ICTS Institute for Clinical & Translational Science AT THE UNIVERSITY OF IOWA

University of Iowa
Institute for Clinical and Translational Science

Project PREVENT PID 9075

Codebook

Data Dictionary Codebook

12/17/2020 9:07am

Collapse all instruments

	#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: **Screening Form** (screening_form) Enabled as survey				Collapse
	1	record_id	Record ID	text
	2	languages	Display Language	dropdown 1, English 2, Español Field Annotation: @p1000lang{"English":"English","Español":"Español"} @HIDDEN
	3	screendt	Screen date complete *sf2354*	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @TODAY
	4	screening	You have received this link because you have been tested for COVID-19. We are enrolling some people who have COVID-19 and some who do not—you do NOT need to have COVID-19 to participate. You may be eligible to participate whether or not you have received the COVID-19 vaccine. As part of this project, we will not be giving you vaccines. If you are eligible, project participation will require 2 surveys and documentation of any healthcare related to your illness. All information you provide will be kept strictly confidential, and it will not be available to your employer, supervisor, or anyone outside the project team. You will be compensated for your time, and your participation will last approximately 4-6 weeks. Based on your understanding of this project, would you like to continue with the screening process? *sf1654*	yesno, Required 1, Yes 0, No Custom alignment: LV
	5	hcp_status Show the field ONLY if: [screening_arm_1][screening] ="1"	Section Header: Are you currently working in a hospital, health care facility, or providing health care in any capacity? Please answer "yes" if you provide healthcare, work in a healthcare facility, if your educational program includes time in a healthcare facility, OR if you volunteer in a health care facility. *sf1598_eip7*	yesno, Required 1, Yes 0, No Custom alignment: LV
	6	wrkhome Show the field ONLY if: [screening_arm_1][screening] ="1"	In your role in healthcare, do you work exclusively from home (defined as working from home every day for a 2-week period before your recent illness or COVID-19 test)? *sf2547*	radio, Required 1, Yes 0, No Custom alignment: LV
	7	cov_test Show the field ONLY if: [screening_arm_1][screening] ="1"	In the last 60 days (including today), have you been tested for COVID-19 by nasal, nasopharyngeal, or oral testing (taking a sample from your nose, throat, or saliva)? *sf1653_eip9/10*	radio, Required 1, Yes 0, No Custom alignment: LV

	8	swab_result Show the field ONLY if: [screening_arm_1][screening] ="1"	Did ANY of your tests during your current/recent illness show that you have COVID-19 (e.g., the test is "positive", or SARS-CoV-2 was "detected")? *sf2987_eip10a*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
	9	covdt Show the field ONLY if: [screening_arm_1][screening] ="1"	On what date was your COVID-19 test? If you have had more than one test, please list the date of your first positive COVID-19 test (if you have one) or your most recent negative COVID-19 test, if you have had more than one. *sf1922*	text (date_mdy), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON
	10	days_since_test	CALCULATION: Days since positive or most recent negative COVID-19 test	calc Calculation: datediff([covdt],[screendt], "d") Field Annotation: @HIDDEN-SURVEY
	11	prevcovdx Show the field ONLY if: [screening_arm_1][screening] ="1"	Have you been diagnosed with COVID-19 before your recent COVID-19 test (before [screening_arm_1][covdt])? *sf1698*	yesno, Required 1 Yes 0 No Custom alignment: LV
	12	two_b4_test	CALCULATION: Two weeks before test	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @CALCDATE([covdt], -14, 'd')
	13	prevcovdx_confirm Show the field ONLY if: [screening_arm_1][screening] ="1" and [screening_arm_1][prevcovdx] = "1"	During your previous COVID-19 diagnosis (before [screening_arm_1][two_b4_test]), how did you know that you had COVID-19? [select all that apply] *sf2121*	checkbox, Required 1 prevcovdx_confirm___1 Nasal, nasopharyngeal, or oral test (from testing a sample from your nose, throat, or saliva) 2 prevcovdx_confirm___2 Blood test 3 prevcovdx_confirm___3 A health care professional told me I had COVID-19, but I did NOT have any test 4 prevcovdx_confirm___4 I think I had COVID-19, but I was never tested Custom alignment: LV
	14	priorenroll Show the field ONLY if: [screening_arm_1][screening] ="1"	Have you been enrolled in Project PREVENT (this project) before? *sf2345*	yesno, Required 1 Yes 0 No Custom alignment: LV
	15	priorenroll_complete Show the field ONLY if: [screening_arm_1][screening] ="1" and [screening_arm_1][priorenroll] = "1"	Did you complete all Project PREVENT activities (including the final follow-up survey 6 weeks after your initial symptom began)? *sf1187*	yesno, Required 1 Yes 0 No Custom alignment: LV

	16	cov_sx Show the field ONLY if: [screening_arm_1][screening] ="1"	At the time you were recently tested for COVID-19 (on [covdt]), did you have any of the following symptoms? [select all that apply]Please consider your “recent test” to be your first positive COVID-19 test if you have one, or your most recent negative test if you have had multiple tests and all tests have been negative. *sf1652*	checkbox, Required

16	cov_sx___16	Abdominal pain
19	cov_sx___19	Bruised toes or feet
6	cov_sx___6	Changes in my ability to smell or taste
10	cov_sx___10	Chest pain or chest tightness
7	cov_sx___7	Chills
2	cov_sx___2	Cough
15	cov_sx___15	Diarrhea
18	cov_sx___18	Fatigue (unusual feeling of tiredness)
4	cov_sx___4	Fever (greater than 100°F or 37.8°C)
9	cov_sx___9	Headache
17	cov_sx___17	Loss of appetite
5	cov_sx___5	Myalgia (muscle aches)
14	cov_sx___14	Nausea (sick to your stomach) or vomiting
12	cov_sx___12	Rhinorrhea (runny nose)
8	cov_sx___8	Rigors (sudden feeling of cold with shaking)
3	cov_sx___3	Severe respiratory illness including pneumonia
1	cov_sx___1	Shortness of breath or difficulty breathing
13	cov_sx___13	Sinus or nasal congestion
11	cov_sx___11	Sore throat
0	cov_sx___0	None of the above

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "0"

	17	cov_twowk_sx Show the field ONLY if: [screening_arm_1][screening] ="1" and [screening_arm_1][cov_sx(0)]="1"	In the 2 weeks after your recent COVID-19 test on [covdt] (or until today, if your test was less than 2 weeks ago), have you had any of the following symptoms? [select all that apply] *sf3241*	checkbox, Required 16, cov_twowk_sx___16, Abdominal pain 19, cov_twowk_sx___19, Bruised toes or feet 6, cov_twowk_sx___6, Changes in my ability to smell or taste 10, cov_twowk_sx___10, Chest pain or chest tightness 7, cov_twowk_sx___7, Chills 2, cov_twowk_sx___2, Cough 15, cov_twowk_sx___15, Diarrhea 18, cov_twowk_sx___18, Fatigue (unusual feeling of tiredness) 4, cov_twowk_sx___4, Fever (greater than 100°F or 37.8°C) 9, cov_twowk_sx___9, Headache 17, cov_twowk_sx___17, Loss of appetite 5, cov_twowk_sx___5, Myalgia (muscle aches) 14, cov_twowk_sx___14, Nausea (sick to your stomach) or vomiting 12, cov_twowk_sx___12, Rhinorrhea (runny nose) 8, cov_twowk_sx___8, Rigors (sudden feeling of cold with shaking) 3, cov_twowk_sx___3, Severe respiratory illness, including pneumonia 1, cov_twowk_sx___1, Shortness of breath or difficulty breathing 13, cov_twowk_sx___13, Sinus or nasal congestion 11, cov_twowk_sx___11, Sore throat 0, cov_twowk_sx___0, None of the above Custom alignment: LV Field Annotation: @NONEOFTHEABOVE='0'
	18	coughstartdt Show the field ONLY if: [screening_arm_1][screening] ="1" and ([screening_arm_1][cov_sx(2)]='1' or ([screening_arm_1][cov_sx(0)]='1' AND [screening_arm_1][cov_twowk_sx(2)] ='1'))	On what date did your cough start? *sf1234*	text (date_mdy), Required Field Annotation: @HIDEBUTTON @NOTFUTURE
	19	coughend Show the field ONLY if: [screening_arm_1][screening] ="1" and ([screening_arm_1][cov_sx(2)]='1' or ([screening_arm_1][cov_sx(0)]='1' AND [screening_arm_1][cov_twowk_sx(2)] ='1'))	Has your cough ended? *sf1243*	yesno, Required 1, Yes 0, No Custom alignment: LV
	20	coughenddt Show the field ONLY if: [screening_arm_1][screening] ="1" and (([screening_arm_1][cov_sx(2)] = "1" OR ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(2)]="1")) AND [screening_arm_1][coughend] = "1")	On what date did your cough end? *sf3251*	text (date_mdy), Required Field Annotation: @HIDEBUTTON @NOTFUTURE

	21	cough_date_warn Show the field ONLY if: ([screening_arm_1][coughstartdt]<>"" and [screening_arm_1][coughenddt]<>"" and datediff([screening_arm_1][coughstartdt], [screening_arm_1][coughenddt], "d", "mdy", true)<0)	The cough end date occurs BEFORE the cough start date. Please review and update your cough symptoms dates.	descriptive
	22	feverstartdt Show the field ONLY if: [screening_arm_1][screening]="1" and ([screening_arm_1][cov_sx(4)] = "1" OR ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(4)]="1"))	On what date did your fever start (greater than 100°F or 37.8°C)? *sf2254*	text (date_mdy), Required Field Annotation: @HIDEBUTTON @NOTFUTURE
	23	feverend Show the field ONLY if: [screening_arm_1][screening]="1" and ([screening_arm_1][cov_sx(4)] = "1" OR ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(4)]="1"))	Has your fever ended? *sf1354*	yesno, Required 1, Yes 0, No Custom alignment: LV
	24	feverenddt Show the field ONLY if: [screening_arm_1][screening]="1" and ((([screening_arm_1][cov_sx(4)] = "1") OR ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(4)]="1")) AND [screening_arm_1][feverend] = "1")	On what date did your fever end? *sf2167*	text (date_mdy), Required Field Annotation: @HIDEBUTTON @NOTFUTURE
	25	fever_date_warn Show the field ONLY if: ([screening_arm_1][feverstartdt]<>"" and [screening_arm_1][feverenddt]<>"" and datediff([screening_arm_1][feverstartdt], [screening_arm_1][feverenddt], "d", "mdy", true)<0)	The fever end date occurs BEFORE the fever start date. Please review and update your fever symptoms dates.	descriptive
	26	sxstart Show the field ONLY if: [screening_arm_1][screening]="1" and ([screening_arm_1][cov_sx(1)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(1)] = "1") or [screening_arm_1][cov_sx(3)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(3)] = "1") or [screening_arm_1][cov_sx(5)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(5)] = "1") or [screening_arm_1][cov_sx(6)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(6)] = "1") or [screening_arm_1][cov_sx(7)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(7)] = "1") or [screening_arm_1][cov_sx(8)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_ar	On what date did your FIRST symptom start, other than a cough or a fever? *sf3367*	text (date_mdy), Required Field Annotation: @HIDEBUTTON @NOTFUTURE

		m_1][cov_twowk_sx(8)] = "1") or [screening_arm_1][cov_sx(9)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(9)] = "1") or [screening_arm_1][cov_sx(10)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(10)] = "1") or [screening_arm_1][cov_sx(11)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(11)] = "1") or [screening_arm_1][cov_sx(12)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(12)] = "1") or [screening_arm_1][cov_sx(13)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(13)] = "1") or [screening_arm_1][cov_sx(14)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(14)] = "1") or [screening_arm_1][cov_sx(15)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(15)] = "1") or [screening_arm_1][cov_sx(16)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(16)] = "1") or [screening_arm_1][cov_sx(17)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(17)] = "1") or [screening_arm_1][cov_sx(18)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(18)] = "1") or [screening_arm_1][cov_sx(19)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(19)] = "1"))		
	27	cough_days	Calculation: Days since cough started	calc Calculation: if ([coughstartdt]<>"", (datediff("today", [coughstartdt], "d")),0) Field Annotation: @HIDDEN
	28	cough_days_2	Calculation: Days since cough started	calc Calculation: if ([coughstartdt]<>"", (datediff("today", [coughstartdt], "d")),0) Field Annotation: @HIDDEN
	29	fever_days	Calculation: Days since fever started	calc Calculation: if ([feverstartdt]<>"", (datediff("today", [feverstartdt], "d")),0) Field Annotation: @HIDDEN
	30	other_days	Calculation: Days since other symptoms started	calc Calculation: if ([sxstart]<>"", (datediff("today", [sxstart], "d")),0) Field Annotation: @HIDDEN

	31	indexdt	Calculation: Earliest date of symptoms (index date)	text (date_mdy) Field Annotation: @HIDDEN @CALCTEXT(if([cough_days] >= [fever_days] AND [cough_days] >= [other_days], [coughstartdt], if([fever_days] >= [cough_days] AND [fever_days] >= [other_days], [feverstartdt], if([other_days] >= [fever_days] AND [other_days] >= [cough_days], [sxstart], "ERROR")))))
	32	start_index	Calculation: Beginning of index period	text (date_mdy) Field Annotation: @HIDDEN @CALCDATE([indexdt], -14, 'd')
	33	end_index	Calculation: End of index period	text (date_mdy) Field Annotation: @HIDDEN @CALCDATE([indexdt], 14, 'd')
	34	sxended Show the field ONLY if: [screening_arm_1][screening] ="1" and ([screening_arm_1][cov_sx(1)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(1)] = "1") or [screening_arm_1][cov_sx(3)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(3)] = "1") or [screening_arm_1][cov_sx(5)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(5)] = "1") or [screening_arm_1][cov_sx(6)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(6)] = "1") or [screening_arm_1][cov_sx(7)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(7)] = "1") or [screening_arm_1][cov_sx(8)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(8)] = "1") or [screening_arm_1][cov_sx(9)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(9)] = "1") or [screening_arm_1][cov_sx(10)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(10)] = "1") or [screening_arm_1][cov_sx(11)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(11)] = "1") or [screening_arm_1][cov_sx(12)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(12)] = "1") or [screening_arm_1][cov_sx(13)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(13)] = "1") or [screening_arm_1][cov_sx(14)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(14)] = "1") or [screening_arm_1][cov_sx(15)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(15)] = "1") or [screening_arm_	Have ALL your symptoms ended? *sf3530*	yesno, Required 1, Yes 0, No Custom alignment: LV

		1][cov_sx(16)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(16)] = "1") or [screening_arm_1][cov_sx(17)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(17)] = "1") or [screening_arm_1][cov_sx(18)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(18)] = "1") or [screening_arm_1][cov_sx(19)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(19)] = "1"))		
	35	sxstop Show the field ONLY if: [screening_arm_1][screening] ="1" and (([screening_arm_1][cov_sx(1)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(1)] = "1") or [screening_arm_1][cov_sx(3)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(3)] = "1") or [screening_arm_1][cov_sx(5)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(5)] = "1") or [screening_arm_1][cov_sx(6)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(6)] = "1") or [screening_arm_1][cov_sx(7)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(7)] = "1") or [screening_arm_1][cov_sx(8)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(8)] = "1") or [screening_arm_1][cov_sx(9)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(9)] = "1") or [screening_arm_1][cov_sx(10)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(10)] = "1") or [screening_arm_1][cov_sx(11)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(11)] = "1") or [screening_arm_1][cov_sx(12)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(12)] = "1") or [screening_arm_1][cov_sx(13)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(13)] = "1") or [screening_arm_1][cov_sx(14)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(14)] = "1") or [screening_arm_1][cov_sx(15)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [scr	On what date did your LAST symptom end? *sf3593*	text (date_mdy), Required Field Annotation: @HIDEBUTTON @NOTFUTURE

		eening_arm_1][cov_twowk_sx (15)] = "1") or [screening_arm_ 1][cov_sx(16)] = "1" or ([screen ing_arm_1][cov_sx(0)] = "1" AN D [screening_arm_1][cov_two wk_sx(16)] = "1") or [screening _arm_1][cov_sx(17)] = "1" or ([s creening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][co v_twowk_sx(17)] = "1") or [scre ening_arm_1][cov_sx(18)] = "1" or ([screening_arm_1][cov_sx (0)] = "1" AND [screening_arm_ 1][cov_twowk_sx(18)] = "1") or [screening_arm_1][cov_sx(19)] = "1" or ([screening_arm_1][co v_sx(0)] = "1" AND [screening_ arm_1][cov_twowk_sx(19)] = "1")) AND [screening_arm_1][s xended] = "1")		
	36	allsymp_date_warn Show the field ONLY if: [screening_arm_1][sxended] ="1" and datediff([screening_a rm_1][indexdt],[screening_ar m_1][sxstop], "d", "mdy", true) <0	The end date for all symptoms reported above occurs BEFORE the earliest symptom date ([screening_arm_1] [indexdt]) you reported. Please review and update your symptoms dates.	descriptive
	37	covtestloc Show the field ONLY if: [screening_arm_1][screening] = "1"	Where were your COVID-19 test(s) performed? [select all that apply] *sf1254_eip10bi/10ci*	checkbox, Required 1 covtestloc___1 At my employer (at occupational health/employee health or at the medical center where I work) 2 covtestloc___2 At a public testing center 3 covtestloc___3 At my primary health care provider 4 covtestloc___4 At another location {covidtestloc_oth} Custom alignment: LV
	38	covidtestloc_oth Show the field ONLY if: [screening_arm_1][covtestloc (4)] = "1"	Where? *sf1765*	text
	39	swabpwhy Show the field ONLY if: [screening_arm_1][screening] = "1"	Why were you tested for COVID-19 on [covdt]? *sf1467_eip10bii/10cii*	radio, Required 1 I had symptoms that I thought might be from COVID-19 2 I did not have symptoms of COVID-19, but I had an exposure to a person with COVID-19 3 I did not have symptoms of COVID-19 and I did not have an exposure, but I was concerned that I had COVID-19 4 I was tested as part of routine testing by my employer, but I did not have symptoms, exposures, and I did not think I had COVID-19 6 I was tested because I wanted to travel or visit friends or family, and I wanted to be tested to be safe 5 Other {swabpwhyspec} Custom alignment: LV
	40	swabpwhyspec Show the field ONLY if: [screening_arm_1][swabpwhy] = "5"	Why? *sf1312*	text

