



University of Iowa
Institute for Clinical and Translational Science

Project COVERED



Data Dictionary Codebook

06/10/2020 10:37am

Expand all instruments

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																								
Instrument: Baseline Positive Follow-up (withdrawal_followup) Enabled as survey Collapse																											
168	postb_suspect	<p>Section Header: <i>SYMPTOMS</i></p> <p>Prior to receiving your test results from Project COVERED, did you suspect that you might have had COVID-19 infection? <i>pb_6872</i></p>	<p>yesno</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
169	postb_why	<p>Why did you think you may have had COVID-19 [select all that apply]? <i>pb_1522</i></p> <p>Show the field ONLY if: [postb_suspect] = '1'</p>	<p>checkbox</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>postb_why__1</td><td>I had symptoms in the past I thought could have been from COVID-19</td></tr> <tr> <td>2</td><td>postb_why__2</td><td>I have symptoms currently I thought might be from COVID-19</td></tr> <tr> <td>3</td><td>postb_why__3</td><td>I have had known unprotected exposures to COVID-19 positive individuals</td></tr> <tr> <td>4</td><td>postb_why__4</td><td>I believe that a family member or household contact had COVID-19</td></tr> <tr> <td>5</td><td>postb_why__5</td><td>The ED I work in has/had a high prevalence of COVID-19-positive cases</td></tr> <tr> <td>6</td><td>postb_why__6</td><td>I live(d) in a community with high COVID-19 prevalence</td></tr> <tr> <td>7</td><td>postb_why__7</td><td>I believe that I had an asymptomatic infection or was never infected</td></tr> <tr> <td>8</td><td>postb_why__8</td><td>Other</td></tr> </table>	1	postb_why__1	I had symptoms in the past I thought could have been from COVID-19	2	postb_why__2	I have symptoms currently I thought might be from COVID-19	3	postb_why__3	I have had known unprotected exposures to COVID-19 positive individuals	4	postb_why__4	I believe that a family member or household contact had COVID-19	5	postb_why__5	The ED I work in has/had a high prevalence of COVID-19-positive cases	6	postb_why__6	I live(d) in a community with high COVID-19 prevalence	7	postb_why__7	I believe that I had an asymptomatic infection or was never infected	8	postb_why__8	Other
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170	postb_whyother Show the field ONLY if: [postb_why] = '1'	Why do you think you had COVID-19? <i>pb_6234</i>	text																																																						
171	postb_sx	Since December 31, 2019, have you had ANY symptoms that could be consistent with COVID-19 at any point? <i>pb_1654</i>	yesno <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																		
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172	postb_sxlist Show the field ONLY if: [postb_sx] = '1'	Which symptoms have you had [check all that apply]? <i>pb_1822</i>	checkbox <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 2%;">1</td><td>postb_sxlist__1</td><td>Cough (dry)</td></tr> <tr><td>2</td><td>postb_sxlist__2</td><td>Cough (productive)</td></tr> <tr><td>3</td><td>postb_sxlist__3</td><td>Sore throat</td></tr> <tr><td>4</td><td>postb_sxlist__4</td><td>Runny nose</td></tr> <tr><td>5</td><td>postb_sxlist__5</td><td>Shortness of breath</td></tr> <tr><td>6</td><td>postb_sxlist__6</td><td>Muscle aches</td></tr> <tr><td>7</td><td>postb_sxlist__7</td><td>Fatigue/weakness</td></tr> <tr><td>8</td><td>postb_sxlist__8</td><td>Fever (subjective or measured)</td></tr> <tr><td>17</td><td>postb_sxlist__17</td><td>Chills</td></tr> <tr><td>9</td><td>postb_sxlist__9</td><td>Diarrhea</td></tr> <tr><td>10</td><td>postb_sxlist__10</td><td>Loss of smell or taste</td></tr> <tr><td>11</td><td>postb_sxlist__11</td><td>Vomiting</td></tr> <tr><td>12</td><td>postb_sxlist__12</td><td>Dizziness</td></tr> <tr><td>13</td><td>postb_sxlist__13</td><td>Confusion</td></tr> <tr><td>14</td><td>postb_sxlist__14</td><td>Malaise</td></tr> <tr><td>15</td><td>postb_sxlist__15</td><td>Rash</td></tr> <tr><td>16</td><td>postb_sxlist__16</td><td>I had a symptom not listed here</td></tr> <tr><td>0</td><td>postb_sxlist__0</td><td>None of these</td></tr> </table>	1	postb_sxlist__1	Cough (dry)	2	postb_sxlist__2	Cough (productive)	3	postb_sxlist__3	Sore throat	4	postb_sxlist__4	Runny nose	5	postb_sxlist__5	Shortness of breath	6	postb_sxlist__6	Muscle aches	7	postb_sxlist__7	Fatigue/weakness	8	postb_sxlist__8	Fever (subjective or measured)	17	postb_sxlist__17	Chills	9	postb_sxlist__9	Diarrhea	10	postb_sxlist__10	Loss of smell or taste	11	postb_sxlist__11	Vomiting	12	postb_sxlist__12	Dizziness	13	postb_sxlist__13	Confusion	14	postb_sxlist__14	Malaise	15	postb_sxlist__15	Rash	16	postb_sxlist__16	I had a symptom not listed here	0	postb_sxlist__0	None of these
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173	postb_sxother Show the field ONLY if: [postb_sxlist(16)] = '1'	What additional symptom(s) have you experienced? <i>pb_1862</i>	text																																																						
