-6	radio 0 | No 1 | Yes -1 | Don't know Custom alignment: RH Question number: RH
337	lab_il6_result Show the field ONLY if: [lab_il6]='1'	IL-6 result *pg/mL*	text
338	lab_cd4	CD4	radio 0 | No 1 | Yes -1 | Don't know Custom alignment: RH Question number: RH
339	lab_cd4_result Show the field ONLY if: [lab_cd4]='1'	CD4 result *cells/mm&#0179*	text
340	lab_cd8	CD8	radio 0 | No 1 | Yes -1 | Don't know Custom alignment: RH Question number: RH
341	lab_cd8_result Show the field ONLY if: [lab_cd8]='1'	CD8 result *cells/mm&#0179*	text

342	lab_cd4_cd8	CD4/CD8 ratio	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
343	lab_cd4_cd8_result Show the field ONLY if: [lab_cd4_cd8]='1'	CD4/CD8 ratio result	text
344	lab_nt_probnp	NT_proBNP	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
345	lab_nt_probnp_result Show the field ONLY if: [lab_nt_probnp]='1'	NT_proBNP result *pg/mL*	text
346	lab_bnp	BNP	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
347	lab_bnp_result Show the field ONLY if: [lab_bnp]='1'	BNP result	text
348	lab_bnp_unit Show the field ONLY if: [lab_bnp]='1'		radio pg_ml, pg/mL ng_l, ng/L Question number: RH
349	lab_troponin	Troponin	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
350	lab_troponin_result Show the field ONLY if: [lab_troponin]='1'	Troponin result	text
351	lab_troponin_unit Show the field ONLY if: [lab_troponin]='1'		radio hsTnT, hsTnT hsTnI, hsTnI TnT, TnT TnI, TnI Question number: RH
352	laboratory_results_complete	Section Header: *Form Status* Complete?	dropdown 0, Incomplete 1, Unverified 2, Complete

Instrument: **Treatment** (treatment) Collapse

353	treat_hospital	Treating hospital	text
354	icu_hd	Section Header: *TREATMENT: At ANY time during hospitalisation, did the patient receive/undergo:* ICU or High Dependency Unit admission	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
355	icu_admis Show the field ONLY if: [icu_hd]='1'	If yes, date of ICU admission	text (date_ymd)
356	icu_disch Show the field ONLY if: [icu_hd]='1'	If yes, date of ICU discharge	text (date_ymd)
357	prone_vent	Prone ventilation	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
358	inhaled_no	Inhaled nitric oxide	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
359	trach	Tracheostomy inserted	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
360	extracorp	Extracorporeal support	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
361	dialysis	Renal replacement therapy (RRT) or dialysis	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH

362	inotrop_vasopress	Inotropes/vasopressors	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
363	inotrop_vasopress_start Show the field ONLY if: [inotrop_vasopress]='1'	Inotropes/vasopressors start date	text (date_ymd)
364	inotrop_vasopress_end Show the field ONLY if: [inotrop_vasopress]='1'	Inotropes/vasopressors end date	text (date_ymd)
365	other_intervention	Other intervention or procedure	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
366	other_intervention_desc Show the field ONLY if: [other_intervention]='1'	Please sepcify other intervention or procedure	text
367	antiviral	Section Header: *MEDICATION* Antiviral agent	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
368	antiviral_ribavirin Show the field ONLY if: [antiviral]='1'	Ribavirin	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
369	antiviral_lopin_riton Show the field ONLY if: [antiviral]='1'	Lopinavir/Ritonavir	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
370	antiviral_interf_a Show the field ONLY if: [antiviral]='1'	Interferon alpha	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH

371	antiviral_interf_b Show the field ONLY if: [antiviral]='1'	Interferon beta	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
372	antiviral_neur_inhibitor Show the field ONLY if: [antiviral]='1'	Neuraminidase inhibitor	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
373	antiviral_other Show the field ONLY if: [antiviral]='1'	Other antiviral agent	text 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
374	antiviral_other_name Show the field ONLY if: [antiviral_other]='1'	Specify other antiviral agent	text
375	antibiotic_azithro	Azithromycin (Zithromax)	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
376	antibiotic_other	Any other antibiotic	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
377	antibiotic_other_name Show the field ONLY if: [antibiotic_other]='1'	Specify other antibiotic	text Question number: RH
378	cort	Corticosteroid	radio 0, No 1, Yes -1, Don't know Custom alignment: RH Question number: RH
379	cort_route Show the field ONLY if: [cort]='1'	Specify route	descriptive

380	cort_oral Show the field ONLY if: [cort]='1'	Oral corticosteroids	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
381	cort_iv Show the field ONLY if: [cort]='1'	IV corticosteroids	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
382	cort_inhal Show the field ONLY if: [cort]='1'	Inhaled corticosteroids	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
383	cort_type Show the field ONLY if: [cort]='1'	Specify corticosteroid type	checkbox 1 cort_type___1 Methylprednisone 2 cort_type___2 Prednisone 3 cort_type___3 Prednisolone 4 cort_type___4 Hydrocortisone 5 cort_type___5 Other
384	cort_type_other Show the field ONLY if: [cort_type(5)] = '1'	Specify other corticosteroid type	text
385	cort_dose Show the field ONLY if: [cort]='1'	Specify corticosteroid dose	text
386	antifungal	Antifungal agent	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
387	colchicine	Colchicine	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
388	chloroq	Chloroquine (Aralen)	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH

389	hydroxychloroq	Hydroxycholorquine	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
390	tocil	Tocilizumab (Actemra)	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
391	kineret	Kineret (Anakinra)	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
392	ivig	IVIG	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
393	plasma	Plasma	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
394	othercovid_therapy	Other COVID-19 therapy	radio 0 No 1 Yes -1 Don't know Custom alignment: RH
395	othercovid_therapy_type Show the field ONLY if: [othercovid_therapy]='1'	Specify other COVID-19 therapy	text
396	treatment_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: **DNA Sample** (dna_sample)			Collapse
397	dna_number	DNA number (lab use only)	text
398	lims_id	LIMS ID	text
399	dna_sequenced_site	Sequencing site	radio 1 Toronto 2 Montreal 3 Vancouver

400	dna_received_date	Date sample was received	text (date_ymd)
401	dna_sequenced_date	Date sample was sequenced	text (date_ymd)
402	dna_sample_complete	Section Header: *Form Status* Complete?	dropdown 0, Incomplete 1, Unverified 2, Complete