	41	cont_emp Show the field ONLY if: [screening_arm_1][screening] ="1"	Do you intend to be working, studying, or volunteering in your current healthcare facility for at least the next 6 weeks? Please answer "yes" even if you are not currently working, as long as you plan to return to your current place of employment when you recover from your illness. *sf2542*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
	42	sx_eligible	CALCULATION: Participant has symptoms (1=symptoms, 0=no symptoms) *sf2123*	calc Calculation: if([cov_sx(0)]='1' and [cov_twowk_sx(0)]='1', 0, 1) Custom alignment: RH Field Annotation: @HIDDEN
	43	eligible_calc	CALCULATION: Eligible	calc Calculation: if([screening_arm_1][screening]="1" and [screening_arm_1][hcp_status]="1" and [screening_arm_1][wrkhome]="0" and [screening_arm_1][cov_test]="1" and [screening_arm_1][sx_eligible]="1" and ([screening_arm_1][cont_emp]="1" or [screening_arm_1][cont_emp]="2") and [screening_arm_1][priorenroll_complete]<>"0" and [screening_arm_1][prevcovdx_confirm(1)]<>"1", 1, 0) Custom alignment: RH Field Annotation: @HIDDEN-SURVEY
	44	decline_msg Show the field ONLY if: [screening_arm_1][screening] = "0"	Thank you for your consideration. In order for us to ensure that you are not contacted again to participate in this project, please provide your name below.	descriptive
	45	first_name	First Name *sf2934_eip3*	text, Required
	46	middle_initial	Middle Initial *sf2920*	text
	47	last_name	Last Name *sf2935_eip3*	text, Required
	48	noteligible Show the field ONLY if: [screening_arm_1][screening] ="1" and [screening_arm_1][eligible_calc] = "0" and [screening_arm_1][last_name] <> ""	Thank you for your interest in Project PREVENT. Unfortunately, you are not eligible to participate at this time. We appreciate your interest. If you are tested again, you may re-screen for project eligibility. If you would like more information about Project PREVENT, please visit our web site at http://www.prevent-project.org.	descriptive
	49	dob Show the field ONLY if: [screening_arm_1][screening] ="1" and [screening_arm_1][eligible_calc] = "1"	Please provide your date of birth (M-D-Y) *sf2837*	text (date_mdy), Required Field Annotation: @PAST @HIDEBUTTON
	50	agecalc	CALCULATION: Age *sf3055*	calc Calculation: rounddown(datediff([screendt],[dob], "y")) Field Annotation: @HIDDEN-SURVEY
	51	age Show the field ONLY if: [screening_arm_1][screening] ="1" and [screening_arm_1][eligible_calc] = "1"	This means that you are [agecalc] years old. Is that correct? *sf4056*	yesno 1 Yes 0 No Custom alignment: LV
	52	dobmessage Show the field ONLY if: [screening_arm_1][screening] ="1" and [screening_arm_1][agecalc] = "0"	Please update your date of birth.	descriptive
	53	e_mail Show the field ONLY if: [screening_arm_1][screening] ="1" and [screening_arm_1][eligible_calc] = "1"	E-mail address This e-mail address will be used for all PREVENT communication, including follow-up survey links. *sf1025*	text (email), Required

	54	verify_e_mail Show the field ONLY if: [screening_arm_1][screening] ="1" and [screening_arm_1][eligible_calc] = "1"	Verify e-mail address *sf1498*	text (email), Required
	55	email_notmatch Show the field ONLY if: [screening_arm_1][screening] ="1" and (([screening_arm_1][eligible_calc] = "1") and [screening_arm_1][verify_e_mail] <> "" and ([screening_arm_1][e_mail] <> [screening_arm_1][verify_e_mail]))	Your e-mail address does not match, please update.	descriptive
	56	eligible Show the field ONLY if: [screening_arm_1][screening] ="1" and [screening_arm_1][eligible_calc] = "1" and [screening_arm_1][verify_e_mail] <> ""	You ARE eligible to enroll in the PREVENT project. You will now be taken to the project consent information.	descriptive
	57	screening_form_complete	Section Header: *Form Status* Complete?	dropdown 0, Incomplete 1, Unverified 2, Complete
Instrument: **Consent Information** (consent_information) Enabled as survey Collapse				
	58	consent		descriptive
	59	consent_acknowledge	By selecting "yes," you acknowledge that you have read the information presented, and that you agree to participate in this project. *ic2000*	yesno, Required 1, Yes 0, No Custom alignment: LV Stop actions on 0
	60	consent_information_complete	Section Header: *Form Status* Complete?	dropdown 0, Incomplete 1, Unverified 2, Complete
Instrument: **Contact Information** (contact_information) Enabled as survey Collapse				
	61	contactinfodt	Contact info date complete *ci1993*	text (date_mdy) Field Annotation: @HIDEBUTTON @HIDDEN-SURVEY @TODAY
	62	cell_phone	Section Header: *Contact Information. The project team needs reliable ways of reaching you quickly (within 24 hours). This information will not be shared outside the project team.* Cell phone *ci2278_eip4*	text (phone), Required
	63	commpref	Please select your communication preference for site coordinators, in case they need to contact you to follow-up on any of your responses. *ci3987*	radio 1, E-mail 2, Cell phone Custom alignment: LV
	64	streetadd	Section Header: *Please provide your mailing address. This will be used for mailing your check for compensation.* Street address (including apt/unit as applicable) *ci3348_eip5*	text, Required Custom alignment: LV
	65	city	City *ci1831_eip5*	text, Required Custom alignment: LV
	66	state	State *ci3412_eip5*	dropdown, Required AL, Alabama

AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Columbia
FL	Florida
GA	Georgia
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin

				WY | Wyoming Custom alignment: LV
	67	zip	Zip Code *ci2198_eip5*	text (zipcode), Required Custom alignment: LV
	68	emcontact	Section Header: *Emergency contact information. We would also like to collect another way to reach you, just in case we can't reach you by the above means. This contact information will not be released outside the project, and we will not contact this person unless we are unable to reach you after multiple attempts.We will not release any information regarding your project participation or test results to your emergency contacts.* Emergency Contact: Name *ci2198*	text Custom alignment: LV
	69	emcontact_phone	Emergency Contact: Phone *ci3791*	text (phone) Custom alignment: LV
	70	contact_information_complete	Section Header: *Form Status* Complete?	dropdown 0 | Incomplete 1 | Unverified 2 | Complete
Instrument: **Baseline Enrollment Survey** (baseline_enrollment_survey) Enabled as survey Collapse				
	71	baselinedt	Baseline date complete *ef5433*	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @TODAY
	72	swabn	Section Header: *Your Illness* Approximately, how many total times have you been tested for COVID-19 (with a swab in your nose, mouth, or throat) since December 31, 2019? *ef3994*	text, Required Custom alignment: LV
	73	firstcovtest	What was the date of your FIRST COVID-19 test for this episode of illness/exposure? An episode of illness includes the period of symptoms until full recovery of symptoms. *ef2377_eip10b*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: LV Field Annotation: @HIDEBUTTON @NOTFUTURE
	74	totalcovidtests	How many total COVID-19 nasal, nasopharyngeal, or saliva tests have you had during this episode of illness/exposure? *ef1673*	text, Required Custom alignment: LV
	75	covtesting	COVID Test 1 COVID Test 2 COVID Test 3 On what date was the test performed? {covtestdate1} {covtestdate2} {covtestdate3} Where was your test performed? {covtestloc1} {covtestloc2} {covtestloc3} What was the reason? {covtestwhy1} {covtestwhy2} {covtestwhy3} How would you like us to get your results? {covtestverify1} {covtestverify2} {covtestverify3}	descriptive
	76	covidts_warn Show the field ONLY if: datediff([baseline_arm_1][firstcovtest],[baseline_arm_1][covtestdate1], "d", "mdy", true)<0	The COVID-19 test date reported in the 'COVID Test 1' column occurs BEFORE the earliest COVID-19 date ([baseline_arm_1][firstcovtest]) you reported above. Please review and update your COVID-19 testing dates.	descriptive
	77	covidts_warn_2 Show the field ONLY if: [baseline_arm_1][covtestdate2] <> "" and datediff([baseline_arm_1][firstcovtest],[baseline_arm_1][covtestdate2], "d", "mdy", true)<0	The COVID-19 test date reported in the 'COVID Test 2' column occurs BEFORE the earliest COVID-19 date ([baseline_arm_1][firstcovtest]) you reported above. Please review and update your COVID-19 testing dates.	descriptive
	78	covidts_warn_3 Show the field ONLY if: [baseline_arm_1][covtestdate3] <> "" and datediff([baseline_arm_1][firstcovtest],[baseline_arm_1][covtestdate3], "d", "mdy", true)<0	The COVID-19 test date reported in the 'COVID Test 2' column occurs BEFORE the earliest COVID-19 date ([baseline_arm_1][firstcovtest]) you reported above. Please review and update your COVID-19 testing dates.	descriptive

	79	covtestdate1 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "1"	On what date (approximately) was this test performed? *ef4078*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON
	80	covtestloc1 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "1"	Where was your test performed? *ef4592_eip10bi*	radio, Required 1 Employee health/occupational health clinic 2 Employer-sponsored testing center 3 Personal health care provider 4 Public testing center not affiliated with my place of employment 5 Emergency department or walk-in clinic (urgent care) 6 In the hospital because I was being admitted for an overnight stay 7 Someplace else, please specify {covtestlocspec1} Custom alignment: LV
	81	covtestlocspec1 Show the field ONLY if: [baseline_arm_1][covtestloc1] = "7"	Where? *ef3163*	text
	82	covtestwhy1 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "1"	What was the reason the test was performed? *ef4762_eip10bii*	checkbox, Required 1 covtestwhy1___1 I had symptoms that could have been caused by COVID-19 2 covtestwhy1___2 I had an occupational or workplace exposure 3 covtestwhy1___3 I had exposure outside of the workplace 4 covtestwhy1___4 Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure) 5 covtestwhy1___5 Other, please specify {covtestwhyspec1} 6 covtestwhy1___6 Not sure Custom alignment: LV
	83	covtestwhyspec1 Show the field ONLY if: [baseline_arm_1][covtestwhy1(5)] = "1"	Why? *ef2275*	text
	84	covtestverify1 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "1"	We need to verify the results of your COVID-19 test. How would you like us to get the results of your COVID-19 test? *ef4414*	radio, Required 1 Contact my occupational/employee health clinic. 2 Contact my health care provider. 3 Contact the public testing center. 4 I will provide a copy of my test result myself now (photo or pdf). 5 I will provide a copy of my test result myself when it is available (photo or pdf). 6 I do not want to provide my COVID-19 test result. If I am not willing to provide documentation of my test result, I know that I am not eligible to participate in Project PREVENT. Custom alignment: LV Stop actions on 6

	85	covtestdate2 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "2"	On what date (approximately) was this test performed? *ef2495*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON
	86	covtestloc2 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "2"	Where was your test performed? *ef3605_eip10bi*	radio, Required 1 Employee health/occupational health clinic 2 Employer-sponsored testing center 3 Personal health care provider 4 Public testing center not affiliated with my place of employment 5 Emergency department or walk-in clinic (urgent care) 6 In the hospital because I was being admitted for an overnight stay 7 Someplace else, please specify {covtestlocspec2} Custom alignment: LV
	87	covtestlocspec2 Show the field ONLY if: [baseline_arm_1][covtestloc2] = "7"	Where? *ef4723*	text
	88	covtestwhy2 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "2"	What was the reason the test was performed? *ef1691_eip10bii*	checkbox, Required 1 covtestwhy2___1 I had symptoms that could have been caused by COVID-19 2 covtestwhy2___2 I had an occupational or workplace exposure 3 covtestwhy2___3 I had exposure outside of the workplace 4 covtestwhy2___4 Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure) 5 covtestwhy2___5 Other, please specify {covtestwhyspec2} 6 covtestwhy2___6 Not sure Custom alignment: LV
	89	covtestwhyspec2 Show the field ONLY if: [baseline_arm_1][covtestwhy2(5)] = "1"	Why? *ef4879*	text
	90	covtestverify2 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "2"	We need to verify the results of your COVID-19 test. How would you like us to get the results of your COVID-19 test? *ef4202*	radio, Required 1 Contact my occupational/employee health clinic. 2 Contact my health care provider. 3 Contact the public testing center. 4 I will provide a copy of my test result myself now (photo or pdf). 5 I will provide a copy of my test result myself when it is available (photo or pdf). 6 I do not want to provide my COVID-19 test result. If I am not willing to provide documentation of my test result, I know that I am not eligible to participate in Project PREVENT. Custom alignment: LV Stop actions on 6

	91	covtestdate3 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "3"	On what date (approximately) was this test performed? *ef4341*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON
	92	covtestloc3 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "3"	Where was your test performed? *ef1931_eip10bi*	radio, Required 1, Employee health/occupational health clinic 2, Employer-sponsored testing center 3, Personal health care provider 4, Public testing center not affiliated with my place of employment 5, Emergency department or walk-in clinic (urgent care) 6, In the hospital because I was being admitted for an overnight stay 7, Someplace else, please specify {covtestlocspec3} Custom alignment: LV
	93	covtestlocspec3 Show the field ONLY if: [baseline_arm_1][covtestloc3] = "7"	Where? *ef1684*	text
	94	covtestwhy3 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "3"	What was the reason the test was performed? *ef264_eip10bii*	checkbox, Required 1, covtestwhy3___1, I had symptoms that could have been caused by COVID-19 2, covtestwhy3___2, I had an occupational or workplace exposure 3, covtestwhy3___3, I had exposure outside of the workplace 4, covtestwhy3___4, Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure) 5, covtestwhy3___5, Other, please specify {covtestwhyspec3} 6, covtestwhy3___6, Not sure Custom alignment: LV
	95	covtestwhyspec3 Show the field ONLY if: [baseline_arm_1][covtestwhy3(5)] = "1"	Why? *ef3716*	text
	96	covtestverify3 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "3"	We need to verify the results of your COVID-19 test. How would you like us to get the results of your COVID-19 test? *ef4679*	radio, Required 1, Contact my occupational/employee health clinic. 2, Contact my health care provider. 3, Contact the public testing center. 4, I will provide a copy of my test result myself now (photo or pdf). 5, I will provide a copy of my test result myself when it is available (photo or pdf). 6, I do not want to provide my COVID-19 test result. If I am not willing to provide documentation of my test result, I know that I am not eligible to participate in Project PREVENT. Custom alignment: LV Stop actions on 6

	97	releaseemail Show the field ONLY if: [baseline_arm_1][covtestverify1] = "2" or [baseline_arm_1][covtestverify1] = "3" or [baseline_arm_1][covtestverify2] = "2" or [baseline_arm_1][covtestverify2] = "3" or [baseline_arm_1][covtestverify3] = "2" or [baseline_arm_1][covtestverify3] = "3"	You will receive an e-mail with a Release of Information for Medical Records that will be completed with the information you have provided. Please sign and return according to the procedures detailed in the e-mail.	descriptive
	98	coviduploadmsg Show the field ONLY if: [baseline_arm_1][covtestverify1] = "5" or [baseline_arm_1][covtestverify2] = "5" or [baseline_arm_1][covtestverify3] = "5" or [baseline_arm_1][covtestverify1] = "4" or [baseline_arm_1][covtestverify2] = "4" or [baseline_arm_1][covtestverify3] = "4"	If you have COVID-19 test records to upload now, please use the 'Testing Verification Form' to upload these results after you have completed the baseline survey.If you need to upload records at a later time, you will receive an e-mail with a link where you can provide verification at a later date. Files can be uploaded as a photograph or pdf.	descriptive
	99	addltest	In the period from [screening_arm_1][start_index] to [screening_arm_1][end_index], have you had testing for any of the following? If yes, please provide the date of testing. Test Completed Date Influenza {influenza} {influenzadate} Other respiratory viruses (adenovirus, rhinovirus) {respvirus} {respvirusdate} Respiratory bacteria (mycoplasma, streptococcus) {respbac} {respbacdate} Urine testing (legionella) {urine} {urinedate}	descriptive
	100	influenza	Influenza *ef1723*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
	101	influenzadate Show the field ONLY if: [baseline_arm_1][influenza] = "1"	Please provide the date of testing *ef3763*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
	102	respvirus	Other respiratory viruses (adenovirus, rhinovirus) *ef1336*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
	103	respvirusdate Show the field ONLY if: [baseline_arm_1][respvirus] = "1"	Please provide the date of testing *ef2968*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @PAST @HIDEBUTTON
	104	respbac	Other respiratory bacteria (mycoplasma, streptococcus) *ef1347*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
	105	respbacdate Show the field ONLY if: [baseline_arm_1][respbac] = "1"	Please provide the date of testing *ef2097*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON

	106	urine	Urine testing (legionella) *ef3376*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
	107	urinedate Show the field ONLY if: [baseline_arm_1][urine] = "1"	Please provide the date of testing *ef2097*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
	108	blood	In the period from [screening_arm_1][start_index] to [screening_arm_1][end_index], did anyone (for example, a doctor, nurse, or lab technician) collect blood from you for COVID-19 antibody testing? *ef4028_eip11*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
	109	blooddate Show the field ONLY if: [baseline_arm_1][blood] = "1"	On what date (approximately) did you have this test? *ef2569*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON
	110	blood_result Show the field ONLY if: [baseline_arm_1][blood] = "1"	Do you know what the test result was? *ef4526_eip11a*	radio, Required 1 Yes. It was positive, meaning that it showed evidence of COVID-19 infection 2 Yes. It was negative, meaning that it showed NO evidence of COVID-19 infection 0 No. I don't know my result or it was indeterminate (neither positive or negative) Custom alignment: LV
	111	seekcarebfr	Section Header: *Your Medical Care* In the period from [screening_arm_1][indexdt] to [screening_arm_1][end_index], have you seen a health care provider for any reason? Please include ALL health care visits to primary care clinic, urgent care/walk-in clinic, emergency department and hospital admissions for any reason except mental health. Hospital admission means that you stayed in the hospital overnight in an inpatient room or observation unit. Do not include a visit only for the purpose of testing if you did not see a healthcare provider. *ef1814_eip10ei*	yesno, Required 1 Yes 0 No Custom alignment: LV
	112	hlthcareutilmsg Show the field ONLY if: [baseline_arm_1][seekcarebfr] = "1"	After you have completed this form, you will be asked to report details on each of these healthcare visits.	descriptive
	113	cov19vacc	Section Header: *Your Vaccination History* Have you received a vaccine for COVID-19 (SARS-CoV-2)? *ef1123_eip15/16*	radio, Required 1 Yes 0 No 2 I participated in a vaccine study during which I did, or may have, received a SARS-CoV-2 vaccine 3 I don't know Custom alignment: LV

	114	clintrial_compname Show the field ONLY if: [baseline_arm_1][cov19vacc] = "2"	With which company did you participate in a clinical trial? *ef1252_eip15a*	dropdown, Required 1 Aivita 2 City of Hope 3 ImmunityBio 4 Inovio 5 Johnson&Johnson/Janssen 6 Merck 7 Moderna 8 Novavax 9 OncoSec 10 Oxford/AstraZeneca 11 Pfizer/BioNTech 12 Sanofi/GSK 13 Themis 14 Vaxart 15 Other/not listed 16 I don't know Custom alignment: LV
	115	clintrial_compnameoth Show the field ONLY if: [baseline_arm_1][clintrial_compname] = "15"	Which one? *ef2661*	text Custom alignment: LV
	116	clintrial_arm Show the field ONLY if: [baseline_arm_1][cov19vacc] = "2"	Do you know whether you received active vaccine or placebo? *ef1067_eip15b*	radio, Required 1 Active vaccine 2 Placebo 3 I don't know yet Custom alignment: LV
	117	clintrialmsg Show the field ONLY if: [baseline_arm_1][clintrial_arm] = "3"	It is very important that we know whether you received the vaccine. At the conclusion of the vaccine trial, you will be told to which arm of the study you had been assigned. When that happens, we would like to get documentation from the study team. We will send you an e-mail every month with a short survey until you are notified of your vaccine assignment. Please save any documentation you receive from the vaccine trial so that you can share it with us.	descriptive
	118	clintrial_plac Show the field ONLY if: [baseline_arm_1][cov19vacc] = "2"	After the clinical trial ended, did you receive a COVID-19 vaccine or an additional COVID-19 vaccination? *ef3856_eip15bi*	yesno, Required 1 Yes 0 No Custom alignment: LV
	119	cov19vaccn Show the field ONLY if: [baseline_arm_1][cov19vacc] = "1" or [baseline_arm_1][clintrial_plac]="1"	How many total doses of a COVID-19 vaccine did you receive? *ef3189_eip16a*	radio, Required 1 1 2 2 3 More than 2 4 I'm not sure Custom alignment: LV