174	postb_lengthsx Show the field ONLY if: [postb_sx] = '1'	How many days did your symptoms last (estimated)? If you had more than one episode of symptoms, please estimate the total number of days with symptoms since December 31, 2019. <i>pb_1657</i>	text (integer)																																																						
175	postb_fever	Since December 31, 2019, have you measured a fever (a temperature great than 100.4 F or 38 C) at any point? <i>pb_1758</i>	yesno <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																		
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176	postb_feverdate Show the field ONLY if: [postb_fever] = '1'	What was the date (estimated) of your first fever? <i>pb_1957</i>	text (date_mdy, Min: 2019-12-31) Field Annotation: @HIDEBUTTON																																																						
177	postb_lengthfever Show the field ONLY if: [postb_fever] = '1'	How many days did your fever last (estimated)? <i>pb_2058</i>	text (integer)																																																						
178	postb_episodes Show the field ONLY if: [postb_sx] = '1' or [postb_fever] = '1'	How many discrete episodes of symptoms (including fever) have you had since December 31, 2019? A discrete episode is a period of symptoms followed by full recovery. <i>pb_1547</i>	radio <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 or more</td></tr> </table>	1	1	2	2	3	3	4	4 or more																																														
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179	postb_attributesx Show the field ONLY if: [postb_sx] = '1' or [postb_fever] = '1'	To which of the following did you attribute your symptoms [select all that apply]? <i>pb_1689</i>	checkbox				
			10 postb_attributesx__10 COVID-19				
			1 postb_attributesx__1 Common cold				
			2 postb_attributesx__2 Influenza				
			3 postb_attributesx__3 Seasonal allergies				
			4 postb_attributesx__4 Gastroenteritis/stomach flu				
			5 postb_attributesx__5 Food poisoning				
			6 postb_attributesx__6 Other infection				
			7 postb_attributesx__7 Exacerbation of a chronic medical condition				
			8 postb_attributesx__8 Medications				
			12 postb_attributesx__12 Asthma				
			9 postb_attributesx__9 Inadequate sleep, over-work, schedule changes, or stress				
			11 postb_attributesx__11 Other				
180	postb_othercond Show the field ONLY if: [postb_attributesx(11)] = '1'	To what other condition(s) did you attribute your symptoms? <i>pb_1232</i>	text				
181	postb_seekcare Show the field ONLY if: [postb_sx] = '1'	Did you seek care of any health care provider for any of these symptoms? (regardless of whether COVID-19 was suspected or testing was performed) <i>pb_1185</i>	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
182	postb_dayspriorcare Show the field ONLY if: [postb_seekcare] = '1'	How many days did you have symptoms prior to seeking care? If you sought care multiple times or had multiple episodes of symptoms, please estimate the time of symptoms prior to seeking care in the FIRST VISIT. <i>pb_1568</i>	text (number)				
183	postb_sxstart Show the field ONLY if: [postb_sx] = '1'	What is the FIRST date (estimated) that you had ANY symptoms that might have been consistent with COVID-19 since December 31, 2019. If you had multiple discrete episodes with symptoms that could be consistent with COVID-19, please list the date the FIRST episode STARTED. <i>pb_2552</i>	text (date_mdy, Min: 2019-12-31) Field Annotation: @HIDEBUTTON				
184	postb_sxend Show the field ONLY if: [postb_sx] = '1'	What is the LAST date (estimated) that you had ANY symptoms that might have been consistent with COVID-19 since December 31, 2019. If you had multiple discrete episodes with symptoms that could be consistent with COVID-19, please list the date the MOST RECENT episode ENDED. <i>pb_2785</i>	text (date_mdy) Field Annotation: @HIDEBUTTON				
185	posb_sxdesc Show the field ONLY if: [postb_sx] = '1'	Please provide a narrative of your symptoms, with dates, providing as much detail as you are able. <i>pb_2058</i>	notes				
186	postb_sxwork Show the field ONLY if: [postb_sx] = '1'	During the time period(s) that you had ANY symptoms (even minimal, minor, or atypical symptoms), did you go to work at your place of employment? <i>pb_2485</i>	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
187	postb_sxwrkdays Show the field ONLY if: [postb_sxwork] = '1'	How many days do you estimate you were at work while you were symptomatic? <i>pb_2332</i>	text (number)				
188	postb_addppe	Did you use any additional personal protective equipment (PPE) during any days you were symptomatic at work?	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
189	postb_addppelist Show the field ONLY if: [postb_addppe] = '1'	What additional PPE did you use?	text				