	120	cov19vaccloc1 Show the field ONLY if: [baseline_arm_1][cov19vacc] >= "1"	Where did you receive the COVID-19 vaccine? *ef3779_eip16d/16g*	radio, Required 1 At my employer or occupational/employee health clinic 2 At my local city, county, or state health department 3 At a clinic or a health care provider's office 4 At a public vaccination center 5 Someplace else Custom alignment: LV
	121	cov19vaccdt1 Show the field ONLY if: [baseline_arm_1][cov19vacc] >= "1"	On what date (approximately) did you receive this first COVID-19 vaccine? *ef1213_eip16b/16e*	text (date_mdy, Min: 2020-01-01), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON
	122	cov19vaccloc2 Show the field ONLY if: [baseline_arm_1][cov19vaccn] >= "2"	Where did you receive the second COVID-19 vaccine? *ef1256_eip16d/16g*	radio, Required 1 At my employer or occupational/employee health clinic 2 At my local city, county, or state health department 3 At a clinic or a health care provider's office 4 At a public vaccination center 5 Someplace else Custom alignment: LV
	123	cov19vaccdt2 Show the field ONLY if: [baseline_arm_1][cov19vaccn] >= "2"	On what date (approximately) did you receive this third COVID-19 vaccine? *ef2280_eip16b/16e*	text (date_mdy, Min: 2020-01-01), Required Custom alignment: LV
	124	cov19vaccloc3 Show the field ONLY if: [baseline_arm_1][cov19vaccn] >= "3"	Where did you receive the third COVID-19 vaccine? *ef1028_eip16d/16g*	radio, Required 1 At my employer or occupational/employee health clinic 2 At my local city, county, or state health department 3 At a clinic or a health care provider's office 4 At a public vaccination center 5 Someplace else Custom alignment: LV
	125	cov19vaccdt3 Show the field ONLY if: [baseline_arm_1][cov19vaccn] >= "3"	On what date (approximately) did you receive this COVID-19 vaccine? *ef2348_eip16b/16e*	text (date_mdy, Min: 2020-01-01), Required Custom alignment: LV Field Annotation: @HIDEBUTTON
	126	cov19vacc_doc Show the field ONLY if: [baseline_arm_1][cov19vacc] = "1" or [baseline_arm_1][clintrial_plac]="1"	Do you have documentation of your vaccination status (including date of administration, vaccine administered, and lot number of vaccine administration)? *ef4491*	radio, Required 1 Yes. I will provide a copy of these records now 2 Yes. I will provide a copy of these records later 0 No. Please contact the person who administered my vaccination to get a copy of my records Custom alignment: LV
	127	flu	Have you received an influenza vaccine since September 1, 2020? *ef1633_eip17*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV

	128	fludate Show the field ONLY if: [baseline_arm_1][flu] = "1"	On what date (approximately) did you receive this influenza vaccine? *ef3628*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON
	129	fluloc Show the field ONLY if: [baseline_arm_1][flu] = "1"	Where did you receive the influenza vaccine? *ef2590*	radio, Required 1 At my employer or occupational/employee health clinic 2 At my local city, county, or state health department 3 At a clinic or a health care provider's office 4 At a public vaccination center 6 At a pharmacy 5 Someplace else Custom alignment: LV
	130	fludoc Show the field ONLY if: [baseline_arm_1][flu] = "1"	Do you have documentation of your influenza vaccination status (including date of administration and vaccine administered)? *ef2944*	radio, Required 1 Yes. I will provide a copy of these records now 2 Yes. I will provide a copy of these records later 0 No. Please contact the person who administered my vaccination to get a copy of my records Custom alignment: LV
	131	vaccuploadmsg Show the field ONLY if: [baseline_arm_1][fludoc] = "1" or [baseline_arm_1][cov19vacc_doc] = "1" or [baseline_arm_1][fludoc] = "2" or [baseline_arm_1][cov19vacc_doc] = "2"	If you have COVID-19 or flu vaccine records to upload now, please use the 'Vaccine Verification Form' to upload these results after you have completed the baseline survey.If you need to upload records at a later time, you will receive an e-mail with a link where you can provide verification at a later date. Files can be uploaded as a photograph or pdf. *ef2712*	descriptive

	132	role	Section Header: *Your Job* Which job classification describes you? [select all that apply] *ef1876_eip20*	checkbox, Required

1	role___1	Administrative Staff/Managers
2	role___2	Advanced Practice Provider - Physician Assistant
3	role___3	Advanced Practice Provider - Nurse Practitioner
4	role___4	Chaplain
5	role___5	Clerk/Registration staff
6	role___6	Environmental Services/Custodial/Housekeeping Staff
7	role___7	Facilities/Maintenance
8	role___8	Food Service/Cafeteria Staff
9	role___9	Home Health Aide/In-home Caregiver
10	role___10	Information Technology/Computer Support
11	role___11	Laboratory Personnel
12	role___12	Nurse - Licensed Practical Nurse
13	role___13	Nurse - Registered nurse
14	role___14	Nursing Aide/Nursing Assistant/Patient Care Technician
15	role___15	Medical Assistant
16	role___16	Patient Care Technician/Nursing Aide/Nursing Assistant
17	role___17	Dietician/Nutritionist
18	role___18	Physical Therapist or Assistant
19	role___19	Occupational Therapist or Assistant
20	role___20	Pharmacist/Pharmacy Personnel
21	role___21	Phlebotomist
22	role___22	Physician - Staff/Faculty
23	role___23	Physician - Intern/Resident
24	role___24	Physician - Fellow
34	role___34	Psychologist/Counselor
25	role___25	Respiratory Therapist or Assistant
26	role___26	Social Worker
27	role___27	Speech Therapist or Assistant
28	role___28	Paramedic/Emergency Medical Technician
29	role___29	Security Personnel
30	role___30	Research Staff (clinical, translational, or basic science)
31	role___31	Health Sciences Students (medical, nursing, pharmacy, dentistry, advanced practice provider, or others)
32	role___32	Volunteer
33	role___33	Other, please specify {role_other}

Custom alignment: LV

	133	role_other Show the field ONLY if: [baseline_arm_1][role(33)] = "1"	Please describe. *ef1398*	text

	134	facility	In which types of healthcare facilities do you work, study, or volunteer? [select all that apply] *ef1639_eip21*	checkbox, Required 1, facility___1, Hospital (including emergency department) 2, facility___2, Free-standing Emergency Department 3, facility___3, Urgent Care Clinic 4, facility___4, Outpatient Clinic {facility_out} 5, facility___5, Outpatient Dialysis Center 6, facility___6, Nursing Home or Skilled Nursing Facility 7, facility___7, Residential Hospice 8, facility___8, Patient Homes (Home Health) 9, facility___9, Ambulance or Air Ambulance 10, facility___10, Office Building (facility with no patient care areas) 11, facility___11, Other, please specify {facility_oth} Custom alignment: LV
	135	facility_oth Show the field ONLY if: [baseline_arm_1][facility(11)] = "1"	Please specify. *ef1765_eip21*	text
	136	facility_out Show the field ONLY if: [baseline_arm_1][facility(4)] = "1"	What type of clinic? *ef1238_eip21*	radio, Required 1, Primary care clinic (e.g., pediatric, family medicine, general internal medicine, including multi-specialty clinics that include primary care) 2, Specialty clinic 3, Other outpatient clinics (including dental clinics) Custom alignment: LV

	137	area	In which department/practice environment(s) do you work, study, or volunteer? [select all that apply] *ef3433_eip22*	checkbox, Required

1	area___1	Administrative Offices - Non-Public Facing
2	area___2	Cafeteria/Dining Room
3	area___3	Clinical laboratory - Anatomic Pathology
4	area___4	Clinical laboratory - Clinical Pathology
5	area___5	Clinical laboratory - Other laboratory type (not clinical pathology or anatomic pathology)
6	area___6	Dentistry
7	area___7	Diagnostic laboratory (e.g., pulmonary function testing, etc.)
8	area___8	Kitchen
9	area___9	Emergency department
10	area___10	Emergency medical services/ambulance/air transport
11	area___11	Endoscopy Suite
12	area___12	Home health/patient home/private residence
13	area___13	Inpatient (Medical/surgical) floor/ward - not a COVID-19 unit
30	area___30	Inpatient (Medical/surgical) floor/ward - COVID-19 unit
29	area___29	Inpatient psychiatric floor/ward
14	area___14	Intensive care unit - not a COVID-19 unit
31	area___31	Intensive care unit - COVID-19 unit
15	area___15	Nursing home/skilled nursing facility
16	area___16	Operating room
17	area___17	Outpatient clinic
18	area___18	Pharmacy
19	area___19	Public-facing hallways, entrances, etc.
20	area___20	Radiology - Diagnostic
21	area___21	Radiology - Interventional
28	area___28	Reception area - Public facing
22	area___22	Research - Clinical
23	area___23	Research - Laboratory (non-clinical)
24	area___24	Teaching - Classroom
25	area___25	Transport within the hospital
26	area___26	Telemedicine program
27	area___27	Other, please specify {area_oth}

Custom alignment: LV

	138	area_oth Show the field ONLY if: [baseline_arm_1][area(27)] = "1"	Please list other: *ef2511*	text

	139	workhrs	Approximately how many hours do you work inside your workplace each week (hospital, laboratory, etc.), on average? Please do NOT include any time you spend working from home. *ef3794*	radio, Required 1, 36 hours or more (full-time) 2, 25-36 hours 3, 13-24 hours 4, 12 or fewer hours Custom alignment: LV
	140	ppetrain	What type of training have you had in the use of personal protective equipment (PPE) (e.g., facemasks, respirators, eye protection, gowns, etc.) at your current place of employment? [select all that apply] *ef3606*	checkbox, Required 1, ppetrain___1, Individual in-person session in which I was observed putting PPE on and removing it properly 2, ppetrain___2, Individual in-person demonstration in which I only watched 3, ppetrain___3, Group in-person session in which I was observed putting PPE on and removing it properly 4, ppetrain___4, Group in-person demonstration in which I only watched 5, ppetrain___5, Online training (video, reading material) 6, ppetrain___6, None - I have not completed any online training or employer required/directed training Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "6"
	141	ppecomfort	Please rate your comfort with being able to properly use recommended PPE. *ef2882*	radio, Required 1, Very comfortable 2, Somewhat comfortable 3, Somewhat uncomfortable 4, Very uncomfortable Custom alignment: LV
	142	covpt_4wks	In the 4 weeks before your illness, how likely is it that you have personally provided care or interacted directly with an actively infected COVID-19 patient, even if you did not know that person was infected? *ef1244*	radio, Required 1, Certain I did 2, Very likely 3, Likely 4, Unlikely 5, Very unlikely 6, Certain I did not Custom alignment: LV
	143	cc_work	Between [screening_arm_1][start_index] to [screening_arm_1][indexdt], did you have any close contact with a PATIENT with suspected or confirmed COVID-19? Close contact is defined as being within 6 feet of a person for at least 15 cumulative minutes over a 24-hour period (regardless of the use of personal protective equipment) while that person is symptomatic, up to 2 days before they were symptomatic, or up to 2 days before a positive COVID-19 test. *ef2310_eip23*	radio, Required 1, Yes 0, No 2, Not sure Custom alignment: LV

	144	ppematrixheading Show the field ONLY if: [baseline_arm_1][cc_work] <> "0"	In the next section, you will be asked about your use of personal protective equipment (PPE). If you have interacted with or provided care to a known or presumed COVID-19 infected patient recently, please report what types of PPE you wore when you cared for that patient. If you have not recently interacted with or provided care to a COVID-19 patient, please report the types of PPE you WOULD wear if you were asked to see a patient with COVID-19 (suspected or confirmed). What personal protective equipment were you wearing during patient care activities?	descriptive
	145	act_gloves Show the field ONLY if: [baseline_arm_1][cc_work] <> "0"	Glovesef1897eip24	radio (Matrix), Required 1 All the time 2 Most of the time 3 Sometimes 4 Rarely or never 5 In my job, I would never be interacting with or providing care to COVID-19 patients
	146	act_mask Show the field ONLY if: [baseline_arm_1][cc_work] <> "0"	Facemaskef2546eip24	radio (Matrix), Required 1 All the time 2 Most of the time 3 Sometimes 4 Rarely or never 5 In my job, I would never be interacting with or providing care to COVID-19 patients
	147	act_resp Show the field ONLY if: [baseline_arm_1][cc_work] <> "0"	N-95 respirator or equivalent (a special type of face mask that doesn't let small droplets come through)ef1657eip24	radio (Matrix), Required 1 All the time 2 Most of the time 3 Sometimes 4 Rarely or never 5 In my job, I would never be interacting with or providing care to COVID-19 patients
	148	act_gown Show the field ONLY if: [baseline_arm_1][cc_work] <> "0"	Gownef1897eip24	radio (Matrix), Required 1 All the time 2 Most of the time 3 Sometimes 4 Rarely or never 5 In my job, I would never be interacting with or providing care to COVID-19 patients
	149	act_papr Show the field ONLY if: [baseline_arm_1][cc_work] <> "0"	Positive air-purifying respirator (PAPR, CAPR)ef2378eip24	radio (Matrix), Required 1 All the time 2 Most of the time 3 Sometimes 4 Rarely or never 5 In my job, I would never be interacting with or providing care to COVID-19 patients
	150	act_gogg Show the field ONLY if: [baseline_arm_1][cc_work] <> "0"	Goggles or face shieldef1798eip24	radio (Matrix), Required 1 All the time 2 Most of the time 3 Sometimes 4 Rarely or never 5 In my job, I would never be interacting with or providing care to COVID-19 patients

	151	source Show the field ONLY if: [baseline_arm_1][cc_work] = "1"	If you were to see a patient with suspected or confirmed COVID-19 in your facility, how likely is it that he/she would be wearing a surgical or procedure mask (if not on a ventilator)? *ef4252*	radio, Required 1 Very likely 2 Likely 3 Unlikely 4 Very unlikely Custom alignment: LV
	152	agp Show the field ONLY if: [baseline_arm_1][cc_work] = "1"	Between [screening_arm_1][start_index] to [screening_arm_1][indexdt], have you participated in any aerosol-generating procedures for known or presumed COVID-19 infected patients? Aerosol-generating procedures include any of the following: airway suctioning, disrupting a mechanical ventilation circuit (intentionally or unintentionally), bronchoscopy, chest physiotherapy, cardiac arrest/cardiopulmonary resuscitation, high-flow oxygen delivery, high-frequency oscillatory ventilation, endotracheal intubation, mini-bronchoalveolar lavage, manual (bag) ventilation, nebulizer treatments, non-invasive positive pressure ventilation (BiPap, CPAP), sputum induction, dental procedures, or other similar procedures. *ef3908_eip26*	radio, Required 1 Yes 0 No 2 Not Sure Custom alignment: LV
	153	cc_other	In the period between [screening_arm_1][start_index] to [screening_arm_1][indexdt], did you have close contact with a person with known or suspected COVID-19 infection who was NOT a patient WHILE YOU WERE WORKING in your facility? Please select all that apply.Close contact is defined as being within 6 feet of a person for at least 15 cumulative minutes over a 24-hour period (regardless of the use of personal protective equipment) either while that person is symptomatic, up to 2 days before they were symptomatic, or up to 2 days before a positive COVID-19 test. *ef1257_eip22a*	checkbox, Required 1 cc_other___1 Yes - a coworker 2 cc_other___2 Yes - a visitor 3 cc_other___3 Yes - someone who was not a patient, coworker, or visitor 0 cc_other___0 No 4 cc_other___4 Not sure Custom alignment: LV Field Annotation: @NONEOFTHEABOVE
	154	social	In a normal workday (before your recent illness), how often were you able to practice social distancing from your co-workers? Social distancing means that you stay at least 6 feet away from other people, regardless of whether you are wearing a mask. *ef4807_eip29*	radio, Required 1 All of the time 2 Most of the time 3 Sometimes 4 Rarely or never Custom alignment: LV
	155	universal	In a normal workday between [screening_arm_1][start_index] and [screening_arm_1][indexdt], how often did you practice universal masking at work (e.g., wearing a mask for your entire shift in the hospital [excluding eating and drinking])? Do NOT include bandanas or cloth masks. *ef3142_eip30*	radio, Required 1 All of the time 2 Most of the time 3 Sometimes 4 Rarely or never Custom alignment: LV
	156	cc_comm	Section Header: *Outside of Work* Between [screening_arm_1][start_index] and [screening_arm_1][indexdt], have you had any known close contact with anyone outside of the healthcare facility where you work who had confirmed COVID-19? Close contact is defined as being within 6 feet of a person for at least 15 cumulative minutes over a 24-hour period (regardless of the use of personal protective equipment) either while that person is symptomatic, up to 2 days before they were symptomatic, or up to 2 days before a positive COVID-19 test. *ef4754_eip18*	yesno, Required 1 Yes 0 No Custom alignment: LV

	157	ill	Between [screening_arm_1][start_index] and [screening_arm_1][indexdt], have you had any known close contact with anyone outside of a healthcare facility who was ill? Close contact is defined as being within 6 feet of a person for at least 15 cumulative minutes over a 24-hour period (regardless of the use of personal protective equipment) either while that person is symptomatic, up to 2 days before they were symptomatic, or up to 2 days before a positive COVID-19 test. *ef1733_eip19*	yesno, Required 1 Yes 0 No Custom alignment: LV
	158	mass	Section Header: *Between [screening_arm_1][start_index] and [screening_arm_1][indexdt], did you:* Attend a gathering that included people other than your household members (e.g., religious event, wedding, party, dance, concert, banquet, funeral, festival, sports event, or other event)?ef4125eip19	radio (Matrix), Required 1 Yes 0 No
	159	eat_indoors	Eat indoors in a restaurant, bar, or coffee shop?ef3247	radio (Matrix), Required 1 Yes 0 No
	160	gym	Go to a gym to exercise while other people were there? ef5544	radio (Matrix), Required 1 Yes 0 No
	161	trans	Use any public transportation (e.g., bus, train, airplane, boat)?ef2365eip19	radio (Matrix), Required 1 Yes 0 No
	162	shared	Use shared transportation, such as a carpool, vanpool, taxi, or ride sharing service (e.g., Uber or Lyft)?ef1457eip19	radio (Matrix), Required 1 Yes 0 No
	163	shop	Shop for items (e.g., groceries, prescriptions, home goods, clothing) in a store?ef4527	radio (Matrix), Required 1 Yes 0 No
	164	salon	Go to a salon or barber (e.g., hair salon, nail salon)?ef4527	radio (Matrix), Required 1 Yes 0 No
	165	social_gatherless	Have people visit you inside your home or go inside someone else's home with less than 10 people who do not live in your household? ef1258	radio (Matrix), Required 1 Yes 0 No
	166	social_gathermore	Have people visit you inside your home or go inside someone else's home with more than 10 people who do not live in your household? ef47915	radio (Matrix) 1 Yes 0 No
	167	outside_maskbef	Before your recent illness, how often did you wear face masks or face coverings to cover your mouth and nose outside of work while indoors in public? *ef4309*	radio, Required 1 Always 2 Sometimes 3 Rarely 4 Never Custom alignment: LV

	168	hhold	Section Header: *Your Living Situation* I currently live with: [select all that apply] *ef3458*	checkbox, Required 1 hhold___1 No one (I live alone) 2 hhold___2 Spouse or significant other 3 hhold___3 Roommate(s) 4 hhold___4 Child/children 5 hhold___5 Parents, grandparents, aunts, uncles, or other family not including a spouse/significant other and/or children Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "1"
	169	hhold_n	How many total people, including yourself, live in your home or unit? If you live in a multi-unit housing, do not include the total number of people in your complex - just those who live in your unit. *ef2805*	text (integer, Max: 10), Required Custom alignment: LV
	170	house	Between [screening_arm_1][start_index] and [screening_arm_1][indexdt], did any of your household members, friends, acquaintances, or co-workers have fever or respiratory symptoms (e.g., cough, sore throat)? *ef4497*	radio, Required 1 Yes 0 No 2 Not sure Custom alignment: LV
	171	day	Do you attend or work at a school or daycare? If you pick up children from school or daycare only, please respond "no". *ef4350_eip19*	yesno, Required 1 Yes 0 No Custom alignment: LV
	172	houday Show the field ONLY if: [baseline_arm_1][hhold(1)] <> "1"	Do you have a household member who attends or works in person at a school or daycare? *ef4846_eip19*	yesno, Required 1 Yes 0 No Custom alignment: LV
	173	stopwork	Section Header: *Return to work* Did you stop working at any time related to your current/recent illness/exposure (for which you were tested)? *ef1889*	yesno, Required 1 Yes 0 No Custom alignment: LV
	174	stopworkdt Show the field ONLY if: [baseline_arm_1][stopwork] = "1"	On what date did you stop working? This would be the first date that you did NOT work. *ef1216*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON
	175	stopwork_who Show the field ONLY if: [baseline_arm_1][stopwork] = "1"	Who was responsible for the decision for you to stop working? [select all that apply] *ef1095*	checkbox, Required 1 stopwork_who___1 My employee/occupational health clinic 2 stopwork_who___2 My department head/supervisor 3 stopwork_who___3 My primary care provider or another personal physician/provider 4 stopwork_who___4 It was my decision 6 stopwork_who___6 It was required by policy of my employer 5 stopwork_who___5 Other, please specify {stopwork_whospec} Custom alignment: LV

	176	stopwork_whospec Show the field ONLY if: [baseline_arm_1][stopwork_who(5)] = "1"	Who? *ef4314*	text
	177	stopwork_why Show the field ONLY if: [baseline_arm_1][stopwork] = "1"	What was the reason you stopped working? [select all that apply] *ef2960*	checkbox, Required 1 | stopwork_why___1 | I had symptoms of COVID-19 2 | stopwork_why___2 | Positive COVID-19 test (throat or nose swab) 3 | stopwork_why___3 | I was quarantined because of a high-risk exposure 4 | stopwork_why___4 | Other, please specify {stopwork_whyspec} Custom alignment: LV
	178	stopwork_whyspec Show the field ONLY if: [baseline_arm_1][stopwork_why(4)] = "1"	Why? *ef3843*	text Custom alignment: LV
	179	returnwork Show the field ONLY if: [baseline_arm_1][stopwork] = "1"	Have you returned to work now? *ef4196*	yesno, Required 1 | Yes 0 | No Custom alignment: RH
	180	returnworkdt Show the field ONLY if: [baseline_arm_1][returnwork] = "1"	On what date (approximately) did you return to work? *ef1047*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @HIDEBUTTON @NOTFUTURE
	181	returnwork_who Show the field ONLY if: [baseline_arm_1][returnwork] = "1"	Who was responsible for the decision for you to resume work? [select all that apply] *ef2033*	checkbox, Required 1 | returnwork_who___1 | My employee/occupational health clinic 2 | returnwork_who___2 | My department head/supervisor 3 | returnwork_who___3 | My primary care provider or another personal physician/provider 6 | returnwork_who___6 | I followed the policy of my employer 4 | returnwork_who___4 | It was my decision 5 | returnwork_who___5 | Other, please specify {returnwork_whospec} Custom alignment: LV
	182	returnwork_whospec Show the field ONLY if: [baseline_arm_1][returnwork_who(5)] = "1"	Who? *ef3198*	text

	183	returnwork_self Show the field ONLY if: [baseline_arm_1][returnwork_who(4)] = "1"	How did you decide that you could return to work? [select all that apply] *ef2034*	checkbox, Required 1 returnwork_self___1 My symptoms had resolved, so I decided to go back to work 2 returnwork_self___2 I felt better, but I still had symptoms 3 returnwork_self___3 I used the guidelines of a national organization or my local health system to decide that I met criteria to return to work 4 returnwork_self___4 I had a follow-up test and it was negative Custom alignment: LV
	184	returnworksx Show the field ONLY if: [baseline_arm_1][returnwork] = "1"	When you returned to work, had your symptoms improved? *ef4991*	radio, Required 1 Yes 0 No 2 Not sure Custom alignment: LV
	185	returnwork_fever Show the field ONLY if: [baseline_arm_1][returnwork] = "1"	When you returned to work, had your fever resolved without the use of fever-reducing medications (e.g., acetaminophen [Tylenol], ibuprofen [Advil])? *ef4251*	radio, Required 1 Yes 0 No 2 Not sure Custom alignment: LV
	186	returnwork_sxgone Show the field ONLY if: [baseline_arm_1][returnwork] = "1"	At the time you returned to work, had ALL of your symptoms resolved (even if you tested negative for COVID-19)? *ef1415*	yesno, Required 1 Yes 0 No Custom alignment: LV

	187	returnwork_sxremain Show the field ONLY if: [baseline_arm_1][returnwork_sxgone] = "0"	Which of the following symptoms did you still have when you returned to work? *ef3160*	checkbox, Required 16, returnwork_sxremain___16, Abdominal pain 19, returnwork_sxremain___19, Bruised toes or feet 6, returnwork_sxremain___6, Changes in my ability to smell or taste 10, returnwork_sxremain___10, Chest pain or chest tightness 7, returnwork_sxremain___7, Chills 2, returnwork_sxremain___2, Cough 15, returnwork_sxremain___15, Diarrhea 18, returnwork_sxremain___18, Fatigue (unusual feeling of tiredness) 4, returnwork_sxremain___4, Fever (greater than 100°F or 37.8°C) 9, returnwork_sxremain___9, Headache 17, returnwork_sxremain___17, Loss of appetite 5, returnwork_sxremain___5, Myalgia (muscle aches) 14, returnwork_sxremain___14, Nausea (sick to your stomach) or vomiting 12, returnwork_sxremain___12, Rhinorrhea (runny nose) 8, returnwork_sxremain___8, Rigors (sudden feeling of cold with shaking) 3, returnwork_sxremain___3, Severe respiratory illness, including pneumonia 1, returnwork_sxremain___1, Shortness of breath or difficulty breathing 13, returnwork_sxremain___13, Sinus or nasal congestion 11, returnwork_sxremain___11, Sore throat Custom alignment: LV
	188	hholdprec Show the field ONLY if: [baseline_arm_1][stopwork] = "1"	While you were at home away from work, did you take any new precautions to protect your household members [select all that apply]? *ef3440*	checkbox, Required 1, hholdprec___1, I moved out of my residence 2, hholdprec___2, I stayed in my residence, but I was completely isolated from my family (stayed in another part of the home during day time and sleeping) 3, hholdprec___3, I stayed in my residence and used a separate bathroom 4, hholdprec___4, I stayed in my residence and ate my meals separately 5, hholdprec___5, I stayed in my residence and routinely wore a mask 6, hholdprec___6, None of these, or I live alone 7, hholdprec___7, Other, please specify {hholdprec_spec} Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "6"

	189	hholdprec_spec Show the field ONLY if: [baseline_arm_1][hholdprec (7)] = "1"	What? *ef2754*	text
	190	returnwork_negtest Show the field ONLY if: [baseline_arm_1][returnwork] = "1"	Before you went back to work, were you required to have negative COVID-19 testing? *ef2884*	radio, Required 1 Yes - I was required to have one negative nasal, nasopharyngeal, or oral (nose, throat, or saliva) test 2 Yes - I was required to have two or more negative nasal, nasopharyngeal, or oral (nose, throat, or saliva) test 3 No - I was able to return to work after a certain time from my COVID-19 test or symptoms had passed 4 No - I was able to return to work as soon as my symptoms resolved Custom alignment: LV
	191	missedworkn Show the field ONLY if: [baseline_arm_1][returnwork] = "1"	Approximately how many previously scheduled work days did you miss for this episode of illness. For instance, if you were off work for 7 calendar days but were only scheduled to work 3 of those days, please answer "3". *ef1321*	text, Required Custom alignment: LV
	192	returnwork_addprec Show the field ONLY if: [baseline_arm_1][returnwork] = "1"	Did you take any additional precautions when you returned to work (that you would not have used previously)? [select all that apply] If your precautions did not change, please answer NO. *ef3980*	checkbox, Required 1 returnwork_addprec___1 Yes - I wore more personal protective equipment, or the same PPE more often, when I returned to work 2 returnwork_addprec___2 Yes - I did not work in shared workspaces 3 returnwork_addprec___3 Yes - I worked a different schedule when I returned to work 4 returnwork_addprec___4 Yes - I took care of different types of patients when I returned to work 5 returnwork_addprec___5 No - I used the same procedures and precautions as before Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "5"
	193	universal_often Show the field ONLY if: [baseline_arm_1][returnwork] = "1"	How often did you practice universal masking at work (e.g., wearing a mask for your entire shift in the hospital [excluding eating and drinking]) after recovering from your recent illness? *ef1320*	radio, Required 1 All the time 2 Most of the time 3 Sometimes 4 Rarely or never Custom alignment: LV

	194	med_cond	Section Header: *Your Medical History* Have you been diagnosed with any the following chronic medical conditions by a healthcare provider? [select all that apply] *ef2279_eip37*	checkbox, Required 1, med_cond___1, Asthma 2, med_cond___2, Allergic rhinitis 3, med_cond___3, COPD/Emphysema 4, med_cond___4, Other chronic lung disease 5, med_cond___5, Hypertension (high blood pressure) 6, med_cond___6, Coronary artery disease 7, med_cond___7, Other heart condition (e.g., valve abnormality, history of non-coronary heart surgery, pacemaker) 8, med_cond___8, Stroke 9, med_cond___9, Diabetes mellitus, type I 10, med_cond___10, Diabetes mellitus, type II 27, med_cond___27, Diabetes mellitus, unspecified type 11, med_cond___11, Chronic kidney disease 12, med_cond___12, Dialysis 13, med_cond___13, Solid organ transplant (kidney, liver, lungs, heart) 14, med_cond___14, Hematopoietic stem cell transplant 15, med_cond___15, Autoimmune or rheumatologic disease 26, med_cond___26, Other immunosuppressing condition 16, med_cond___16, Active cancer 17, med_cond___17, Deep vein thrombosis or pulmonary embolism 18, med_cond___18, Chronic liver disease 19, med_cond___19, Depression or other mood disorder 20, med_cond___20, Anxiety 21, med_cond___21, Other mental health condition 22, med_cond___22, Movement disorders 23, med_cond___23, Other medical conditions, please specify {condoth_desc} 24, med_cond___24, None of these 25, med_cond___25, Prefer not to answer Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "24"
	195	condoth_desc Show the field ONLY if: [baseline_arm_1][med_cond(23)] = "1"	Please specify your other medical condition(s). *ef2873*	text
	196	recent_a1c Show the field ONLY if: [baseline_arm_1][med_cond(9)] = "1" or [baseline_arm_1][med_cond(10)] = "1" or [baseline_arm_1][med_cond(27)] = "1"	Do you know what your most recent hemoglobin A1C was? *ef3607*	yesno, Required 1, Yes 0, No Custom alignment: LV

	197	a1c Show the field ONLY if: [baseline_arm_1][recent_a1c] = "1"	What was it (estimate is okay)? *ef1387*	text, Required Custom alignment: LV
	198	immeds	Do you currently take any immune suppressing medications (for autoimmune disease, rheumatoid arthritis, organ transplant, or otherwise) or chemotherapy? *ef2789_eip38*	radio, Required 1 Yes 0 No 2 Prefer not to answer Custom alignment: LV
	199	smoke	Which best characterizes your smoking status (includes tobacco, e-cigarettes, vaping, or marijuana)? *ef3689_eip40/41*	radio, Required 0 Never smoked 1 Current smoker (defined as any use within the last 30 days) 2 Former smoker (defined as a previous user with no use within the last 30 days) 3 Prefer not to answer Custom alignment: LV
	200	smoke_yrs Show the field ONLY if: [baseline_arm_1][smoke] = "1"	How many years have you been smoking/vaping (approximately)? Please round to the nearest year, and if started smoking/vaping less than 1 year ago, please enter 1 year. *ef1698_eip41*	text, Required Custom alignment: LV
	201	frsmoke_yrs Show the field ONLY if: [baseline_arm_1][smoke] = "2"	How many total years did you smoke/vape before you quit (approximately)? Please round to the nearest year, and if you have smoked/vaped for less than 1 year, please enter 1 year. *ef1094_eip41a*	text, Required Custom alignment: LV
	202	frsmoke_qt Show the field ONLY if: [baseline_arm_1][smoke] = "2"	How many years ago did you quit (approximately)? Please round to the nearest year, and if you quit less than 1 year ago, please enter 1 year. *ef2193_eip41b*	text, Required Custom alignment: LV
	203	preg	Are you currently pregnant? *ef3375_eip37*	radio, Required 1 Yes 0 No 2 Prefer not to answer Custom alignment: LV
	204	preg_wk Show the field ONLY if: [baseline_arm_1][preg] = "1"	How many weeks of pregnancy were you at the time of your COVID-19 test on [screening_arm_1][covdt]? Please round to the nearest week. *ef4539_eip37*	text (integer, Min: 0, Max: 45), Required Custom alignment: LV
	205	height	What is your height (inches)? 4ft 10in = 58 inches 5ft 0in = 60 inches 5ft 2in = 62 inches 5ft 4in = 64 inches 5ft 6in = 66 inches 5ft 8in = 68 inches 5ft 10in = 70 inches 6ft 0in = 72 inches 6ft 2in = 74 inches *ef2619_eip33*	text (integer, Min: 54, Max: 80), Required
	206	weight	What is your weight (pounds)? *ef3210_eip34*	text (integer, Min: 80, Max: 400), Required
	207	sex	Section Header: *Demographics* What sex were you assigned at birth, on your original birth certificate? *ef2435_eip36*	radio 1 Male 2 Female 3 Refused 4 I don't know Custom alignment: LV

	208	sex_describe	How do you currently describe yourself? *ef4403_eip31a*	radio 1, Male 2, Female 3, Transgender 4, None of these Custom alignment: LV
	209	ethnicity	How do you define your ethnicity? *ef4387_eip35*	radio 1, Hispanic or Latino 0, Not Hispanic or Latino Custom alignment: LV
	210	race	How do you define your race [select all that apply]? *ef4637_eip36*	checkbox 1, race___1, American Indian or Alaska Native 2, race___2, Asian 3, race___3, Black or African American 4, race___4, Native Hawaiian or other Pacific Islander 5, race___5, White Custom alignment: LV
	211	education	What is your highest level of education completed? *ef2601_eip42*	radio 1, Less than high school 2, Some high school 3, High school diploma or GED 4, Some college, without a college degree 5, Technical degree or Associate degree 6, Bachelor's degree 7, Master's degree 8, Doctoral or professional degree Custom alignment: LV
	212	income	What is your yearly household income? *e1221_eip43*	radio 1, Less than $25,000 2, $25,000 to $49,999 3, $50,000 to $74,999 4, $75,000 to $99,999 5, $100,000 to $199,999 6, $200,000 or more 7, Prefer not to answer Custom alignment: LV
	213	insur_provider	What is your primary health insurance type? *ef3868_eip44/45*	radio 1, Private insurance 2, Military 3, Medicare 4, Medicaid or state assistance program 5, Indian Health Service 6, Other, please specify {ins_provspec} 0, I do not have health insurance Custom alignment: LV

	214	ins_provspec Show the field ONLY if: [baseline_arm_1][insur_provider] ="6"	Please specify *ef2796*	text
	215	insur_covtype Show the field ONLY if: [baseline_arm_1][insur_provider] <> "0"	What type of coverage does your primary health insurance provide? *ef3579*	radio 1 Full coverage 2 Partial coverage (e.g., emergencies only, hospitalizations only) 3 Unknown Custom alignment: LV
	216	remindermsg Show the field ONLY if: [baseline_arm_1][totalcovidtests] > "0" or [baseline_arm_1][cov19vacc] = "1" or [baseline_arm_1][flu] = "1"	REMINDER: If you have COVID-19 test records to upload now, please use the 'Testing Verification Form'.If you have vaccine records to upload now, please use the 'Vaccine Verification Form'.If you need to upload records at a later time, you will receive an e-mail with a link where you can provide verification at a later date.Files can be uploaded as a photograph or pdf.	descriptive
	217	baseline_enrollment_survey_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: **Follow-up Final Survey Participant** (followup_final_survey_participant) Enabled as survey Collapse				
	218	followupdt	Follow-up date complete *fu3421*	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @TODAY
	219	days_index	Calculation: Days between index and baseline survey	calc Calculation: datediff([screening_arm_1][indexdt], [baseline_arm_1][baselinedt], 'd') Field Annotation: @HIDDEN
	220	rcv_covidvacc	Calculation: Received covid vaccine (calculation across baseline variables and CT follow-up 1)	calc Calculation: if ([baseline_arm_1][cov19vacc]='1',1, if ([baseline_arm_1][clintrial_arm]='1',1, if ([baseline_arm_1][clintrial_plac]='1',1, if([ct_check_1_arm_1][clintrial_alloc]='1', 1, 0)))) Field Annotation: @HIDDEN
	221	followup_testing Show the field ONLY if: [followup_arm_1][days_index] <14	Your last survey was completed on [baseline_arm_1][baselinedt]. Did you have any additional COVID-19 tests between [baseline_arm_1][baselinedt] and [screening_arm_1][end_index]? *fu4786*	yesno, Required 1 Yes 0 No Custom alignment: LV
	222	addlcovidtests Show the field ONLY if: [followup_arm_1][followup_testing] = "1"	How many additional COVID-19 nasal, nasopharyngeal, or saliva tests have you had? *fu1574*	text, Required Custom alignment: LV
	223	covtesting_2 Show the field ONLY if: [followup_arm_1][followup_testing] = "1"	COVID Test 4 COVID Test 5 COVID Test 6 On what date was the test performed? {covtestdate4} {covtestdate5} {covtestdate6} Where was your test performed? {covtestloc4} {covtestloc5} {covtestloc6} What was the reason? {covtestwhy4} {covtestwhy5} {covtestwhy6} How would you like us to get your results? {covtestverify4} {covtestverify5} {covtestverify6}	descriptive

	224	fp_test_date_warn_1 Show the field ONLY if: (([followup_arm_1][covtestdate4]<>"" and [baseline_arm_1][baselinedt]<>"" and (datediff([baseline_arm_1][baselinedt], [followup_arm_1][covtestdate4], "d", "mdy", true)<0))) or ([followup_arm_1][covtestdate4]<>"" and [screening_arm_1][end_index]<>"" and (datediff([screening_arm_1][end_index], [followup_arm_1][covtestdate4], "d", "mdy", true)>0))	The testing date reported in 'COVID test 4' occurs outside of the date range of [baseline_arm_1][baselinedt] to [screening_arm_1][end_index]. Please revise this testing date.	descriptive
	225	fp_test_date_warn_2 Show the field ONLY if: (([followup_arm_1][covtestdate5]<>"" and [baseline_arm_1][baselinedt]<>"" and (datediff([baseline_arm_1][baselinedt], [followup_arm_1][covtestdate5], "d", "mdy", true)<0))) or ([followup_arm_1][covtestdate5]<>"" and [screening_arm_1][end_index]<>"" and (datediff([screening_arm_1][end_index], [followup_arm_1][covtestdate5], "d", "mdy", true)>0))	The testing date reported in 'COVID test 5' occurs outside of the date range of [baseline_arm_1][baselinedt] to [screening_arm_1][end_index]. Please revise this testing date.	descriptive
	226	fp_test_date_warn_3 Show the field ONLY if: (([followup_arm_1][covtestdate6]<>"" and [baseline_arm_1][baselinedt]<>"" and (datediff([baseline_arm_1][baselinedt], [followup_arm_1][covtestdate6], "d", "mdy", true)<0))) or ([followup_arm_1][covtestdate6]<>"" and [screening_arm_1][end_index]<>"" and (datediff([screening_arm_1][end_index], [followup_arm_1][covtestdate6], "d", "mdy", true)>0))	The testing date reported in 'COVID test 6' occurs outside of the date range of [baseline_arm_1][baselinedt] to [screening_arm_1][end_index]. Please revise this testing date.	descriptive
	227	covtestdate4 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "1"	On what date (approximately) was this test performed? *fu4558*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON
	228	covtestloc4 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "1"	Where was your test performed? *fu3005*	radio, Required 1, Employee health/occupational health clinic 2, Employer-sponsored testing center 3, Personal health care provider 4, Public testing center not affiliated with my place of employment 5, Emergency department or walk-in clinic (urgent care) 6, In the hospital because I was being admitted for an overnight stay 7, Someplace else {covtestlocspec4} Custom alignment: LV
	229	covtestlocspec4 Show the field ONLY if: [followup_arm_1][covtestloc4] = "7"	Where? *fu3788*	text