190	postb_priorcovidtest	Have you had ANY COVID-19 testing (nasal test, blood test, or any other test) before participation in this project? <i>pb_1857</i>	yesno <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
191	postb_priortestresults Show the field ONLY if: [postb_priorcovidtest] = '1'	Please provide the date(s), test type, and results (example: 3/10, nasal swab, negative). <i>pb_2057</i>	notes										
192	postb_ptsexp	Section Header: <i>WORK EXPOSURES</i> Since December 31, 2019 at work estimate how many PATIENTS with confirmed COVID-19 infection you had unprotected exposure (i.e., without using the personal protective equipment [PPE] recommended by your health system for a COVID-19 positive patient at the time of your exposure). This could have occurred because a patient was not known to have COVID-19 at the time of your encounter, because you did not have appropriate PPE available, or for any other reason. <i>pb_2011</i>	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1-5</td></tr> <tr><td>2</td><td>6-10</td></tr> <tr><td>3</td><td>Greater than 10</td></tr> </table>	0	0	1	1-5	2	6-10	3	Greater than 10		
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193	postb_expcoworker	Since December 31, 2019, AT WORK, have you had close and unprotected exposure, defined as within 6 feet for greater than 10 minutes without a mask, to a co-worker known to subsequently diagnosed to have COVID-19 infection? <i>pb_6421</i>	yesno <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
194	postb_exp	Section Header: <i>PUBLIC EXPOSURES</i> Since December 31, 2019, OUTSIDE OF WORK, estimate how many people known to have tested positive for COVID-19 you had a close and unprotected exposure, defined as within 6 feet for greater than 10 minutes without a mask? This does not include possible exposures to people whose testing status you do not know (e.g., grocery store, public transportation). <i>pb_2254</i>	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1-5</td></tr> <tr><td>2</td><td>6-10</td></tr> <tr><td>3</td><td>Greater than 10</td></tr> </table>	0	0	1	1-5	2	6-10	3	Greater than 10		
0	0												
1	1-5												
2	6-10												
3	Greater than 10												
195	postb_famsx	Since December 31, 2019, have any of your family members/roommates had symptoms consistent with COVID-19? <i>pb_2547</i>	yesno <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
196	postb_famsxstart Show the field ONLY if: [postb_famsx] = '1'	When did your family members/roommates start having symptoms consistent with COVID-19? If ANY of your family members started having symptoms prior to your symptoms, please select "before my symptoms." <i>pb_2147</i>	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Before the onset of my symptoms</td></tr> <tr><td>2</td><td>At the same time my symptoms started</td></tr> <tr><td>3</td><td>After the onset of my symptoms</td></tr> <tr><td>4</td><td>I never had symptoms</td></tr> </table>	1	Before the onset of my symptoms	2	At the same time my symptoms started	3	After the onset of my symptoms	4	I never had symptoms		
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4	I never had symptoms												
197	postb_travel	Since December 31, 2019, have you traveled outside the United States? <i>pb_1872</i>	yesno <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
198	postb_intrtravel Show the field ONLY if: [postb_travel] = '1'	Please provide a brief description of any international travel locations and dates of travel (example: Barcelona, Spain - January 24-February 9). Include all international trips. <i>pb_1257</i>	notes										
199	postb_contracted	Section Header: <i>POST-PROJECT TEST RESULTS</i> If you have contracted COVID-19 as your test result suggests, where do you think you MOST LIKELY contracted COVID-19 infection? <i>pb_5321</i>	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>At work</td></tr> <tr><td>2</td><td>At home</td></tr> <tr><td>3</td><td>In the community</td></tr> <tr><td>4</td><td>Travel outside the country</td></tr> <tr><td>5</td><td>I don't know</td></tr> </table>	1	At work	2	At home	3	In the community	4	Travel outside the country	5	I don't know
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5	I don't know												