	230	covtestwhy4 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "1"	What was the reason the test was performed? *fu4620*	checkbox, Required 1, covtestwhy4___1, I had symptoms that could have been caused by COVID-19 2, covtestwhy4___2, I had an occupational or workplace exposure 3, covtestwhy4___3, I had exposure outside of the workplace 4, covtestwhy4___4, Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure) 5, covtestwhy4___5, Other {covtestwhyspec4} 6, covtestwhy4___6, Not sure Custom alignment: LV
	231	covtestwhyspec4 Show the field ONLY if: [followup_arm_1][covtestwhy4(5)] = "1"	Why? *fu1632*	text
	232	covtestverify4 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "1"	We need to verify the results of your COVID-19 test. How would you like us to get the results of your COVID-19 test? *fu1969*	radio, Required 1, Contact my occupational/employee health clinic. 2, Contact my health care provider. 3, Contact the public testing center. 4, I will provide a copy of my test result myself now (photo or pdf). 5, I will provide a copy of my test result myself when it is available (photo or pdf). Custom alignment: LV
	233	covtestdate5 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "2"	On what date (approximately) was this test performed? *fu3706*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON
	234	covtestloc5 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "2"	Where was your test performed? *fu1237*	radio, Required 1, Employee health/occupational health clinic 2, Employer-sponsored testing center 3, Personal health care provider 4, Public testing center not affiliated with my place of employment 5, Emergency department or walk-in clinic (urgent care) 6, In the hospital because I was being admitted for an overnight stay 7, Someplace else {covtestlocspec5} Custom alignment: LV
	235	covtestlocspec5 Show the field ONLY if: [followup_arm_1][covtestloc5] = "7"	Where? *fu3728*	text

	236	covtestwhy5 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "2"	What was the reason the test was performed? *fu3728*	checkbox, Required 1, covtestwhy5___1, I had symptoms that could have been caused by COVID-19 2, covtestwhy5___2, I had an occupational or workplace exposure 3, covtestwhy5___3, I had exposure outside of the workplace 4, covtestwhy5___4, Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure) 5, covtestwhy5___5, Other {covtestwhyspec5} 6, covtestwhy5___6, Not sure Custom alignment: LV
	237	covtestwhyspec5 Show the field ONLY if: [followup_arm_1][covtestwhy5(5)] = "1"	Why? *fu4984*	text
	238	covtestverify5 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "2"	We need to verify the results of your COVID-19 test. How would you like us to get the results of your COVID-19 test? *fu1360*	radio, Required 1, Contact my occupational/employee health clinic. 2, Contact my health care provider. 3, Contact the public testing center. 4, I will provide a copy of my test result myself now (photo or pdf). 5, I will provide a copy of my test result myself when it is available (photo or pdf). Custom alignment: LV
	239	covtestdate6 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "3"	On what date (approximately) was this test performed? *fu1212*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON
	240	covtestloc6 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "3"	Where was your test performed? *fu1212*	radio, Required 1, Employee health/occupational health clinic 2, Employer-sponsored testing center 3, Personal health care provider 4, Public testing center not affiliated with my place of employment 5, Emergency department or walk-in clinic (urgent care) 6, In the hospital because I was being admitted for an overnight stay 7, Someplace else {covtestlocspec6} Custom alignment: LV
	241	covtestlocspec6 Show the field ONLY if: [followup_arm_1][covtestloc6] = "7"	Where? *fu1212*	text

	242	covtestwhy6 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "3"	What was the reason the test was performed? *fu2680*	checkbox, Required 1, covtestwhy6___1, I had symptoms that could have been caused by COVID-19 2, covtestwhy6___2, I had an occupational or workplace exposure 3, covtestwhy6___3, I had exposure outside of the workplace 4, covtestwhy6___4, Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure) 5, covtestwhy6___5, Other {covtestwhyspec6} 6, covtestwhy6___6, Not sure Custom alignment: LV
	243	covtestwhyspec6 Show the field ONLY if: [followup_arm_1][covtestwhy6(5)] = "1"	Why? *fu2559*	text
	244	covtestverify6 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "3"	We need to verify the results of your COVID-19 test. How would you like us to get the results of your COVID-19 test? *fu1081*	radio, Required 1, Contact my occupational/employee health clinic. 2, Contact my health care provider. 3, Contact the public testing center. 4, I will provide a copy of my test result myself now (photo or pdf). 5, I will provide a copy of my test result myself when it is available (photo or pdf). Custom alignment: LV
	245	coviduploadmsg2 Show the field ONLY if: [followup_arm_1][covtestverify4] = "4" or [followup_arm_1][covtestverify5] = "4" or [followup_arm_1][covtestverify6] = "4" or [followup_arm_1][covtestverify4] = "5" or [followup_arm_1][covtestverify5] = "5" or [followup_arm_1][covtestverify6] = "5"	If you have COVID-19 test records to upload now, please use the 'Testing Verification Form' to upload these results after you have completed the baseline survey.If you need to upload records at a later time, you will receive an e-mail with a link where you can provide verification at a later date. Files can be uploaded as a photograph or pdf. *ef3603*	descriptive
	246	addtl_testing2 Show the field ONLY if: [followup_arm_1][days_index] <14	Your last survey was completed on [baseline_arm_1][baselinedt]. Did you have any additional testing (influenza, respiratory viruses/bacteria, urine) between [baseline_arm_1][baselinedt] and [screening_arm_1][end_index]? *fu4192*	yesno, Required 1, Yes 0, No Custom alignment: LV
	247	addltest_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1"	Please indicate which additional tests you have had and provide the date of testing. Test Completed Date Influenza {influenza_2} {influenzadate_2} Other respiratory viruses (adenovirus, rhinovirus) {respvirus_2} {respvirusdate_2} Respiratory bacteria (mycoplasma, streptococcus) {respbac_2} {respbacdate_2} Urine testing (legionella) {urine_2} {urinedate_2}	descriptive

	248	fp_infl_test_date_warn Show the field ONLY if: (([followup_arm_1][influenzadate_2]<>"" and [baseline_arm_1][baselinedt]<>"" and (datediff([baseline_arm_1][baselinedt], [followup_arm_1][influenzadate_2], "d", "mdy", true)<0))) or ([followup_arm_1][influenzadate_2]<>"" and [screening_arm_1][end_index]<>"" and (datediff([screening_arm_1][end_index], [followup_arm_1][influenzadate_2], "d", "mdy", true)>0))	The testing date reported for influenza occurs outside of the date range of [baseline_arm_1][baselinedt] to [screening_arm_1][end_index]. Please revise this testing date.	descriptive
	249	fp_oth_test_date_warn Show the field ONLY if: (([followup_arm_1][respvirusdate_2]<>"" and [baseline_arm_1][baselinedt]<>"" and (datediff([baseline_arm_1][baselinedt], [followup_arm_1][respvirusdate_2], "d", "mdy", true)<0))) or ([followup_arm_1][respvirusdate_2]<>"" and [screening_arm_1][end_index]<>"" and (datediff([screening_arm_1][end_index], [followup_arm_1][respvirusdate_2], "d", "mdy", true)>0))	The testing date reported for other respiratory viruses occurs outside of the date range of [baseline_arm_1][baselinedt] to [screening_arm_1][end_index]. Please revise this testing date.	descriptive
	250	fp_oth_bac_test_date_warn Show the field ONLY if: (([followup_arm_1][respbacdate_2]<>"" and [baseline_arm_1][baselinedt]<>"" and (datediff([baseline_arm_1][baselinedt], [followup_arm_1][respbacdate_2], "d", "mdy", true)<0))) or ([followup_arm_1][respbacdate_2]<>"" and [screening_arm_1][end_index]<>"" and (datediff([screening_arm_1][end_index], [followup_arm_1][respbacdate_2], "d", "mdy", true)>0))	The testing date reported for other respiratory bacteria occurs outside of the date range of [baseline_arm_1][baselinedt] to [screening_arm_1][end_index]. Please revise this testing date.	descriptive
	251	fp_urine_test_date_warn Show the field ONLY if: (([followup_arm_1][urinedate_2]<>"" and [baseline_arm_1][baselinedt]<>"" and (datediff([baseline_arm_1][baselinedt], [followup_arm_1][urinedate_2], "d", "mdy", true)<0))) or ([followup_arm_1][urinedate_2]<>"" and [screening_arm_1][end_index]<>"" and (datediff([screening_arm_1][end_index], [followup_arm_1][urinedate_2], "d", "mdy", true)>0))	The urine testing date reported occurs outside of the date range of [baseline_arm_1][baselinedt] to [screening_arm_1][end_index]. Please revise this testing date.	descriptive
	252	influenza_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1"	Influenza *fu3275*	radio, Required 1, Yes 0, No 2, I don't know Custom alignment: LV

	253	influenzadate_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1" and [followup_arm_1][influenza_2] = "1"	Please provide the date of testing *fu1990*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
	254	respvirus_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1"	Other respiratory viruses (adenovirus, rhinovirus) *fu1386*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
	255	respvirusdate_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1" and [followup_arm_1][respvirus_2] = "1"	Please provide the date of testing *fu3610*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
	256	respbac_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1"	Other respiratory bacteria (mycoplasma, streptococcus) *fu2958*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
	257	respbacdate_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1" and [followup_arm_1][respbac_2] = "1"	Please provide the date of testing *fu3033*	text (date_mdy), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
	258	urine_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1"	Urine testing (legionella) *fu3782*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
	259	urinedate_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1" and [followup_arm_1][urine_2] = "1"	Please provide the date of testing *fu4443*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
	260	addhlthcare Show the field ONLY if: [followup_arm_1][days_index] <14	Section Header: *Your Medical Care* Your last survey was completed on [baseline_arm_1][baselinedt]. Have you seen a health care provider for any reason between [baseline_arm_1][baselinedt] and [screening_arm_1][end_index]? Please include ALL health care visits to primary care clinic, urgent care/walk-in clinic, emergency department and hospital admissions for any reason except mental health. Hospital admission means that you stayed in the hospital overnight in an inpatient room or observation unit. Do not include a visit only for the purpose of testing if you did not see a healthcare provider. *fu3325*	yesno, Required 1 Yes 0 No Custom alignment: LV
	261	hlthcareutilmsg_2 Show the field ONLY if: [addhlthcare]="1"	After you have completed this form, you will be asked to report details on each of these healthcare visits.	descriptive
	262	blood_2 Show the field ONLY if: [followup_arm_1][days_index] < 14	In the period from [baseline_arm_1][baselinedt] and [screening_arm_1][end_index], did anyone (for example, a doctor, nurse, or lab technician) collect blood from you for COVID-19 testing? *fu3578*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV

	263	blood_result_2 Show the field ONLY if: [followup_arm_1][blood_2] = "1"	Do you know what the test result was? *fu4328*	radio, Required 1 Yes. It was positive, meaning that it showed evidence of COVID-19 infection 2 Yes. It was negative, meaning that it showed NO evidence of COVID-19 infection 0 No. I don't know my result or it was indeterminate (neither positive or negative) Custom alignment: LV
	264	returnwork_2 Show the field ONLY if: [baseline_arm_1][stopwork] = "1" and [baseline_arm_1][returnwork] = "0"	Section Header: *Your Job* Have you returned to work now? *fu3614*	yesno, Required 1 Yes 0 No Custom alignment: LV
	265	returnworkdt_2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	On what date (approximately) did you return to work? *fu3547*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
	266	returnwork_who2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	Who was responsible for the decision for you to resume work? [select all that apply] *fu2103*	checkbox, Required 1 returnwork_who2___1 My employee/occupational health clinic 2 returnwork_who2___2 My department head/supervisor 3 returnwork_who2___3 My primary care provider or another personal physician/provider 6 returnwork_who2___6 I followed the policy of my employer 4 returnwork_who2___4 It was my decision 5 returnwork_who2___5 Other {returnwork_whospec2} Custom alignment: LV
	267	returnwork_whospec2 Show the field ONLY if: [followup_arm_1][returnwork_who2(5)] = "1"	Who? *fu4632*	text
	268	returnworkself2 Show the field ONLY if: [followup_arm_1][returnwork_who2(4)] = "1"	How did you decide that you could return to work? [select all that apply] *fu4452*	checkbox, Required 1 returnworkself2___1 My symptoms had resolved, so I decided to go back to work 2 returnworkself2___2 I felt better, but I still had symptoms 3 returnworkself2___3 I used the guidelines of a national organization or my local health system to decide that I met criteria to return to work 4 returnworkself2___4 I had a follow-up test and it was negative Custom alignment: LV
	269	returnworksx2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	When you returned to work, had your symptoms improved? *fu3945*	radio, Required 1 Yes 0 No 2 Not sure Custom alignment: LV

	270	hholdprec2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	While you were at home away from work, did you take any new precautions to protect your household members [select all that apply]? *fu1441*	checkbox, Required 1, hholdprec2___1, I moved out of my residence 2, hholdprec2___2, I stayed in my residence, but I am completely isolated from my family (stay in another part of the house during day time and sleeping) 3, hholdprec2___3, I stayed in my residence and used a separate bathroom 4, hholdprec2___4, I stayed in my residence and ate my meals separately 5, hholdprec2___5, I stayed in my residence and routinely wore a mask 6, hholdprec2___6, None of these, or I live alone 7, hholdprec2___7, Other {hholdprec_spec2} Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "6"
	271	hholdprec_spec2 Show the field ONLY if: [followup_arm_1][hholdprec2(7)] = "1"	What? *fu2570*	text Custom alignment: LV
	272	returnwork_sxgone2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	At the time you returned to work, had ALL of your symptoms resolved (even if you tested negative for COVID-19)? *fu4739*	yesno, Required 1, Yes 0, No Custom alignment: LV

	273	returnwork_sxremain2 Show the field ONLY if: [followup_arm_1][returnwork_sxgone2] = "0"	Which of the following symptoms did you still have when you returned to work? *fu1001*	checkbox, Required 16, returnwork_sxremain2___16, Abdominal pain 19, returnwork_sxremain2___19, Bruised toes or feet 6, returnwork_sxremain2___6, Changes in my ability to smell or taste 10, returnwork_sxremain2___10, Chest pain or chest tightness 7, returnwork_sxremain2___7, Chills 2, returnwork_sxremain2___2, Cough 15, returnwork_sxremain2___15, Diarrhea 18, returnwork_sxremain2___18, Fatigue (unusual feeling of tiredness) 4, returnwork_sxremain2___4, Fever (greater than 100°F or 37.8°C) 9, returnwork_sxremain2___9, Headache 17, returnwork_sxremain2___17, Loss of appetite 5, returnwork_sxremain2___5, Myalgia (muscle aches) 14, returnwork_sxremain2___14, Nausea (sick to your stomach) or vomiting 12, returnwork_sxremain2___12, Rhinorrhea (runny nose) 8, returnwork_sxremain2___8, Rigors (sudden feeling of cold with shaking) 3, returnwork_sxremain2___3, Severe respiratory illness, including pneumonia 1, returnwork_sxremain2___1, Shortness of breath or difficulty breathing 13, returnwork_sxremain2___13, Sinus or nasal congestion 11, returnwork_sxremain2___11, Sore throat Custom alignment: LV
	274	returnwork_negtest2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	Before you went back to work, were you required to have negative COVID-19 testing? *fu3014*	radio, Required 1, Yes - I needed to have one negative nasal, nasopharyngeal, or oral (nose, throat, or saliva) test 2, Yes - I needed to have two or more negative nasal, nasopharyngeal, or oral (nose, throat, or saliva) test 3, No - I was able to return to work after a certain time from my COVID-19 test passed 4, No - I was able to return to work as soon as my symptoms resolved Custom alignment: LV
	275	missedworkn2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	Approximately how many previously scheduled work days did you miss for this episode of illness. For example, if you were off work for 7 calendar days but were only scheduled to work 3 of those days, please answer "3". *fu4671*	text, Required Custom alignment: LV

	276	returnwork_addprec2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	Did you take any additional precautions when you returned to work (that you would not have used previously)? [select all that apply] If your precautions did not change, please answer NO. *fu3405*	checkbox, Required 1 returnwork_addprec2___1 Yes - I wore more personal protective equipment when I returned to work 2 returnwork_addprec2___2 Yes - I did not work in shared workspaces 3 returnwork_addprec2___3 Yes - I worked a different schedule when I returned to work 4 returnwork_addprec2___4 Yes - I took care of different types of patients when I returned to work 5 returnwork_addprec2___5 No - I used the same procedures and precautions as before Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "5"
	277	universal_often2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	How often did you practice universal masking at work (e.g., wearing a mask for your entire shift in the hospital [excluding eating and drinking]) after recovering from your recent illness? *fu1675*	radio, Required 1 All the time 2 Most of the time 3 Sometimes 4 Rarely or never Custom alignment: LV
	278	covidvacc_whyheader Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "1"	Section Header: *Your Vaccination* Think back to when you decided to get the COVID-19 vaccine. To what extent were the following considerations important to your decision to get the vaccine?	descriptive
	279	employreq Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "1"	My employer required me to get itfu1524	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	280	employrec Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "1"	My employer recommended that I get it fu1795	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	281	pcprec Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "1"	My personal health care provider recommended that I get itfu1322	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important

	282	nocovid Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "1"	I didn't want to get COVID-19fu2322	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	283	protectfam Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "1"	I wanted to protect my family and friends fu1634	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	284	protectpts Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "1"	I wanted to protect my vulnerable patientsfu3245	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	285	example Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "1"	I wanted to set a good example for my colleagues or my patientsfu2154	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	286	clintrial Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "1"	I participated in a clinical trialfu1198	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	287	vacc_oth Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "1"	Other, please specify {covidvacc_whyspec}fu1855	radio (Matrix) 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	288	covidvacc_whyspec Show the field ONLY if: [followup_arm_1][vacc_oth] <> "0" and [followup_arm_1][vacc_oth] <> ""	Why? *fu3854*	text
	289	rcv_covidvacc_safe Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "1"	At the time you received your first dose of the COVID-19 vaccine, to what extent did you think the COVID-19 vaccine was safe? *fu1038*	radio, Required 1 I thought it was very safe 2 I thought it was safe 3 I was undecided 4 I thought it was unsafe 5 I thought it was very unsafe Custom alignment: LV

	290	rcv_covidvacc_safenow Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "1"	Now, to what extent did you think the COVID-19 vaccine is safe? *fu1469*	radio, Required 1 I think it is very safe 2 I think it is safe 3 I am undecided 4 I think it is unsafe 5 I think it is very unsafe Custom alignment: LV
	291	rcv_covidvacc_eff Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "1"	At the time you received your first dose of the COVID-19 vaccine, to what extent did you think the COVID-19 vaccine was effective? *fu2690*	radio, Required 1 I thought it was very effective 2 I thought it was effective 3 I was undecided 4 I thought it was ineffective 5 I thought it was very ineffective Custom alignment: LV
	292	rcv_covidvacc_effnow Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "1"	Now, to what extent did you think the COVID-19 vaccine is effective? *fu3764*	radio, Required 1 I think it is very effective 2 I think it is effective 3 I am undecided 4 I think it is ineffective 5 I think it is very ineffective Custom alignment: LV
	293	nocovidvacc_whyheader Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	Think back to when the COVID-19 vaccine was available in your area. To what extent were the following reasons important regarding why you were NOT vaccinated?	descriptive
	294	notavailable Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	COVID-19 vaccination was not available to me yet (because other job classifications were vaccinated first)fu2356	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	295	unsafe Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	I was concerned that it was not safefu1892	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	296	ineffective Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	I was concerned the vaccine was not effectivefu2541	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important

	297	planning Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	I was planning to get vaccinated, but I just hadn't gotten in to get my vaccine yetfu1957	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	298	immune Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	I think I already had COVID-19, so I think I am immune to infectionfu2965	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	299	notafraid Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	I don't have any serious medical problems, so I am not afraid of getting COVID-19fu3125	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	300	novacc_oth Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	Other, please specify {nocovidvacc_whyspec}fu3365	radio (Matrix) 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	301	nocovidvacc_whyspec Show the field ONLY if: [followup_arm_1][novacc_oth] <> "0" and [followup_arm_1][novacc_oth] <> ""	Why? *fu4047*	text
	302	no_covidvacc_safe Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	At the time you first heard that COVID-19 vaccine was available, to what extent did you think the COVID-19 vaccine was safe? *fu1785*	radio, Required 1 I thought it was very safe 2 I thought it was safe 3 I was undecided 4 I thought it was unsafe 5 I thought it was very unsafe Custom alignment: LV
	303	no_covidvacc_safenow Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	Now, to what extent did you think the COVID-19 vaccine is safe? *fu1956*	radio, Required 1 I think it is very safe 2 I think it is safe 3 I am undecided 4 I think it is unsafe 5 I think it is very unsafe Custom alignment: LV

	304	no_covidvacc_eff Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	At the time you first heard that COVID-19 vaccine was available, to what extent did you think the COVID-19 vaccine was effective? *fu2561*	radio, Required 1 I thought it was very effective 2 I thought it was effective 3 I was undecided 4 I thought it was ineffective 5 I thought it was very ineffective Custom alignment: LV
	305	no_covidvacc_effnow Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	Now, to what extent did you think the COVID-19 vaccine is effective? *fu1721*	radio, Required 1 I think it is very effective 2 I think it is effective 3 I am undecided 4 I think it is ineffective 5 I think it is very ineffective Custom alignment: LV
	306	no_covidvacc_plans Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	Which of the following statements describes your current plans regarding the COVID-19 vaccine? [choose one] *fu1141*	radio, Required 1 I intend to get it as soon as possible. 2 I intend to wait to see how it affects others in the community before I get it 3 I do not intend on getting it soon, but might sometime in the future 4 I do not intend to ever get the vaccine Custom alignment: LV
	307	personalrisk	I believe my personal risk of acquiring COVID-19 is: *fu2893*	radio, Required 1 Very high 2 High 3 Average 4 Low 5 Very low Custom alignment: LV
	308	medcondition	I have a medical condition or age that places me at high risk of a bad outcome if I become ill with COVID-19. *fu3383*	yesno, Required 1 Yes 0 No Custom alignment: LV
	309	dr_recomm	Section Header: *Please rate each of the following sources of information on how much they influenced your decision about whether or not to get the COVID-19 vaccine.* My doctor's recommendationfu1657	radio (Matrix), Required 0 Not at all 1 Slightly 2 Moderately 3 Strongly
	310	medliterature	Primary medical literature or peer-reviewed medical journalsfu1356	radio (Matrix), Required 0 Not at all 1 Slightly 2 Moderately 3 Strongly
	311	eduseminars	Education seminars, recommendations, or materials provided by my employerfu1287	radio (Matrix), Required 0 Not at all 1 Slightly 2 Moderately 3 Strongly

	312	trustedfriends	Information from trusted friends or familyfu1087	radio (Matrix), Required 0 Not at all 1 Slightly 2 Moderately 3 Strongly
	313	coworkers	Information from co-workersfu2136	radio (Matrix), Required 0 Not at all 1 Slightly 2 Moderately 3 Strongly
	314	govtleaders	Information from state or national leadersfu2879	radio (Matrix), Required 0 Not at all 1 Slightly 2 Moderately 3 Strongly
	315	massmedia	Mass media (television, newspapers)fu3157	radio (Matrix), Required 0 Not at all 1 Slightly 2 Moderately 3 Strongly
	316	socialmedia	Social media (Facebook, Instagram, Twitter)fu1657	radio (Matrix), Required 0 Not at all 1 Slightly 2 Moderately 3 Strongly
	317	other_source	Other {vaccsource_oth}fu3225	radio (Matrix), Required 0 Not at all 1 Slightly 2 Moderately 3 Strongly
	318	vaccsource_oth Show the field ONLY if: [followup_arm_1][other_source] <> ""	What? *fu4263*	text
	319	limitedqc	Section Header: *To what extent do you agree with the following statements:* There has been limited quality control in the development of the COVID-19 vaccine due to the rapid timeline for developmentfu3984	radio (Matrix), Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree
	320	mildsx	Symptoms of COVID-19 are typically mild and thus vaccination is not important to mefu2259	radio (Matrix), Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree
	321	physimmun	Physiological immunity after having COVID-19 illness is better than getting the vaccinefu1657	radio (Matrix), Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree

	322	pubhlth_trust	The information I receive about vaccines from public health authorities is trustworthyfu4587	radio (Matrix), Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree
	323	ownreading	Section Header: *To what extent were the following considerations important to you in your decision making regarding the COVID-19 vaccine?* My own reading and research about the COVID-19 vaccinefu1689	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	324	pcp	My personal medical provider's recommendation that I get the COVID-19 vaccinefu1329	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	325	colleagues	Choices made by my colleagues at work about vaccinationfu1674	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	326	friends	Choices made by my friends and family about vaccinationfu1897	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	327	employer	My employer recommended that I get the COVID-19 vaccinefu2132	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	328	incentive	Specific incentive or reward provided by my employer for getting the vaccinefu2966	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	329	notavail	Section Header: *To what extent were the following concerns or barriers important to you in your decision making regarding the COVID-19 vaccine?* The COVID-19 vaccine is not readily available to mefu3214	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important

	330	sideeff	Risk of adverse (negative) side effects from the COVID-19 vaccinefu4357	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	331	cost	Cost of the COVID-19 vaccinefu2179	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	332	inconven	Inconvenience of getting the COVID-19 vaccinefu3254	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	333	dis_needles	Dislike of needles or receiving "shots"fu3456	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	334	religious	Religious or other personal beliefs that oppose vaccination in generalfu1665	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	335	preexist	Concern about the impact of a pre-existing medical condition that may increase my risks from vaccination (e.g., allergy, immune condition)fu2335	radio (Matrix), Required 0 Not applicable 1 Not important 2 A little important 3 Important 4 Very important
	336	vacc_concern_oth	Were there other important considerations that influenced your decision making regarding the COVID-19 vaccine beyond those listed above? *fu5432*	yesno, Required 1 Yes 0 No Custom alignment: LV
	337	vacc_concern_othspec Show the field ONLY if: [followup_arm_1][vacc_concern_oth] = "1"	What other considerations influenced your decision making? *fu3203*	text Custom alignment: LV
	338	children	Do you have children (even if they do not live with you)? *fu4603*	yesno, Required 1 Yes 0 No Custom alignment: LV

	339	vacc_child Show the field ONLY if: [children] = "1"	Did your child(ren) receive all childhood vaccinations according to the Centers for Disease Control (CDC) vaccine schedule (recommended by most pediatricians)? *fu2004*	radio, Required 1 Yes 0 No 2 My child(ren) received childhood vaccines, but not according to the standard vaccine schedule 3 I don't remember 4 I am/was not responsible for making my child(ren)'s health care decisions Custom alignment: LV
	340	fluvaccn	Of the previous 5 years (not including this year, 2015-2019), approximately how many years have you received the influenza vaccine? [choose one, estimates are okay] *fu4204*	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: LV
	341	fluvacc_barrier	What is the biggest barrier to your receiving the annual influenza vaccine? *fu4904*	radio, Required 1 Cost 2 Convenience 3 Safety risks 4 Limited effectiveness 5 Dislike of receiving injections 6 There is a reason I've been told not to have the vaccine because of my medical problems (e.g., allergy, immune condition) 7 Other, please specify {fluvacc_barrierspec} 8 There are no significant barriers for me to receive the influenza vaccine Custom alignment: LV
	342	fluvacc_barrierspec Show the field ONLY if: [followup_arm_1][fluvacc_barrier] = "7"	Why? *fu1403*	text
	343	famdx_covid	Have you had any close friends or family members who have been diagnosed with COVID-19? *fu2723*	yesno, Required 1 Yes 0 No Custom alignment: LV
	344	famdeath_covid Show the field ONLY if: [followup_arm_1][famdx_covid] = "1"	Have you had any close friends or family members who have died from COVID-19? *fu3023*	yesno, Required 1 Yes 0 No Custom alignment: LV
	345	covid_affectlife	To what extent would you say that COVID-19 has affected your life? Effects may include impact on your health, job, family, finances, community, or any other aspect of your life. *fu4093*	radio, Required 1 Very large effect 2 Large effect 3 Small effect 4 Very small effect 5 No effect Custom alignment: LV

	346	covidvacc_public	When COVID-19 vaccination is available to the general public, to what extent will you recommend that your patients or family members are vaccinated for COVID-19? *fu1574*	radio, Required 1 Strongly recommend that they receive the COVID-19 vaccine 2 Recommend that they receive the COVID-19 vaccine 3 Recommend that they NOT receive the COVID-19 vaccine 4 Strongly recommend that they NOT receive the COVID-19 vaccine 5 Recommend that they get vaccinated only if they have high risk factors for COVID-19 infection (otherwise I would not recommend vaccination) 6 I don't advise my patients, friends, or family members about vaccination Custom alignment: LV
	347	vacc_lifechange_header Show the field ONLY if: [followup_arm_1][rcv_covidvac] = "1"	In this section, we want to understand how receiving the COVID-19 vaccine changed the ways in which you lived your life.To what extent do you AGREE with the following statements:	descriptive
	348	after_lessppe Show the field ONLY if: [followup_arm_1][rcv_covidvac] = "1"	After receiving the COVID-19 vaccine, I use less personal protective equipment in my job.fu1589	radio (Matrix), Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree 0 Not applicable
	349	after_lessunivmask Show the field ONLY if: [followup_arm_1][rcv_covidvac] = "1"	After receiving the COVID-19 vaccine, I am less likely to practice universal masking (wearing a mask all day at work regardless of my exposures) than before being vaccinated.fu2344	radio (Matrix), Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree 0 Not applicable
	350	after_lesspubmask Show the field ONLY if: [followup_arm_1][rcv_covidvac] = "1"	After receiving the COVID-19 vaccine, I am less likely to wear a mask in public.fu3258	radio (Matrix), Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree 0 Not applicable
	351	after_morepubtrans Show the field ONLY if: [followup_arm_1][rcv_covidvac] = "1"	After receiving the COVID-19 vaccine, I am more likely to use public transportation or ride sharing (carpool, Uber, Lyft) transportation.fu2954	radio (Matrix), Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree 0 Not applicable
	352	after_morelggroups Show the field ONLY if: [followup_arm_1][rcv_covidvac] = "1"	After receiving the COVID-19 vaccine, I am more likely to be in locations with large groups of people.fu1833	radio (Matrix), Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree 0 Not applicable

	353	after_morerestaurant Show the field ONLY if: [followup_arm_1][rcv_covidvac] = "1"	After receiving the COVID-19 vaccine, I am more likely to eat inside in a restaurant.fu2134	radio (Matrix), Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree 0 Not applicable
	354	after_moretravel Show the field ONLY if: [followup_arm_1][rcv_covidvac] = "1"	After receiving the COVID-19 vaccine, I am more likely to travel for vacation to another city.fu2312	radio (Matrix), Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree 0 Not applicable
	355	after_moreflights Show the field ONLY if: [followup_arm_1][rcv_covidvac] = "1"	After receiving the COVID-19 vaccine, I am more likely to take a flight on an airplane.fu1465	radio (Matrix), Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree 0 Not applicable
	356	after_moreindoorrec Show the field ONLY if: [followup_arm_1][rcv_covidvac] = "1"	After receiving the COVID-19 vaccine, I am more likely to go to a gym or participate in indoor recreation.fu1921	radio (Matrix), Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree 0 Not applicable
	357	after_saferatwork Show the field ONLY if: [followup_arm_1][rcv_covidvac] = "1"	After receiving the COVID-19 vaccine, I am safer in my job.fu3116	radio (Matrix), Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree 0 Not applicable
	358	after_familysafter Show the field ONLY if: [followup_arm_1][rcv_covidvac] = "1"	After receiving the COVID-19 vaccine, my family is safer.fu3366	radio (Matrix), Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree 0 Not applicable
	359	after_familyfeelssafer Show the field ONLY if: [followup_arm_1][rcv_covidvac] = "1"	After receiving the COVID-19 vaccine, my family feels safer.fu1819	radio (Matrix), Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree 0 Not applicable
	360	after_volunteer Show the field ONLY if: [followup_arm_1][rcv_covidvac] = "1"	After receiving the COVID-19 vaccine, I volunteer to care for more COVID-19 patients or for higher risk patients.fu2777	radio (Matrix), Required 1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree 0 Not applicable

	361	workchange Show the field ONLY if: [followup_arm_1][rcv_covidvac] = "1"	My employer changed my work assignments after I was vaccinated for COVID-19. [select all that apply] *fu2349*	checkbox, Required 1 workchange___1 Yes - I have been assigned to responsibilities where I am more likely to be in close contact with COVID-19 patients. 2 workchange___2 Yes - My schedule has changed (e.g., work hours or days I work) 3 workchange___3 Yes - Something else has changed about my work assignments 0 workchange___0 No Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "0"
	362	fatigue	Section Header: *Now, it is approximately 6 weeks after your first symptoms. We want to understand which of the following symptoms you are STILL having. If it has been more than 6 weeks since your symptoms, try to answer about symptoms that you were having 6 weeks after your first symptoms started. You may have some of these symptoms whether you had COVID-19 or not.* Fatiguefu2654	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	363	cough	Coughfu2985	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	364	sob	Shortness of breathfu1142	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	365	congest	Sinus congestionfu4365	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	366	chestpain	Chest painfu2667	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	367	headache	Headachefu3289	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	368	dizziness	Dizzinessfu1658	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms

	369	jointpain	Persistent joint pains or muscle achesfu2478	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	370	musc_weak	Muscle weaknessfu1564	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	371	mvemnt_prob	Movement problems (such as tremor)fu1125	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	372	sore_throat	Sore throatfu1365	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	373	losstaste_smell	Loss of taste or smellfu3259	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	374	diarrhea	Diarrheafu4658	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	375	nausea	Nauseafu1779	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	376	vomiting	Vomitingfu3654	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	377	abd_pain	Abdominal painfu1554	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms

	378	confusion	Confusionfu1988	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	379	mem_diff	Difficulty with memoryfu1965	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	380	concen_diff	Difficulty with concentration or attentionfu1789	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	381	fever	Feverfu2347	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	382	chills	Chillsfu5423	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	383	wtloss	Weight lossfu4426	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	384	wtgain	Weight gainfu3745	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	385	exer_diff	Difficulty with exercisefu3569	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	386	sleep_diff	Trouble sleepingfu3324	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms

	387	anxpanic	Anxiety or panicfu2786	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	388	dep	Depressionfu2465	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
	389	complications	At any point during your recent illness, which of the following complications were you told that you experienced by a healthcare provider? [select all that apply] *fu1577*	checkbox, Required 1 complications___1 Blood clots in my legs, arms, or my lungs (deep venous thrombosis, pulmonary embolism) 2 complications___2 Heart attack (myocardial infarction) 3 complications___3 Ischemic stroke (a stroke with no bleeding in the brain) 4 complications___4 Hemorrhagic stroke (a stroke with bleeding in the brain) 5 complications___5 Multisystem inflammatory syndrome (MIS-A) 6 complications___6 Transient ischemic attack (temporary problem with blood flow to my brain that resolved completely) 7 complications___7 Seizure 8 complications___8 New heart failure 9 complications___9 None of the above Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "9"
	390	recovered	How much do you feel like you have recovered, from your pre-illness baseline health? [choose the BEST answer] *fu4908*	radio, Required 0 0% (I am as sick as I have ever been) 1 20% 2 40% 3 60% 4 80% 5 100% (I am fully recovered - back to normal) Custom alignment: LV
	391	anx2wk	In the last 2 weeks, how often have you been bothered by feeling nervous, anxious, or on edge? *fu3319*	radio, Required 0 Not at all 1 Several days 2 More than half of the days 3 Nearly every day Custom alignment: LV

	392	worry2wk	In the last 2 weeks, how often have you been bothered by not being able to stop or control worrying? *fu4982*	radio, Required 0 Not at all 1 Several days 2 More than half of the days 3 Nearly every day Custom alignment: LV
	393	interest2wk	In the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things? *fu3664*	radio, Required 0 Not at all 1 Several days 2 More than half of the days 3 Nearly every day Custom alignment: LV
	394	dep2wk	In the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless? *fu4250*	radio, Required 0 Not at all 1 Several days 2 More than half of the days 3 Nearly every day Custom alignment: LV
	395	followup_final_survey_participant_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: **Healthcare Utilization/Verification** (healthcare_utilizationverification) Enabled as survey Collapse				
	396	huv_shazam	huv shazam for javascript	descriptive Field Annotation: @HIDDEN
	397	visittype	Section Header: *Please report all health care visits in the period from [screening_arm_1][start_index] to [screening_arm_1][end_index]. Complete one form per health care visit. Do NOT report health care visits for mental health.* Please indicate which type of visit you are reporting. *hu1744*	radio, Required 1 Emergency department 2 Urgent care/walk-in clinic 3 Primary care clinic or another healthcare provider 4 Hospital admission Custom alignment: LV
	398	hlthcare_visitdate Show the field ONLY if: [visittype] = '1' or [visittype] = '2' or [visittype] = '3'	On what date (approximately) did you have this visit? *hu3413*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON
	399	visit_date_warn_1 Show the field ONLY if: (([baseline_arm_1][hlthcare_visitdate]<>"" and [screening_arm_1][indexdt]<>"" and (datediff([screening_arm_1][indexdt], [baseline_arm_1][hlthcare_visitdate], "d", "mdy", true)<0))) or ([baseline_arm_1][hlthcare_visitdate]<>"" and [screening_arm_1][end_index]<>"" and (datediff([screening_arm_1][end_index], [baseline_arm_1][hlthcare_visitdate], "d", "mdy", true)>0))	This visit date occurs outside of the date range of [screening_arm_1][indexdt] to [screening_arm_1][end_index]. Please revise this visit date.	descriptive

	400	illness_related	Was this visit related to your illness? *hu2824*	yesno, Required 1 Yes 0 No Custom alignment: LV
	401	hospadmdate Show the field ONLY if: [visittype] = "4"	On what date (approximately) did you have this visit? *hu3105*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON
	402	visit_date_warn_2 Show the field ONLY if: (([baseline_arm_1][hospadmdate]<>"" and [screening_arm_1][indexdt]<>"" and (datediff([screening_arm_1][indexdt], [baseline_arm_1][hospadmdate], "d", "mdy", true)<0))) or ([baseline_arm_1][hospadmdate]<>"" and [screening_arm_1][end_index]<>"" and (datediff([screening_arm_1][end_index], [baseline_arm_1][hospadmdate], "d", "mdy", true)>0))	This visit date occurs outside of the date range of [screening_arm_1][indexdt] to [screening_arm_1][end_index]. Please revise this visit date.	descriptive
	403	supplo2 Show the field ONLY if: [visittype] = "4"	At any point during your hospital stay, did you need supplemental oxygen (oxygen thorugh a tube in your nose [nasal cannula] or using an oxygen mask)? *hu3226*	yesno, Required 1 Yes 0 No Custom alignment: LV
	404	icucare Show the field ONLY if: [visittype] = "4"	At any point during your hospital stay, were you admitted to an intensive care unit (ICU)? *hu2991*	yesno, Required 1 Yes 0 No Custom alignment: LV
	405	ventilator Show the field ONLY if: [icucare] = "1"	During your stay in the ICU, were you ever intubated or placed on a ventilator to help you breathe (put to sleep and had a breathing tube put down your throat)? *hu3536*	yesno, Required 1 Yes 0 No Custom alignment: LV
	406	newvisit	Do you have another health care visit to report? *hu4179*	yesno, Required 1 Yes 0 No Custom alignment: LV
	407	hc_site	Site Verification Form *mv2274*	descriptive, Required Field Annotation: @HIDDEN-SURVEY
	408	mrverify_who	Who is completing this form? *mv2274*	text, Required Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	409	medrecupload	Please upload a copy of corresponding medical records. You may only upload one file per form. This may be uploaded as a photo or PDF. *mv4473*	file Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	410	admitdt	Encounter date (Admission date for hospital admissions or visit date for outpatient visits) *mv2012_eipmed17b*	text (date_mdy), Required Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY

	411	visit_date_warn_3 Show the field ONLY if: (([baseline_arm_1][admitdt]<>"" and [screening_arm_1][indexdt]<>"" and (datediff([screening_arm_1][indexdt], [baseline_arm_1][admitdt], "d", "mdy", true)<0))) or ([baseline_arm_1][admitdt]<>"" and [screening_arm_1][end_index]<>"" and (datediff([screening_arm_1][end_index], [baseline_arm_1][admitdt], "d", "mdy", true)>0))	This visit date occurs outside of the date range of [screening_arm_1][indexdt] to [screening_arm_1][end_index]. Please revise this visit date.	descriptive
	412	admitdt_ver	Was this visit able to be verified? *mv3859*	radio, Required 1, Yes 0, No Custom alignment: LV Field Annotation: @HIDDEN-SURVEY

	413	medhx_ver	Does the record include any documentation of the following medical history? [check all that apply] *mv1871_eip37*	checkbox, Required 1, medhx_ver___1, Asthma 2, medhx_ver___2, Allergic rhinitis 3, medhx_ver___3, COPD/Emphysema 4, medhx_ver___4, Other chronic lung disease 5, medhx_ver___5, Hypertension (high blood pressure) 6, medhx_ver___6, Coronary artery disease 7, medhx_ver___7, Other heart condition (e.g., valve abnormality, history of non-coronary heart surgery, pacemaker) 8, medhx_ver___8, Stroke 9, medhx_ver___9, Diabetes mellitus, type I 10, medhx_ver___10, Diabetes mellitus, type II 27, medhx_ver___27, Diabetes mellitus, unspecified type 11, medhx_ver___11, Chronic kidney disease 12, medhx_ver___12, Dialysis 13, medhx_ver___13, Solid organ transplant (kidney, liver, lungs, heart) 14, medhx_ver___14, Hematopoietic stem cell transplant 15, medhx_ver___15, Autoimmune or rheumatologic disease 26, medhx_ver___26, Other immunosuppressing condition 16, medhx_ver___16, Active cancer 17, medhx_ver___17, Deep vein thrombosis or pulmonary embolism 18, medhx_ver___18, Chronic liver disease 19, medhx_ver___19, Depression or other mood disorder 20, medhx_ver___20, Anxiety, obsessive compulsive and trauma-related disorders 21, medhx_ver___21, Cognitive disorders 22, medhx_ver___22, Movement disorders 28, medhx_ver___28, Alcohol use disorder 29, medhx_ver___29, Sleep disorders 23, medhx_ver___23, Other medical conditions 24, medhx_ver___24, None of these Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "24" @HIDDEN-SURVEY
	414	docfever	Was there any evidence of documented fever at any point during this visit (temperature greater than 100.0°F or 37.8°C? *mv1368*	yesno, Required 1, Yes 0, No Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	415	highestfever Show the field ONLY if: [docfever] = "1"	What was the highest reported or documented fever? *mv4377*	text, Required Field Annotation: @HIDDEN-SURVEY

	416	discdt1	Discharge date (or date of death for non-survivors) *mv4377_eipmed17c*	text (date_mdy), Required Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY
	417	transfer	Was this participant transferred FROM another hospital ? If so, please complete second form for the other hospital once this form is complete. *mv1447_eipmed17d*	yesno, Required 1 Yes 0 No Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	418	admitdt2 Show the field ONLY if: [transfer] = "1"	Transfer hospital admission date *mv2819_eipmed17f*	text (date_mdy), Required Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY
	419	icu Show the field ONLY if: [visittype] ='4'	Was the participant admitted to the ICU during this admission? *mv1618_eipmed18*	yesno, Required 1 Yes 0 No Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	420	admitdt3 Show the field ONLY if: [icu] = "1"	What was the date the participant was first admitted to the ICU? If the participant had multiple ICU visits during this hospital stay, please only report the dates for the first ICU stay. *mv4380_eipmed18a*	text (date_mdy), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY
	421	discdt3 Show the field ONLY if: [icu]='1'	What was the date the participant was first discharged from the ICU? If the participant had multiple ICU visits during this hospital stay, please only report the dates for the first ICU stay. *mv3582_eipmed18b*	text (date_mdy), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY
	422	desc_sysill Show the field ONLY if: [visittype] ='4'	Did the participant have any of the following clinical signs of severe systemic illness during the first 24 hours of hospitalization? Respiratory rate ≥ 30 breaths per minute {resprate} Heart rate ≥ 125 beats per minute {hrtrate} Oxygen saturation ≤ 93% on room at at sea level (or requiring supplemental oxygen to maintain oxygen saturation >93%) {sp02}	descriptive Field Annotation: @HIDDEN-SURVEY
	423	resprate Show the field ONLY if: [visittype] ='4'	Respiratory rate ≥ 30 breaths per minute *mv1874_eipmed19a*	radio 1 Yes 0 No 2 Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	424	hrtrate Show the field ONLY if: [visittype] ='4'	Heart rate ≥ 125 beats per minute *mv1874_eipmed19b*	radio 1 Yes 0 No 2 Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	425	sp02 Show the field ONLY if: [visittype] ='4'	Oxygen saturation ≤ 93% on room at at sea level (or requiring supplemental oxygen to maintain oxygen saturation >93%) *mv1874_eipmed19c*	radio 1 Yes 0 No 2 Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY

	426	desc_respfail Show the field ONLY if: [visittype] ='4'	Did the participant have evidence of respiratory failure (based on clinical signs or clinician diagnosis)? New BiPap or CPAP use (do not include night-time CPAP that was prescribed at home for non-COVID indications) {pap} High flow nasal cannula (Vapotherm, Optiflow) {hfnc} Intubation and mechanical ventilation {iv} Extracorporeal life support (ECLS) / Extracorporeal membrane oxygenation (ECMO) {ecmo}	descriptive Field Annotation: @HIDDEN-SURVEY
	427	pap Show the field ONLY if: [visittype] ='4'	New BiPap or CPAP use (do not include night-time CPAP that was prescribed at home for non-COVID indications) *mv2784_eipmed20a*	radio 1, Yes 0, No 2, Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	428	hfnc Show the field ONLY if: [visittype] ='4'	High flow nasal cannula (Vapotherm, Optiflow) *mv2784_eipmed20b*	radio 1, Yes 0, No 2, Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	429	iv Show the field ONLY if: [visittype] ='4'	Intubation and mechanical ventilation *mv2784_eipmed20c*	radio 1, Yes 0, No 2, Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	430	ecmo Show the field ONLY if: [visittype] ='4'	Extracorporeal life support (ECLS) / Extracorporeal membrane oxygenation (ECMO) *mv2784_eipmed20d*	radio 1, Yes 0, No 2, Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	431	vaso Show the field ONLY if: [visittype] ='4'	Was the participant treated with a continuous infusion of vasopressor therapy (dobutamine, dopamine, epinephrine, milrinone, phenylephrine, norepinephrine, vasopressin) during this hospital stay? *mv3787_eipmed21*	yesno, Required 1, Yes 0, No Custom alignment: LV Field Annotation: @HIDDEN-SURVEY

	432	neurodys Show the field ONLY if: [visittype] ='4'	Which (if any) diagnoses of acute neurologic dysfunction based on clinician diagnosis did the participant develop during this hospitalization? [select all that apply] *mv2871_eipmed22*	checkbox, Required 1, neurodys___1, Viral meningitis 2, neurodys___2, Viral encephalitis 3, neurodys___3, Acute disseminated encephalomyelitis (ADEM) 4, neurodys___4, Intracerebral hemorrhage (hemorrhagic stroke) 5, neurodys___5, Cerebral infarction (ischemic stroke) 6, neurodys___6, Guillain-Barre syndrome 7, neurodys___7, Transverse myelitis 8, neurodys___8, Ataxia 9, neurodys___9, Peripheral neuropathy 10, neurodys___10, None of these Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "10" @HIDDEN-SURVEY
	433	outcome Show the field ONLY if: [visittype] ='4'	What was the outcome of hospitalization? *mv2757_eipmed23*	radio, Required 1, Alive 2, Died Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	434	radiog	Did the participant have a chest x-ray, chest CT, or chest MRI performed during this visit? *mv2247_eipmed30*	yesno, Required 1, Yes 0, No Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	435	radiog_abnorm Show the field ONLY if: [radiog] = "1"	Was the result of the above test "normal"? *mv1355_eipmed30a*	yesno, Required 1, Yes 0, No Custom alignment: LV Field Annotation: @HIDDEN-SURVEY

	436	radiog_report Show the field ONLY if: [radiog_abnorm] = "0"	Which of the following abnormalities were noted? [check all that apply] *mv3520_eipmed30b*	checkbox, Required

1	radiog_report___1	Airspace density
2	radiog_report___2	Airspace opacity/opacification
3	radiog_report___3	Bronchopneumonia/pneumonia
4	radiog_report___4	Consolidation
5	radiog_report___5	Cavitations
6	radiog_report___6	Empyema
7	radiog_report___7	Enlarged epiglottis
8	radiog_report___8	Ground glass opacities
9	radiog_report___9	Interstitial infiltrate
17	radiog_report___17	Lobar infiltrate
18	radiog_report___18	Pleural effusion
19	radiog_report___19	Pneumomediastinum
20	radiog_report___20	Pneumothorax
21	radiog_report___21	Pulmonary embolism
22	radiog_report___22	Tracheal narrowing
23	radiog_report___23	Widened mediastinum

Custom alignment: LV
Field Annotation: @HIDDEN-SURVEY

	437	dischdiag	Did the participant have any of the following new diagnoses during hospitalization or at discharge? [select all that apply] *mv2752_eipmed31*	checkbox, Required

1	dischdiag___1	Acute encephalopathy/encephalitis
2	dischdiag___2	Acute liver failure
3	dischdiag___3	Acute renal failure/acute kidney injury/new hemodialysis
4	dischdiag___4	Acute respiratory distress syndrome (ARDS)
5	dischdiag___5	Acute respiratory failure
6	dischdiag___6	Ataxia
7	dischdiag___7	Guillan-Barre syndrome
8	dischdiag___8	Intracerebral hemorrhage/hemorrhagic stroke
9	dischdiag___9	Multisystem inflammatory syndrome in adults (MIS-A)
10	dischdiag___10	Myocarditis
17	dischdiag___17	Peripheral neuropathy
18	dischdiag___18	Ischemic stroke / cerebrovascular accident (CVA) / cerebral infarction
19	dischdiag___19	Seizures
20	dischdiag___20	Severe systemic illness due to COVID-19
21	dischdiag___21	Transverse myelitis
22	dischdiag___22	Viral meningitis
23	dischdiag___23	Viral encephalitis
0	dischdiag___0	None

Custom alignment: LV
Field Annotation: @HIDDEN-SURVEY
@NONEOFTHEABOVE='0'

	438	healthcare_utilizationverification_complete	Section Header: *Form Status* Complete?	dropdown 0, Incomplete 1, Unverified 2, Complete

Instrument: **Medical Record Requests** (medical_record_requests) Enabled as survey Collapse

	439	hlthcarefac	Section Header: *Complete one form per health care provider/facility that you have seen in the period from [screening_arm_1][start_index] to [screening_arm_1][end_index]. This information will be used to send you a medical records release form to sign.* Name of health care provider or facility *mr3942*	text, Required
	440	hlthcaretype	Please indicate which health care visit(s) and/or testing was completed at this health care facility [check all that apply] *mr3489*	checkbox, Required 1, hlthcaretype___1, COVID-19 test 5, hlthcaretype___5, COVID-19 vaccine 2, hlthcaretype___2, Influenza vaccine 3, hlthcaretype___3, Other respiratory testing (virus or bacteria) 4, hlthcaretype___4, Urine testing 6, hlthcaretype___6, Urgent care/walk-in visit 7, hlthcaretype___7, Primary care provider or another health care provider visit 8, hlthcaretype___8, Hospital admission 9, hlthcaretype___9, Emergency department visit Custom alignment: LV
	441	hlthcarecity	In what city is this facility located? *mr1132*	text, Required
	442	htlhcarestate	State *mr4364*	dropdown, Required AL, Alabama AK, Alaska AZ, Arizona AR, Arkansas CA, California CO, Colorado CT, Connecticut DE, Delaware DC, District of Columbia FL, Florida GA, Georgia HI, Hawaii ID, Idaho IL, Illinois IN, Indiana IA, Iowa KS, Kansas KY, Kentucky LA, Louisiana ME, Maine MD, Maryland MA, Massachusetts MI, Michigan MN, Minnesota

				MS Mississippi MO Missouri MT Montana NE Nebraska NV Nevada NH New Hampshire NJ New Jersey NM New Mexico NY New York NC North Carolina ND North Dakota OH Ohio OK Oklahoma OR Oregon PA Pennsylvania RI Rhode Island SC South Carolina SD South Dakota TN Tennessee TX Texas UT Utah VT Vermont VA Virginia WA Washington WV West Virginia WI Wisconsin WY Wyoming
	443	newhlthcarefac	Do you have another health care facility to provide information for? *mr3928*	yesno, Required 1 Yes 0 No Custom alignment: LV
	444	mrr_shazam	mrr shazam for javascript	descriptive Field Annotation: @HIDDEN
	445	medical_record_requests_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: **Monthly Check-in For Clinical Trial Participants** (monthly_checkin_for_clinical_trial_participants) Enabled as survey Collapse				
	446	clintrial_allocrcv	You told us during a prior survey that you had been enrolled in a vaccine trial, but you didn't know whether you had gotten the vaccine yet. Have you received your clinical trial allocation (whether your got the vaccine or not) yet? *ct2159*	yesno, Required 1 Yes 0 No Custom alignment: LV Stop actions on 0
	447	clintrial_alloc	To which group were you assigned? *ct3936*	radio, Required 1 Active vaccine 2 Placebo (NOT active vaccine) Custom alignment: LV

	448	clintriallttr	Do you have a letter from the clinical trial with your result (e.g., whether you received vaccine or placebo)? *ct2493*	yesno, Required 1 Yes 0 No Custom alignment: LV
	449	clintriallttrcopy Show the field ONLY if: [clintriallttr] = "1"	Can you provide us a copy of the letter? This letter can either be uploaded as a file or photograph. *ct2171*	yesno, Required 1 Yes 0 No Custom alignment: LV
	450	clintriallttr_upload Show the field ONLY if: [clintriallttrcopy] = "1"	To upload your COVID-19 clinical trials vaccine records, please use the 'Vaccine Verification Form' to upload these results after you have completed this form. Files can be uploaded as a photograph or pdf. *ct2730*	descriptive, Required
	451	sitecontact Show the field ONLY if: [clintriallttrcopy] = "0"	Do we have your permission to contact the coordinator or study physician for your clinical trial? We will ask them to provide us documentation of which group you were assigned to for the trial. *ct1635*	radio, Required 1 Please contact the clinical trial group 2 I will provide documentation myself Custom alignment: LV
	452	sitecontact_name Show the field ONLY if: [sitecontact] = "1"	Who should we contact (name)? *ct4549*	text, Required Custom alignment: LV
	453	sitecontact_type Show the field ONLY if: [sitecontact] = "1"	What is the best way to reach them? *ct3790*	radio, Required 1 E-mail {sitecontact_email} 2 Phone {sitecontact_phone} 3 Other {sitecontact_oth} Custom alignment: LV
	454	sitecontact_oth Show the field ONLY if: [sitecontact_type] = "3"	How? *ct2268*	text
	455	sitecontact_email Show the field ONLY if: [sitecontact_type] = "1"	Please enter the e-mail address. *ct2458*	text (email), Required Custom alignment: LV
	456	sitecontact_phone Show the field ONLY if: [sitecontact_type] = "2"	Please enter the phone number. *ct2458*	text (phone), Required Custom alignment: LV
	457	monthly_checkin_for_clinical_trial_participants_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: **Testing Verification Form** (testing_verification_form) Enabled as survey Collapse				
	458	testtype	Section Header: *During your recent PREVENT survey, you reported that you have had testing completed. Please use this form to report the type of testing that was completed and upload your documentation of this testing.* Which test are you reporting? *tv3695_eip16*	radio, Required 1 COVID-19 (SARS-CoV-2) 2 Influenza 3 Coronavirus (NOT SARS-CoV-2 - includes HKU1, NL63, 229E, OC43, and no subtype) 4 Other respiratory viral pathogens 5 Other respiratory bacterial pathogens Custom alignment: LV
	459	testupload	Please upload a copy of the corresponding test record. You may only upload one file per form. This may be uploaded as a photo or PDF. *tv4729*	file, Required Custom alignment: LV

	460	sc_test_header	This form is used to verify the results of any COVID-19 or other respiratory testing performed between [start_index] to [end_index]. Please request records to confirm each test. If you have a bulk download of testing results from your medical center which are confirmed to be accurate, you may complete this form without other source document verification (as long as you maintain in permanent storage testing source documentation). Patient report alone is insufficient for testing verification, though. Note that if you identify a test during a visit or by a provider that the participant did not report, please report this test. Please complete a different form for each test. *tv1605*	descriptive, Required Field Annotation: @HIDDEN-SURVEY
	461	testform_who	Who is completing this form? *tv1605*	text, Required Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	462	collectiondt	Please enter the date of sample collection. *tv1849_eip16*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY
	463	verifytest	Can this test be verified? *tv1060*	yesno, Required 1, Yes 0, No Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	464	covspectype Show the field ONLY if: [testtype] = "1"	Please select specimen type. *tv1839_eip16*	radio 1, Nose/throat swab 2, Blood 3, Saliva Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	465	covtesttype Show the field ONLY if: [testtype] = "1"	Please select test type. *tv3312_eip16*	radio, Required 1, PCR 2, Antigen 3, Antibody Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	466	covpcrtype Show the field ONLY if: [covtesttype] = "1"	Please select PCR test type. *tv1294_eip16*	dropdown 1, 1drop Inc. 2, 3B Blackbio Biotech India Ltd., a subsidiary of Kilpest India Ltd. 3, Abbott Diagnostics Scarborough, Inc. 4, Abbott Molecular Inc. 5, Access Bio, Inc. 6, Access Genetics, LLC 7, Acupath Laboratories, Inc. 8, Aeon Global Health 9, Agena Bioscience, Inc. 10, Akron Children's Hospital 11, Alimetrix, Inc. 12, Alpha Genomix Laboratories 13, Altona Diagnostics GmbH 14, Applied BioCode, Inc. 15, Applied DNA Sciences, Inc. 16, Assurance Scientific Laboratories