200	postb_workfactors Show the field ONLY if: [postb_contracted] = '1'	If you think you contracted COVID-19 infection AT WORK, please select what factors you think were related to being exposed to COVID-19? [Select all that apply] <i>pb_4758</i>	radio <input type="checkbox"/> 1 Wearing inadequate PPE (i.e., mask, face shield, gown, etc.) for patient(s) not suspected to be COVID-19 infected <input type="checkbox"/> 2 Inadequate time to place needed PPE <input type="checkbox"/> 3 Adequate PPE not available <input type="checkbox"/> 4 Accidental PPE doffing exposure <input type="checkbox"/> 5 Exposure to COVID-19 infected staff member <input type="checkbox"/> 6 Other
201	postb_otherexpfactors	Describe other factors that you believe contributed to your COVID-19 exposure. <i>pb_1528</i>	notes
202	postb_decanx	To what extent do you agree or disagree with the following statement: Knowing my prior exposure and immunity to COVID-19 by serologic (blood) testing has decreased my anxiety? <i>pb_1298</i>	radio <input type="checkbox"/> 1 Strongly disagree <input type="checkbox"/> 2 Disagree <input type="checkbox"/> 3 Somewhat disagree <input type="checkbox"/> 4 Neither disagree or agree <input type="checkbox"/> 5 Somewhat agree <input type="checkbox"/> 6 Agree <input type="checkbox"/> 7 Strongly agree
203	postb_contactclinic	After you received the results of your Project COVERED testing, did you contact your local employee health/occupational health clinic? <i>pb_1957</i>	yesno <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No
204	postb_addtesting	Have you had any COVID-19 testing performed SINCE your Project COVERED testing? <i>pb_2052</i>	radio <input type="checkbox"/> 1 Yes, I had a repeat nasal, nasopharyngeal, or oral swab <input type="checkbox"/> 2 Yes, I had a repeat blood test <input type="checkbox"/> 3 Yes, I had both a repeat nasal, nasopharyngeal, or oral swab AND a blood test <input type="checkbox"/> 4 No, I have not had any repeat testing
205	postb_swabdate Show the field ONLY if: [postb_addtesting] = '1' or [postb_addtesting] = '3'	My nasal, nasopharyngeal, or oral swab result was performed on the following date: <i>pb_2254</i>	text (date_dmy)
206	postb_swabresult Show the field ONLY if: [postb_addtesting] = '1' or [postb_addtesting] = '3'	My nasal, nasopharyngeal, or oral swab result was: <i>pb_2780</i>	radio <input type="checkbox"/> 1 Positive <input type="checkbox"/> 0 Negative
207	postb_blooddate Show the field ONLY if: [postb_addtesting] = '2' or [postb_addtesting] = '3'	My blood test was performed on the following date: <i>pb_2354</i>	text (date_mdy)
208	postb_bloodresult Show the field ONLY if: [postb_addtesting] = '2' or [postb_addtesting] = '3'	My blood test result was: <i>pb_2468</i>	radio <input type="checkbox"/> 1 Positive <input type="checkbox"/> 0 Negative
209	postb_missedshifts	Have you missed shifts as a result of your positive Project COVERED result? <i>pb_1198</i>	yesno <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No
210	postb_returnwork Show the field ONLY if: [postb_missedshifts] = '1'	Have you returned to work? <i>pb_2354</i>	yesno <input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No

211	postb_daysmissed Show the field ONLY if: [postb_missedshifts] = '1' and [postb_returnwork] = '1'	How many days (estimated) were you unable to work? <i>pb_1268</i>	text (number)																					
212	postb_changeptcare	In response to your positive test result, please indicate how you intend to change your activities at work or your willingness to interact with patients with known COVID-19 infection? [check all that apply] <i>pb_2472</i>	checkbox <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10px; padding: 5px;">1</td> <td style="padding: 5px;"><input type="checkbox"/> postb_changeptcare__1</td> <td style="padding: 5px;">I do not intend to change my work behavior/activities</td> </tr> <tr> <td style="width: 10px; padding: 5px;">2</td> <td style="padding: 5px;"><input type="checkbox"/> postb_changeptcare__2</td> <td style="padding: 5px;">I will have the same work/clinical responsibilities, but I will feel more comfortable interacting with COVID-19 infected and COVID-19 suspected patients</td> </tr> <tr> <td style="width: 10px; padding: 5px;">3</td> <td style="padding: 5px;"><input type="checkbox"/> postb_changeptcare__3</td> <td style="padding: 5px;">I actively will interact with and care for more COVID-19 patients to decrease my co-workers' risk</td> </tr> <tr> <td style="width: 10px; padding: 5px;">4</td> <td style="padding: 5px;"><input type="checkbox"/> postb_changeptcare__4</td> <td style="padding: 5px;">I will join a COVID-19 intubation team, code team, or other high-risk COVID-19 response team</td> </tr> <tr> <td style="width: 10px; padding: 5px;">5</td> <td style="padding: 5px;"><input type="checkbox"/> postb_changeptcare__5</td> <td style="padding: 5px;">I will have the same work/clinical responsibilities, but I will feel LESS comfortable caring for COVID-19 positive and suspected patients</td> </tr> <tr> <td style="width: 10px; padding: 5px;">6</td> <td style="padding: 5px;"><input type="checkbox"/> postb_changeptcare__6</td> <td style="padding: 5px;">I will actively avoid interacting with COVID-19 patients</td> </tr> <tr> <td style="width: 10px; padding: 5px;">7</td> <td style="padding: 5px;"><input type="checkbox"/> postb_changeptcare__7</td> <td style="padding: 5px;">Other</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE = '1'</p>	1	<input type="checkbox"/> postb_changeptcare__1	I do not intend to change my work behavior/activities	2	<input type="checkbox"/> postb_changeptcare__2	I will have the same work/clinical responsibilities, but I will feel more comfortable interacting with COVID-19 infected and COVID-19 suspected patients	3	<input type="checkbox"/> postb_changeptcare__3	I actively will interact with and care for more COVID-19 patients to decrease my co-workers' risk	4	<input type="checkbox"/> postb_changeptcare__4	I will join a COVID-19 intubation team, code team, or other high-risk COVID-19 response team	5	<input type="checkbox"/> postb_changeptcare__5	I will have the same work/clinical responsibilities, but I will feel LESS comfortable caring for COVID-19 positive and suspected patients	6	<input type="checkbox"/> postb_changeptcare__6	I will actively avoid interacting with COVID-19 patients	7	<input type="checkbox"/> postb_changeptcare__7	Other
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7	<input type="checkbox"/> postb_changeptcare__7	Other																						
213	postb_otherchange Show the field ONLY if: [postb_changeptcare(7)] = 1	Please describe other changes in your job responsibilities or your willingness to care for patients with known or suspected COVID-19 infection. <i>pb_1926</i>	notes																					

214	postb_changeppe	<p>In response to your positive test result, please indicate how you intend to change your use of PPE? [check all that apply] <i>pb_1659</i></p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>postb_changeppe__1</td><td>I do not intend to change my use of PPE</td></tr> <tr><td>2</td><td>postb_changeppe__2</td><td>I will no longer always wear a mask when in my workplace but outside of patient rooms</td></tr> <tr><td>3</td><td>postb_changeppe__3</td><td>I will wear a surgical mask instead of an N95 mask when in my workplace but outside of patient rooms</td></tr> <tr><td>4</td><td>postb_changeppe__4</td><td>I will no longer always wear a mask when in a patient room</td></tr> <tr><td>5</td><td>postb_changeppe__5</td><td>I will wear a surgical mask instead of an N95 mask when in a patient room</td></tr> <tr><td>6</td><td>postb_changeppe__6</td><td>I will wear a surgical mask instead of an N95 mask when performing intubations or other high-risk aerosol-generating procedures</td></tr> <tr><td>7</td><td>postb_changeppe__7</td><td>Other</td></tr> </table>	1	postb_changeppe__1	I do not intend to change my use of PPE	2	postb_changeppe__2	I will no longer always wear a mask when in my workplace but outside of patient rooms	3	postb_changeppe__3	I will wear a surgical mask instead of an N95 mask when in my workplace but outside of patient rooms	4	postb_changeppe__4	I will no longer always wear a mask when in a patient room	5	postb_changeppe__5	I will wear a surgical mask instead of an N95 mask when in a patient room	6	postb_changeppe__6	I will wear a surgical mask instead of an N95 mask when performing intubations or other high-risk aerosol-generating procedures	7	postb_changeppe__7	Other
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215	postb_otherppe Show the field ONLY if: [postb_changeppe(7)] = '1'	<p>Please describe other changes in your PPE practice. <i>pb_1925</i></p>	notes																					
216	postb_changeliving	<p>In response to your positive test result, how will your living situation (where or with whom you live) change? [check all that apply] <i>pb_1757</i></p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>postb_changeliving__1</td><td>My living situation will not change</td></tr> <tr><td>2</td><td>postb_changeliving__2</td><td>I will moved back to the same residence with my family or previous roommates</td></tr> <tr><td>3</td><td>postb_changeliving__3</td><td>I will change where I sleep in my residence</td></tr> <tr><td>4</td><td>postb_changeliving__4</td><td>I will no longer wear a mask while at my residence with my family or roommates</td></tr> <tr><td>5</td><td>postb_changeliving__5</td><td>Other</td></tr> </table>	1	postb_changeliving__1	My living situation will not change	2	postb_changeliving__2	I will moved back to the same residence with my family or previous roommates	3	postb_changeliving__3	I will change where I sleep in my residence	4	postb_changeliving__4	I will no longer wear a mask while at my residence with my family or roommates	5	postb_changeliving__5	Other						
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217	postb_whatliving Show the field ONLY if: [postb_changeliving(5)] = '1'	<p>Please describe other changes in your living situation. <i>pb_1342</i></p>	notes																					

218	postb_changepublicbeh	<p>In response to your positive test result, how do you intend to change your practices in public? [check all that apply] <i>pb_2056</i></p>	<p>checkbox</p> <table border="1" style="width: 100%;"> <tr><td>1</td><td>postb_changepublicbeh__1</td><td>I do not intend to change practices in public</td></tr> <tr><td>2</td><td>postb_changepublicbeh__2</td><td>I no longer intend to wear a mask in public places</td></tr> <tr><td>3</td><td>postb_changepublicbeh__3</td><td>I am now more willing to go to restaurants, places of worship, and other places where groups of people gather</td></tr> <tr><td>4</td><td>postb_changepublicbeh__4</td><td>I am now more willing to invite friends and relatives over to my house</td></tr> <tr><td>5</td><td>postb_changepublicbeh__5</td><td>Other</td></tr> </table>	1	postb_changepublicbeh__1	I do not intend to change practices in public	2	postb_changepublicbeh__2	I no longer intend to wear a mask in public places	3	postb_changepublicbeh__3	I am now more willing to go to restaurants, places of worship, and other places where groups of people gather	4	postb_changepublicbeh__4	I am now more willing to invite friends and relatives over to my house	5	postb_changepublicbeh__5	Other
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219	postb_howpublic Show the field ONLY if: [postb_changepublicbeh(5)] = '1'	Please describe any other changes to your practices in public. <i>pb_2342</i>	notes															
220	postb_changelife	In response to your positive test result, do you expect anything else to change how you live your life? <i>pb_3337</i>	<p>yesno</p> <table border="1" style="width: 100%;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
221	postb_howlife Show the field ONLY if: [postb_changelife] = '1'	How? <i>pb_1577</i>	notes															