17	Atila BioSystems, Inc.
18	Avellino Lab USA, Inc.
19	BayCare Laboratories, LLC
20	Becton, Dickinson & Company (BD)
21	Beijing Wantai Biological Pharmacy Enterprise Co., Ltd.
22	BGI Genomics Co. Ltd
23	BillionToOne, Inc.
24	Binx health, Inc.
25	BioCore Co., Ltd.
26	Bioeksen R&D Technologies Ltd.
27	BioFire Defense, LLC
28	BioFire Diagnostics, LLC
29	Biomeme, Inc.
30	BioMérieux SA
31	Bio-Rad Laboratories, Inc
32	BioSewoom, Inc.
33	Boston Heart Diagnostics
34	Boston Medical Center
35	Centers for Disease Control and Prevention (CDC)
36	CENTOGENE US, LLC
37	Cepheid
38	ChromaCode Inc.
39	Clear Labs, Inc.
40	Cleveland Clinic Robert J. Tomsich Pathology and Laboratory Medicine Institute
41	Clinical Enterprise, Inc.
42	Clinical Reference Laboratory, Inc.
43	Clinical Research Sequencing Platform (CRSP), LLC at the Broad Institute of MIT and Harvard
44	Co-Diagnostics, Inc.
45	Color Genomics, Inc.
46	Compass Laboratory Services, LLC
47	Cue Health Inc.
48	Cuur Diagnostics
49	dba SpectronRX
50	Detectachem Inc.
51	DiaCarta, Inc
52	Diagnostic Solutions Laboratory, LLC
53	DiaSorin Molecular LLC
54	DNA Genotek Inc.
55	DxTerity Diagnostics, Inc.
56	Eli Lilly and Company
57	Enzo Life Sciences, Inc.
58	Ethos Laboratories
59	Euroimmun US, Inc.
60	Everlywell, Inc.
61	Exact Sciences Laboratories
62	Express Gene LLC, DBA: Express Gene Molecular Diagnostics Laboratory

63	Fast Track Diagnostics Luxembourg S.á.r.l. (a Siemens Healthineers Company)
64	Fluidigm Corporation
65	Fosun Pharma USA Inc.
66	Fulgent Therapeutics, LLC
67	Gencurix, Inc.
68	Gene By Gene
69	GeneMatrix, Inc.
70	Genetrack Biolabs, Inc.
71	Genetron Health (Beijing) Co., Ltd.
72	GenMark Diagnostics, Inc.
73	GenoSensor, LLC
74	George Washington University Public Health Laboratory
75	GK Pharmaceuticals Contract Manufacturing Operations
76	Gnomegen LLC
77	Gravity Diagnostics, LLC
78	Guardant Health, Inc.
79	HealthQuest Esoterics
80	Helix OpCo LLC (dba Helix)
81	Hologic, Inc.
82	Illumina, Inc.
83	InBios International, Inc
84	Infinity BiologiX LLC
85	Inform Diagnostics, Inc.
86	Ipsum Diagnostics, LLC
87	ISPM Labs, LLC dba Capstone Healthcare
88	Jiangsu Bioperfectus Technologies Co., Ltd.
89	Jiangsu CoWin Biotech Co., Ltd.
90	Kaiser Permanente Mid-Atlantic States
91	KimForest Enterprise Co., Ltd.
92	KogeneBiotech Co., Ltd.
93	KorvaLabs Inc.
94	LabGenomics Co., Ltd.
95	Laboratorio Clinico Toledo
96	Laboratory Corporation of America (LabCorp)
97	LifeHope Labs
98	Lucira Health, Inc.
99	Luminex Corporation
100	Luminex Molecular Diagnostics, Inc.
101	LumiraDx UK Ltd.
102	Maccura Biotechnology (USA) LLC
103	Mammoth Biosciences, Inc.
104	Mesa Biotech Inc.
105	MiraDx
106	National Jewish Health
107	NeuMoDx Molecular, Inc.
108	Omnipathology Solutions Medical Corporation
109	OPTI Medical Systems, Inc.

110	OPTOLANE Technologies, Inc.
111	OSANG Healthcare
112	P23 Labs, LLC.
113	Patients Choice Laboratories, LLC
114	PerkinElmer, Inc.
115	Phosphorus Diagnostics LLC
116	PlexBio Co., Ltd.
117	Poplar Healthcare
118	PreciGenome LLC
119	Primerdesign Ltd.
120	PrivaPath Diagnostics, Inc.
121	Pro-Lab Diagnostics
122	Psomagen, Inc.
123	QDx Pathology Services
124	QIAGEN GmbH
125	Quadrant Biosciences Inc.
126	Quest Diagnostics Infectious Disease, Inc.
127	Quidel Corporation
128	RapidRona, Inc.
129	Rheonix, Inc.
130	Roche Molecular Systems, Inc. (RMS)
131	RTA Laboratories Biological Products Pharmaceutical and Machinery Industry
132	Sandia National Laboratories
133	Sansure BioTech Inc.
134	ScienCell Research Laboratories
135	SD Biosensor, Inc.
136	Seasun Biomaterials, Inc.
137	Seegene, Inc.
138	Sherlock BioSciences, Inc.
139	Solaris Diagnostics
140	SolGent Co., Ltd
141	Spectrum Solutions LLC
142	Stanford Health Care Clinical Virology Laboratory
143	T2 Biosystems, Inc.
144	TBG Biotechnology Corp.
145	Tempus Labs, Inc.
146	Texas Department of State Health Services, Laboratory Services Section
147	The Kroger Co.
148	The Ohio State University Wexner Medical Center
149	Thermo Fisher Scientific, Inc.
150	Tide Laboratories, LLC
151	TNS Co., Ltd (Bio TNS)
152	Trax Management Services Inc.
153	UCSF Health Clinical Laboratories, UCSF Clinical Labs at China Basin
154	UMass Memorial Medical Center

				155 University of Alabama at Birmingham Fungal Reference Lab 156 University of California San Diego Health 157 University of California, Los Angeles (UCLA) 158 University of Texas MD Anderson Cancer Center, Molecular Diagnostics Laboratory 159 Vela Operations Singapore Pte Ltd 160 Verily Life Sciences 161 Viracor Eurofins Clinical Diagnostics 162 Visby Medical, Inc. 163 Wadsworth Center, New York State Department of Public Health's (CDC) 164 Wren Laboratories LLC 165 Xiamen Zeesan Biotech Co., Ltd. 166 Yale School of Public Health, Department of Epidemiology of Microbial Diseases 167 ZhuHai Sinochips Bioscience Co., Ltd. 168 Zymo Research Corporation 169 Other {covpcrtype_oth_v2} 170 Unknown Field Annotation: @HIDDEN-SURVEY
	467	covpcrtype_oth Show the field ONLY if: [covpcrtype] = "169"	Which one? *tv3087*	text Field Annotation: @HIDDEN-SURVEY
	468	covantitype Show the field ONLY if: [covtesttype] = "2"	Please select antigen test type. *tv3024_eip16*	radio, Required 1 BiaxNOW (card) 2 LumiraDx 3 BD Veritor 4 Sofia 2 5 Other {covantitype_oth} Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	469	covantitype_oth_v2 Show the field ONLY if: [covantitype] = "5"	Which one? *tv4785*	text Field Annotation: @HIDDEN-SURVEY
	470	covpcrresult_v2 Show the field ONLY if: [testtype] = "1"	What was the test result? *tv4907_eip16*	radio, Required 1 Negative (NO evidence of SARS-CoV-2) 2 Positive (evidence of SARS-CoV-2) 3 Pending 4 Unknown 5 Indeterminate Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	471	flutesttype Show the field ONLY if: [testtype] = "2"	Please select the test type. *tv1917_eip29*	radio, Required 1 PCR 2 Antigen Custom alignment: LV Field Annotation: @HIDDEN-SURVEY

	472	flutestresult Show the field ONLY if: [testtype] = "2"	What was the test result? *tv3288_eip29*	radio, Required 1 Negative (NO evidence of influenza) 2 Positive (evidence of influenza) 3 Pending 4 Indeterminate 5 Unknown Custom alignment: LV
	473	coronatesttype Show the field ONLY if: [testtype] = "3"	Please select the test type. *tv2333_eip29*	radio, Required 1 PCR 2 Antigen Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	474	coronatestresult Show the field ONLY if: [testtype] = "3"	What was the test result? *tv4064_eip29*	radio, Required 1 Negative (NO evidence of Coronavirus) 2 Positive (evidence of Coronavirus) 3 Pending 4 Indeterminate 5 Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	475	viraltesttype Show the field ONLY if: [testtype] = "4"	Please select the test type. *tv2582_eip29*	radio, Required 1 PCR 2 Antigen Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	476	viraltestpos Show the field ONLY if: [testtype] = "4"	Please select any of the following that were POSITIVE (meaning there was evidence of infection with these pathogens): [select all that apply] *tv2583_eip29*	checkbox, Required 1 viraltestpos___1 Adenovirus 2 viraltestpos___2 Human metapneumovirus 3 viraltestpos___3 Human rhinovirus/Enterovirus 4 viraltestpos___4 Parainfluenza 5 viraltestpos___5 Respiratory Syncytial Virus 6 viraltestpos___6 Other {viraltestpos_oth} 0 viraltestpos___0 None of these/All were negative 7 viraltestpos___7 Results pending 8 viraltestpos___8 Unknown Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "0" @HIDDEN-SURVEY
	477	viraltestpos_oth Show the field ONLY if: [viraltestpos(6)] = "1"	What? *tv1064*	text Field Annotation: @HIDDEN-SURVEY
	478	bacspectype Show the field ONLY if: [testtype] = "5"	Please select the specimen type. *tv4827_eip29*	radio, Required 1 Nose/throat swab 2 Blood 3 Urine Custom alignment: LV Field Annotation: @HIDDEN-SURVEY

	479	bactesttype Show the field ONLY if: [testtype] = "5"	Please select the test type. *tv3429_eip29*	radio, Required 1 PCR 2 Antigen 3 Antibody 4 Culture Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	480	bactestpos Show the field ONLY if: [testtype] = "5"	Please select any of the following that were POSITIVE (meaning there was evidence of infection with these pathogens): [select all that apply] *tv3826_eip29*	checkbox, Required 1 bactestpos___1 Chlamydophila pneumniae 2 bactestpos___2 Legionella spp. 3 bactestpos___3 Mycoplasma pneumoniae 4 bactestpos___4 Streptococcus pneumoniae 5 bactestpos___5 Other {bactestpos_oth} 0 bactestpos___0 None of these/All were negative 6 bactestpos___6 Results pending 7 bactestpos___7 Unknown Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "0" @HIDDEN-SURVEY
	481	bactestpos_oth Show the field ONLY if: [bactestpos(5)] = "1"	What? *tv1158*	text Field Annotation: @HIDDEN-SURVEY
	482	testing_verification_form_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: **Vaccine Verification Form** (vaccine_verification_form) Enabled as survey Collapse				
	483	vacc_info	Please upload your vaccine information below.	descriptive
	484	vactype	Which vaccine type are you verifying? *vv4897_eipvaxform*	radio, Required 1 COVID-19 (SARS-CoV-2) 2 Influenza Custom alignment: LV
	485	vaccupload_verify	Please upload a copy of the corresponding vaccine record. You may only upload one file per form. This may be uploaded as a photo or PDF. *vv2257*	file Custom alignment: LV

	486	vac_instruc	Section Header: *Site Vaccination Verification Form* This form is used to verify the results of any vaccines reported. Please request records to confirm each vaccine, and all other vaccines in the records from health care providers. At a minimum, each individual should have the following sources queried:1. Employee health/occupational health clinic2. Institutional vaccination records3. State vaccine administration system/registry/VAMS4. Any self-identified health care providers, clinics, or hospitals that the participant recalls providing vaccination5. Any self-identified health care providers, clinics, or hospitals that provided care during the study periodWe want to capture all of the following vaccinations:1. COVID-19 vaccinations (all doses)2. Influenza vaccinations (all doses after September 1, 2020)If you have a bulk download of vaccine data from your medical center which are confirmed to be accurate, you may complete this form without other source document verification. Bulk download files must remain in permanent storage . Patient report alone is insufficient for vaccine verification. Please complete a different form for each vaccine dose. *vv2490*	descriptive, Required Field Annotation: @HIDDEN-SURVEY
	487	vacform_who	Who is completing this form? *vv2490*	text, Required Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	488	vacdt	Please enter the date of this vaccination. *vv4979*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY
	489	vacsource	What was the source of verification? *vv4406*	radio, Required 1, Employer bulk query 2, Employer individual source document (vaccination records) 3, State vaccine administration system/registry/VAMS 4, Non-employer health care provider (medical records) 5, Participant-provided records 6, Vaccine trial record Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	490	verifyvacc	Was this vaccine able to be verified? *vv3772*	yesno, Required 1, Yes 0, No Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	491	vac_covid19_man Show the field ONLY if: [vactype] = "1"	What was the manufacturer? *vv3662*	radio, Required 1, AstraZeneca 3, Moderna 4, Pfizer/BioNTech 2, Other {vac_covid19_manoth_v2} Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	492	vac_covid19_manoth Show the field ONLY if: [vac_covid19_man] = "2"	Which one? *vv2613*	text, Required Field Annotation: @HIDDEN-SURVEY
	493	vac_covid19_lot Show the field ONLY if: [vactype] = "1"	What was the lot number? *vv3723*	text Custom alignment: LV Field Annotation: @HIDDEN-SURVEY

	494	vac_flu Show the field ONLY if: [vactype] = "2"	What type of influenza vaccine was given? *vv3818*	radio, Required 1 Trivalent 2 Quadrivalent 3 Other {vac_flu_oth} Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	495	vac_flu_oth Show the field ONLY if: [vac_flu_oth] = "3"	Which one? *vv4229*	text, Required Field Annotation: @HIDDEN-SURVEY
	496	vac_flu_man Show the field ONLY if: [vactype] = "2"	What was the manufacturer ? *vv1426*	dropdown, Required 1 Afluria Quadrivalent (Seqirus) 2 Fluarix Quadrivalent (GlaxoSmithKline) 3 FluLaval Quadrivalent (GlaxoSmithKline) 4 Fluzone Quadrivalent (Sanofi Pasteur) 5 Flucelvax Quadrivalent (Seqirus) 6 Fluzone High-Dose Quadrivalent (Sanofi Pasteur) 7 Fluad Quadrivalent (Seqirus) 8 Fluad(Seqirus) 9 Flublok Quadrivalent (Sanofi Pasteur) 10 FluMist Quadrivalent (AstraZeneca) 11 Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	497	vac_flu_lot Show the field ONLY if: [vactype] = "2"	What was the lot number? *vv3869*	text Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
	498	vaccine_verification_form_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: **LAR Documentation** (lar_documentation)				Collapse
	499	verbalconsent	Was the participant able to provide verbal consent and complete an interview? *lar5864*	yesno, Required 1 Yes 0 No Custom alignment: LV
	500	larname Show the field ONLY if: [verbalconsent] = "0"	Who provided consent for the participant (name)? *lar4215*	text, Required Custom alignment: LV
	501	larcellphone Show the field ONLY if: [verbalconsent] = "0"	In the event further information is needed, please obtain cell phone number. *lar1478*	text, Required Custom alignment: LV
	502	larrltshp Show the field ONLY if: [verbalconsent] = "0"	What is the relationship to the participant? *lar3256*	radio, Required 1 Spouse/Partner 2 Parent 3 Sibling 4 Child Custom alignment: LV

	503	larobtain	Name of the individual who obtained consent/conducted the interview. *lar1756*	text, Required Custom alignment: LV
	504	lar_documentation_complete	Section Header: *Form Status* Complete?	dropdown 0, Incomplete 1, Unverified 2, Complete
Instrument: **Medical Record Release Form** (medical_record_release_form)				Collapse
	505	roi_sent_date	Date ROI sent to participant via DocuSign	text (datetime_seconds_mdy)
	506	roi_opened_date	DocuSign Open Date *Date the participant first (last?) viewed the documents*	text (datetime_seconds_mdy)
	507	roi_finished_date	DocuSign Finished Date *Date the user signed or declined the documents*	text (datetime_seconds_mdy)
	508	docusign_last_status	DocuSign Last Status *The most up to date status of the associated docusign envelope*	text
	509	docusign_envelope_id	Docusign Envelope ID *Unique identifier in DocuSign that reflects the documents emailed to the participant*	text
	510	provider	Provider *mrf1732*	text
	511	event_type	Event Type *mrf2751*	text
	512	signed_releaseform	Release Form *mrf5321*	file
	513	datesigned	Date signed *mrf3364*	text (date_mdy)
	514	mr_req_dt	Date Medical Record Requested	text (date_mdy)
	515	mr_req_by	Medical Records Requested by	text Field Annotation: @USERNAME
	516	mr_rec_dt	Date Medical Record Received	text (date_mdy)
	517	medical_record_release_form_complete	Section Header: *Form Status* Complete?	dropdown 0, Incomplete 1, Unverified 2, Complete
Instrument: **Project Completion Tracking** (project_completion_tracking)				Collapse
	518	pc_sympt_dt	Section Header: *This form displays survey completion dates as well as expected timeline for each participant. This is a READ-ONLY form.* Start of symptoms:	text (date_mdy) Field Annotation: @READONLY @CALCTEXT(if([screening_arm_1][screening_form_complete]="2",[screening_arm_1][indexdt], ""))
	519	pc_covid_test_date	Date of screening COVID-19 test	text (date_mdy) Field Annotation: @CALCTEXT(if([screening_arm_1][screening_form_complete]="2",[screening_arm_1][covdt], "")) @READONLY
	520	pc_screen_dt	Date of screening:	text (date_mdy) Field Annotation: @READONLY @CALCTEXT(if([screening_arm_1][screening_form_complete]="2",[screening_arm_1][screendt], ""))
	521	ideal_baseline_date	Ideal baseline date	text (date_mdy) Field Annotation: @HIDEBUTTON @CALCDATE([screening_arm_1][indexdt], 14, 'd') @READONLY
	522	overdue_baseline_date	OVERDUE baseline date	text (date_mdy) Field Annotation: @CALCDATE([screening_arm_1][indexdt], 21, 'd') @READONLY

	523	pc_baseline_date	Date baseline completed	text (date_mdy) Field Annotation: @READONLY @CALCTEXT(if([baseline_arm_1][baseline_enrollment_survey_complete]="2", [baseline_arm_1][baselinedt], ""))
	524	ideal_flup_date	Ideal Follow-up date (6 weeks after symptoms)	text (date_mdy) Field Annotation: @HIDEBUTTON @CALCDATE([screening_arm_1][indexdt], 42, 'd') @READONLY
	525	overdue_flup_date	OVERDUE Follow-up date (6 weeks after symptoms)	text (date_mdy) Field Annotation: @HIDEBUTTON @CALCDATE([screening_arm_1][indexdt], 49, 'd') @READONLY
	526	pc_flup_date	Date Follow-up completed	text (date_mdy) Field Annotation: @READONLY @CALCTEXT(if([followup_arm_1][followup_final_survey_participant_complete]="2", [followup_arm_1][followupdt], ""))
	527	survey_queue	Participant survey queue: [survey-queue-url]	descriptive
	528	project_completion_tracking_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: **Compensation** (compensation)				Collapse
	529	bline_check_date	Date baseline check requested	text (date_mdy, Min: 2020-11-20) Field Annotation: @HIDEBUTTON
	530	flup_check_date	Date follow-up check requested	text (date_mdy, Min: 2020-11-20) Field Annotation: @HIDEBUTTON
	531	compensation_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: **Facility Form Weekly** (facility_form_weekly)				Collapse
	532	please_complete_this_form	Please complete this form for Sunday-Saturday ..	descriptive
	533	covvacc_onsite	Is COVID-19 vaccine being administered at your site? *ff4732*	yesno, Required 1 Yes 0 No Custom alignment: LV
	534	employee_covvaccn Show the field ONLY if: [covvacc_onsite] = "1"	How many UNIQUE employees have received the first dose of the COVID-19 vaccine in the last week (Sunday-Saturday)? *ff1205*	text, Required Custom alignment: LV
	535	employee_covtestn	How many employees were tested for COVID-19 in the last week (Sunday-Saturday)? *ff2800*	text, Required Custom alignment: LV
	536	employee_covdxn	How many employees were diagnosed with COVID-19 in the last week (Sunday-Saturday)? *ff4565*	text, Required Custom alignment: LV
	537	covptsn	How many total COVID-19 patients have been admitted to the hospital in the last week (Sunday-Saturday)? *ff4424*	text, Required Custom alignment: LV
	538	facility_form_weekly_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete