📖 Data Dictionary Codebook

09/14/2022 2:21pm

	#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
	1	[record_id]	Record ID	text
	~~Instrument:~~ **Screening Form** ~~(screening_form)~~		🗐 ~~Enabled as survey~~	
	2	[screendt]	Screen date complete *sf2354*	text (date_mdy) Field Annotation: @HIDDEN @TODAY
	3	[sixty_days_b4_tdy]	CALCULATION: Sixty days prior to today	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @CALCDATE([screendt],-60,'d')
	4	[ninety_days_b4_tdy]	CALCULATION: Ninety days prior to today	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @CALCDATE([screendt],-90,'d')
	5	[screening_shazam]	screening shazam	descriptive Field Annotation: @HIDDEN
	6	[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 4 surveys and documentation of COVID vaccines, COVID testing, and 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 6 months. 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
	7	[recruitment] Show the field ONLY if: [screening_arm_1][screening]="1"	Section Header: Before providing information about your recent COVID-19 test, we would like to know how you learned about this project [select all that apply] *sf1897*	checkbox 1 recruitment___1 | I received an email invitation. 2 recruitment___2 | I saw a flyer posted. 3 recruitment___3 | From another employee. Custom alignment: LV
	8	[hcp_status] Show the field ONLY if: [screening_arm_1][screening]="1"	Section Header: Are you currently working in a hospital or health care facility in any capacity? Please answer "yes" if you provide healthcare (even if you are providing that healthcare outside the hospital), work in a healthcare facility (even if your role does not involve providing healthcare), 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
	9	[wrkhome] Show the field ONLY if: [screening_arm_1][screening]="1"	In your job/role, 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
	10	[covdt] Show the field ONLY if: [screening_arm_1][screening]="1"	In the last 60 days ([screening_arm_1][sixty_days_b4_tdy]), when was your most recent COVID-19 test? If you have had more than one test, please list the date of your first positive COVID-19 test in the last 60 days. If you have never had a positive test, please list the date of your most recent negative COVID-19 test. *sf1922*	text (date_mdy, Min: [screening_arm_1][sixty_days_b4_tdy], Max: today), Required Custom alignment: LV Field Annotation: @HIDEBUTTON @FORCE-MINMAX
	11	[days_since_test]	CALCULATION: Days since positive or most recent negative COVID-19 test	calc Calculation: datediff([covdt],[screendt], "d") Field Annotation: @HIDDEN-SURVEY

12	[cov_result] Show the field ONLY if: [screening_arm_1][screening] ="1"	What was your test result on [screening_arm_1][covdt]? *sf1487*	radio, Required 	1	Positive
0	Negative
2	I don't know	 Custom alignment: LV
13	[cov_rapid] Show the field ONLY if: [screening_arm_1][cov_result] = "0"	Did you receive this negative test result in less than an hour? *sf2319*	radio, Required 	1	Yes
0	No	 Custom alignment: LV
14	[two_b4_test]	CALCULATION: Two weeks before test	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @CALCDATE([covdt], -14, 'd')
15	[priorenroll] Show the field ONLY if: [screening_arm_1][screening] ="1"	Have you been enrolled in Project PREVENT (this project) since August 1, 2022? *sf2345*	yesno, Required 	1	Yes
0	No	 Custom alignment: LV
16	[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 months after your initial symptom began)? *sf1187*	yesno, Required 	1	Yes
0	No	 Custom alignment: LV
17	[cov_sx] Show the field ONLY if: [screening_arm_1][screening] ="1"	In the two weeks prior to your recent COVID-19 test (including the date of your test on [covdt]), did you have any of the following COVID-19-like 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"

| 18 | [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 COVID-19-like symptoms? [select all that apply]
sf3241 | checkbox, Required |

		checkbox items
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'

| 19 | [cov_testdt_sx]

Show the field ONLY if:
[screening_arm_1][screening] =
"1" and [screening_arm_1][cov_
sx(0)] <> "1" | On the day of your COVID-19 test ([covdt]), did you have any COVID-19-like symptoms listed above?
sf1375 | yesno

1 Yes
0 No

Custom alignment: LV |

| 20 | [coughstartdt]

Show the field ONLY if:
[screening_arm_1][screening]
="1" and ([screening_arm_1][co
v_sx(2)]='1' or ([screening_arm_
1][cov_sx(0)]='1' AND [screenin
g_arm_1][cov_twowk_sx(2)]
='1')) | For this episode of illness, on what date did your cough start?
sf1234 | text (date_mdy, Min: [screening_arm_1] [ninety_days_b4_tdy], Max: today), Required
Field Annotation: @HIDEBUTTON |

| 21 | [coughend]

Show the field ONLY if:
[screening_arm_1][screening]
="1" and ([screening_arm_1][co
v_sx(2)]='1' or ([screening_arm_
1][cov_sx(0)]='1' AND [screenin
g_arm_1][cov_twowk_sx(2)]
='1')) | Has your cough ended?
sf1243 | yesno, Required

1 Yes
0 No

Custom alignment: LV |

| 22 | [coughenddt]

Show the field ONLY if:
[screening_arm_1][screening]
="1" and (([screening_arm_1][c
ov_sx(2)] = "1" OR ([screening_a
rm_1][cov_sx(0)] = "1" AND [scr
eening_arm_1][cov_twowk_sx
(2)]="1")) AND [screening_arm_
1][coughend] = "1") | On what date did your cough end?
sf3251 | text (date_mdy, Min: [screening_arm_1][coughstartdt], Max: today), Required
Field Annotation: @HIDEBUTTON @FORCE-MINMAX |

23	[cough_days_between]	Calculation: Days between cough start and end	calc Calculation: if ([coughstartdt]<>"" and [coughenddt]<>"", (datediff([coughenddt], [coughstartdt], "d","mdy",true)),0) Field Annotation: @HIDDEN-SURVEY @DEFAULT='0'
24	[cough_date_warn] Show the field ONLY if: [cough_days_between]>"0"	The cough end date occurs BEFORE the cough start date. Please review and update your cough symptoms dates.	descriptive
25	[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"))	For this episode of illness, on what date did your fever start? (Greater than 100 °F or 37.8 °C) *sf2254*	text (date_mdy, Min: [screening_arm_1][ninety_days_b4_tdy], Max: today), Required Field Annotation: @HIDEBUTTON
26	[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
27	[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, Min: [screening_arm_1][feverstartdt], Max: today), Required Field Annotation: @HIDEBUTTON @FORCE-MINMAX
28	[fever_days_between]	Calculation: Days between fever start and end	calc Calculation: if ([feverstartdt]<>"" and [feverenddt]<>"", (datediff([feverenddt], [feverstartdt], "d","mdy",true)),0) Field Annotation: @DEFAULT='0' @HIDDEN-SURVEY
29	[fever_date_warn] Show the field ONLY if: [fever_days_between]>"0"	The fever end date occurs BEFORE the fever start date. Please review and update your fever symptoms dates.	descriptive

| 30 | [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_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_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")) | For this episode of illness, on what date did your FIRST symptom start, other than a cough or a fever?
sf3367 | text (date_mdy, Min: [screening_arm_1][ninety_days_b4_tdy], Max: today), Required
Field Annotation: @HIDEBUTTON |

31	[cough_days]	Calculation: Days since cough started	calc Calculation: if ([coughstartdt]<>"", (datediff("today", [coughstartdt], "d")),0) Field Annotation: @HIDDEN-SURVEY @DEFAULT='0'
32	[fever_days]	Calculation: Days since fever started	calc Calculation: if ([feverstartdt]<>"", (datediff("today", [feverstartdt], "d")),0) Field Annotation: @HIDDEN-SURVEY
33	[other_days]	Calculation: Days since other symptoms started	calc Calculation: if ([sxstart]<>"", (datediff("today", [sxstart], "d")),0) Field Annotation: @HIDDEN-SURVEY
34	[indexdt]	Calculation: Earliest date of symptoms (symptomatic cases/controls) or test date (asymptomatic controls) (index date)	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @CALCTEXT(if([coughstartdt] = "" AND [feverstartdt] = "" AND [sxstart] = "", [covdt], 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], [covdt])))))
35	[dt_twilio_alert]	Datetime to send Twilio alert	text (datetime_mdy) Field Annotation: @CALCTEXT(if([screening_arm_1] [screening]='1',(concat([indexdt], " ", "08:30")), "")) @HIDDEN-SURVEY
36	[start_index]	Calculation: Beginning of index period	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @CALCDATE([indexdt], -14, 'd')
37	[end_index]	Calculation: End of index period	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @CALCDATE([indexdt], 14, 'd')

| 38 | [sxended]

Show the field ONLY if:
[screening_arm_1][screening]
="1" and ([screening_arm_1][co
v_sx(1)] = "1" or ([screening_ar
m_1][cov_sx(0)] = "1" AND [scre
ening_arm_1][cov_twowk_sx(1)]
= "1") or [screening_arm_1][cov
_sx(3)] = "1" or ([screening_arm
_1][cov_sx(0)] = "1" AND [screen
ing_arm_1][cov_twowk_sx(3)] =
"1") or [screening_arm_1][cov_s
x(5)] = "1" or ([screening_arm_
1][cov_sx(0)] = "1" AND [screeni
ng_arm_1][cov_twowk_sx(5)] =
"1") or [screening_arm_1][cov_s
x(6)] = "1" or ([screening_arm_
1][cov_sx(0)] = "1" AND [screeni
ng_arm_1][cov_twowk_sx(6)] =
"1") or [screening_arm_1][cov_s
x(7)] = "1" or ([screening_arm_
1][cov_sx(0)] = "1" AND [screeni
ng_arm_1][cov_twowk_sx(7)] =
"1") or [screening_arm_1][cov_s
x(8)] = "1" or ([screening_arm_
1][cov_sx(0)] = "1" AND [screeni
ng_arm_1][cov_twowk_sx(8)] =
"1") or [screening_arm_1][cov_s
x(9)] = "1" or ([screening_arm_
1][cov_sx(0)] = "1" AND [screeni
ng_arm_1][cov_twowk_sx(9)] =
"1") or [screening_arm_1][cov_s
x(10)] = "1" or ([screening_arm_
1][cov_sx(0)] = "1" AND [screeni
ng_arm_1][cov_twowk_sx(10)] =
"1") or [screening_arm_1][cov_s
x(11)] = "1" or ([screening_arm_
1][cov_sx(0)] = "1" AND [screeni
ng_arm_1][cov_twowk_sx(11)] =
"1") or [screening_arm_1][cov_s
x(12)] = "1" or ([screening_arm_
1][cov_sx(0)] = "1" AND [screeni
ng_arm_1][cov_twowk_sx(12)] =
"1") or [screening_arm_1][cov_s
x(13)] = "1" or ([screening_arm_
1][cov_sx(0)] = "1" AND [screeni
ng_arm_1][cov_twowk_sx(13)] =
"1") or [screening_arm_1][cov_s
x(14)] = "1" or ([screening_arm_
1][cov_sx(0)] = "1" AND [screeni
ng_arm_1][cov_twowk_sx(14)] =
"1") or [screening_arm_1][cov_s
x(15)] = "1" or ([screening_arm_
1][cov_sx(0)] = "1" AND [screeni
ng_arm_1][cov_twowk_sx(15)] =
"1") or [screening_arm_1][cov_s
x(16)] = "1" or ([screening_arm_
1][cov_sx(0)] = "1" AND [screeni
ng_arm_1][cov_twowk_sx(16)] =
"1") or [screening_arm_1][cov_s
x(17)] = "1" or ([screening_arm_
1][cov_sx(0)] = "1" AND [screeni
ng_arm_1][cov_twowk_sx(17)] =
"1") or [screening_arm_1][cov_s
x(18)] = "1" or ([screening_arm_
1][cov_sx(0)] = "1" AND [screeni
ng_arm_1][cov_twowk_sx(18)] =
"1") or [screening_arm_1][cov_s
x(19)] = "1" or ([screening_arm_
1][cov_sx(0)] = "1" AND [screeni
ng_arm_1][cov_twowk_sx(19)] =
"1")) | Have ALL your symptoms ended?
sf3530 | yesno, Required

| 1 | Yes |
| 0 | No |

Custom alignment: LV |

| 39 | [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 [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")) AND [screening_arm_1][sxended] = "1") | On what date did your LAST symptom end?
sf3593 | text (date_mdy, Max: today), Required
Field Annotation: @HIDEBUTTON @FORCE-MINMAX |

40	[other_sx_days_between]	Calculation: Days between other symptoms start and end	calc Calculation: if ([sxstart]<>"" and [sxstop]<>"", (datediff([sxstop], [sxstart], "d","mdy",true)),0) Field Annotation: @DEFAULT='0'@HIDDEN-SURVEY
41	[allsymp_date_warn] Show the field ONLY if: [other_sx_days_between]>"0"	The end date for all symptoms reported above occurs BEFORE the earliest symptom date ([sxstart]) you reported. Please review and update your symptoms dates.	descriptive
42	[covtestloc] Show the field ONLY if: [screening_arm_1][screening] = "1"	Where was your COVID-19 test performed? *sf1254_eip10bi/10ci*	radio, Required 1 At my employer (at occupational health/employee health or at the medical center where I work) 2 At a public testing center 3 At my primary health care provider 5 At home 4 At another location, please specify {covidtestloc_oth} Custom alignment: LV
43	[covidtestloc_oth] Show the field ONLY if: [screening_arm_1][covtestloc] = "4"	Where? *sf1765*	text
44	[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 7 Required weekly testing per new federal rules 5 Other, please specify {swabpwhyspec} Custom alignment: LV
45	[swabpwhyspec] Show the field ONLY if: [screening_arm_1][swabpwhy] = "5"	Why? *sf1312*	text
46	[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
47	[sx_eligible]	Section Header: 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

48	[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][days_since_test] < 60 and [screening_arm_1][cov_rapid] <> "1" and ([screening_arm_1][sx_eligible] = "1" or ([screening_arm_1][sx_eligible]="0" and [screening_arm_1][cov_result]="0")) and ([screening_arm_1][cont_emp] = "1" or [screening_arm_1][cont_emp] = "2") and [screening_arm_1][priorenroll_complete] <> "0", 1, 0) Custom alignment: RH Field Annotation: @HIDDEN-SURVEY
49	[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
50	[first_name]	First Name *sf2934_eip3*	text, Required
51	[first_nametrim]	first name trimmed for survey queue login	text Field Annotation: @HIDDEN-SURVEY @CALCTEXT(trim([screening_arm_1][first_name]))
52	[middle_initial]	Middle Initial *sf2920*	text
53	[last_name]	Last Name *sf2935_eip3*	text, Required
54	[last_nametrim]	last name trimmed for survey queue login	text Field Annotation: @HIDDEN-SURVEY @CALCTEXT(trim([screening_arm_1][last_name]))
55	[ineligible_reason]	CALCULATION: Reason Ineligible	text Field Annotation: @HIDDEN-SURVEY @CALCTEXT(if([hcp_status]='0', 'are not a health care provider', if([wrkhome]='1', 'work primarily from home', if([days_since_test] >60, 'were tested more than 60 days ago', if([cov_rapid]='1', 'had a negative COVID-19 antigen or quick test', if([sx_eligible]='0' and [cov_result]='1', 'had no COVID symptoms', if([cont_emp]='0', 'will not continue at this facility', if([priorenroll_complete]='0', 'did not complete previous PREVENT enrollment', if([screening]='0', 'Refused', 'Eligible')))))))))
56	[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 because you reported you [ineligible_reason]. 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
57	[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: @HIDEBUTTON
58	[agecalc]	CALCULATION: Age *sf3055*	calc Calculation: rounddown(datediff([screendt],[dob], "y")) Field Annotation: @HIDDEN-SURVEY
59	[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, Required | 1	Yes
0	No	 Custom alignment: LV
60	[dobmessage] Show the field ONLY if: ([screening_arm_1][eligible_calc] = "1") and [screening_arm_1][screening] = "1" and [screening_arm_1][age] = "0"	Please update your date of birth.	descriptive

61	[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
62	[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
63	[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
64	[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. Please note that you will need your first name, last name and date of birth as reported below to complete future surveys. Login information for future surveys: First name: [first_name] Last name: [last_name] Date of birth: [dob] You will now be taken to the project consent information.	descriptive
65	[ideal_baseline_date]	Ideal baseline date	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @HIDEBUTTON @CALCDATE([screening_arm_1][indexdt], 14, 'd') @READONLY
66	[overdue_baseline_date]	OVERDUE baseline date	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @CALCDATE([screening_arm_1][indexdt], 21, 'd') @READONLY
67	[ideal_flup_date]	Ideal Follow-up date (6 weeks after symptoms)	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @HIDEBUTTON @CALCDATE([indexdt], 42, 'd')
68	[overdue_flup_date]	OVERDUE Follow-up date (6 weeks after symptoms)	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @HIDEBUTTON @CALCDATE([screening_arm_1][indexdt], 49, 'd') @READONLY
69	[ideal_12_week_date]	Ideal 12 week survey date (12 weeks after symptoms)	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @HIDEBUTTON @CALCDATE([indexdt], 84, 'd')
70	[overdue_12_week_date]	OVERDUE 12 Week Follow-up date (12 weeks after symptoms)	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @HIDEBUTTON @CALCDATE([screening_arm_1][indexdt], 91, 'd') @READONLY
71	[ideal_6_mo_date]	Ideal 6 month survey date (6 months after symptoms)	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @HIDEBUTTON @CALCDATE([indexdt], 182, 'd')
72	[overdue_6_mo_date]	Overdue 6 month survey date (6 months after symptoms)	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @HIDEBUTTON @CALCDATE([screening_arm_1][indexdt], 189, 'd') @READONLY
73	[survey_queue_var]	Survey queue variable	text Field Annotation: @HIDDEN @DEFAULT="[survey-queue-url]"
74	[import_test1]	Calculation update push	yesno 1 Yes 0 No Field Annotation: @HIDDEN

	75	[screening_form_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Project Completion Tracking (project_completion_tracking)

	76	[pc_table]	Section Header: *This form displays survey completion dates as well as expected timeline for each participant. This is a READ-ONLY form except for the survey queue link.* Screening date: {pc_screening_dt} Eligibility status: {pc_eligbility} Consent date: {pc_consent_dtf} Index COVID test date: {pc_covdt_dt} Index date Begin Index Period End Index Period Symptoms {pc_index_dt} {pc_index_start} {pc_index_end} Completion date Ideal date Overdue date Baseline {pc_baseline_dt} {pc_ideal_bline_dt} {pc_overdue_bline_dt} 6 Week Follow-up {pc_flup_comp_dt} {pc_ideal_flup_dt} {pc_overdue_flup_dt} 12 Week Follow-up {pc_12_week_dt_2} {pc_ideal_12_wk_dt} {pc_overdue_12_wk_dt} 6 Month Follow-up {pc_6_mo_dt} {pc_ideal_6_mo_dt} {pc_overdue_6_mo_dt}	descriptive
	77	[survey_queue]	Participant survey queue link to share: [survey-queue-url] Open Survey Queue: Survey Queue.	descriptive
	78	[pc_index_dt]	Index date	radio 1 [screening_arm_1][indexdt] Field Annotation: @READONLY @DEFAULT='1'
	79	[pc_index_start]	Start index period	radio 1 [screening_arm_1][start_index] Field Annotation: @READONLY @DEFAULT='1'
	80	[pc_index_end]	End index period	radio 1 [screening_arm_1][end_index] Field Annotation: @READONLY @DEFAULT='1'
	81	[pc_screening_dtf]	Screening date:	text (date_mdy) Field Annotation: @HIDDEN @CALCDATE([screening_arm_1][survey-date-completed:screening_form:value],0,'d')
	82	[pc_screening_dt]	Screening date	radio 1 [project_tracking_arm_1][pc_screening_dtf] Field Annotation: @READONLY @DEFAULT='1'
	83	[pc_testing_dtf]	testing date:	text (date_mdy) Field Annotation: @HIDDEN @CALCDATE([screening_arm_1][covdt],0,'d')
	84	[pc_covdt_dt]	Index test date	radio 1 [screening_arm_1][covdt] Field Annotation: @READONLY @DEFAULT='1'
	85	[pc_bline_dtf]	baseline date calc:	text (date_mdy) Field Annotation: @HIDDEN @CALCDATE([baseline_arm_1][survey-date-completed:baseline_enrollment_survey:value],0,'d')
	86	[pc_baseline_dt]	Baseline completion date	radio 1 [project_tracking_arm_1][pc_bline_dtf] Field Annotation: @READONLY @DEFAULT='1'
	87	[pc_ideal_bline_dt]	Baseline ideal date	radio 1 [screening_arm_1][ideal_baseline_date] Field Annotation: @READONLY @DEFAULT='1'

88	[pc_overdue_bline_dt]	Baseline overdue date	radio 1 [screening_arm_1][overdue_baseline_date] Field Annotation: @READONLY @DEFAULT='1'
89	[pc_flup_dtf]	followup date calc:	text (date_mdy) Field Annotation: @HIDDEN @CALCDATE([followup_arm_1][survey-date-completed:followup_final_survey_participant:value],0,'d')
90	[pc_flup_comp_dt]	Follow-up completion date	radio 1 [project_tracking_arm_1][pc_flup_dtf] Field Annotation: @READONLY @DEFAULT='1'
91	[pc_ideal_flup_dt]	Follow-up ideal date	radio 1 [screening_arm_1][ideal_flup_date] Field Annotation: @READONLY @DEFAULT='1'
92	[pc_overdue_flup_dt]	Follow-up overdue date	radio 1 [screening_arm_1][overdue_flup_date] Field Annotation: @READONLY @DEFAULT='1'
93	[pc_12_week_dtf]	12 week follow-up date calc:	text (date_mdy) Field Annotation: @HIDDEN @CALCDATE([followup_arm_1][survey-date-completed:followup_12_week_long_COVID:value],0,'d')
94	[pc_12_week_dt_2]	12 week completion date	radio 1 [project_tracking_arm_1][pc_12_week_dtf] Field Annotation: @READONLY @DEFAULT='1'
95	[pc_ideal_12_wk_dt]	12 Week ideal date	radio 1 [screening_arm_1][ideal_12_week_date] Field Annotation: @READONLY @DEFAULT='1'
96	[pc_overdue_12_wk_dt]	12 Week OVERDUE date	radio 1 [screening_arm_1][overdue_12_week_date] Field Annotation: @READONLY @DEFAULT='1'
97	[pc_6_mo_dtf]	6 month follow-up date calc:	text (date_mdy) Field Annotation: @HIDDEN @CALCDATE([followup_arm_1][survey-date-completed:followup_6_month_long_COVID:value],0,'d')
98	[pc_6_mo_dt]	6 month completion date	radio 1 [project_tracking_arm_1][pc_6_mo_dtf] Field Annotation: @READONLY @DEFAULT='1'
99	[pc_ideal_6_mo_dt]	6 month ideal date	radio 1 [screening_arm_1][ideal_6_mo_date] Field Annotation: @READONLY @DEFAULT='1'
100	[pc_overdue_6_mo_dt]	6 month OVERDUE date	radio 1 [screening_arm_1][overdue_6_mo_date] Field Annotation: @READONLY @DEFAULT='1'
101	[pc_eligbility]	Eligibility status	radio 1 [screening_arm_1][ineligible_reason] Field Annotation: @READONLY @DEFAULT='1'
102	[pc_consent_dt]	Consent date	text (date_mdy) Field Annotation: @HIDDEN @CALCDATE([baseline_arm_1][survey-date-completed:consent_information:value],0,'d')

103	[pc_consent_dtf]	Consent date	radio

radio

1	[project_tracking_arm_1][pc_consent_dt]

Field Annotation: @READONLY @DEFAULT='1'

104	[final_status]	Participant final status	radio

1	Refused
2	Ineligible
3	Withdrawn
4	Lost to follow-up
5	Complete
9	Duplicate/Asked to restart

105	[testdays14_verified]	The COVID symptoms are more than two weeks before COVID testing, the symptom onset date needs to be verified with the participant by the site team. Once verified, please select the correct response. *sf1463*	radio

Show the field ONLY if:
(datediff([screening_arm_1][indexdt],[screening_arm_1][covdt],
"d", "mdy"))>14 and [screening_arm_1][eligible_calc]='1' and [screening_arm_1][screening_form_complete]='2' and [baseline_arm_1][consent_acknowledge]='1' AND [project_tracking_arm_1][final_status]=""

1	First symptom and testing dates are BOTH correct
2	First symptom date is INCORRECT
3	First testing date is INCORRECT
4	BOTH dates are INCORRECT

Field Annotation: @HIDDEN-SURVEY

106	[incorrect_symp_date_msg]	Site instructions: Participant must re-enroll in project starting with the site specific anonymous url for the screening form	descriptive Field Annotation: @HIDDEN-SURVEY

Show the field ONLY if:
[testdays14_verified]='2' or [testdays14_verified]='4'

107	[incorrect_test_date_msg]	Site instructions: Contact DCC to update the participant testing date	descriptive Field Annotation: @HIDDEN-SURVEY

Show the field ONLY if:
[testdays14_verified]='3'

108	[both_correct_msg]	Site instructions: Contact DCC for further instruction	descriptive Field Annotation: @HIDDEN-SURVEY

Show the field ONLY if:
[testdays14_verified]='1'

109	[activities_complete]	Completed activities	checkbox

1	activities_complete___1	Baseline survey
2	activities_complete___2	Follow-up survey
3	activities_complete___3	COVID vaccine verified
4	activities_complete___4	COVID index test verified
5	activities_complete___5	Flu vaccine verified
6	activities_complete___6	Healthcare utilization verified

Custom alignment: LV
Field Annotation: @READONLY @HIDDEN

110	[project_completion_tracking _complete]	Section Header: *Form Status* Complete?	dropdown

0	Incomplete
1	Unverified
2	Complete

Instrument: Consent Information **(consent_information)**   ⧉ **Enabled as survey**

111	[consent]		descriptive
112	[index_date_test]	INDEX DATE TEST	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @DEFAULT="[screening_arm_1][indexdt]"
113	[index_date_test_datediff]	Index date test datediff	calc Calculation: datediff([index_date_test], "today", "d", "mdy", true)

| 114 | [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
115	[consent_information_complete]	Section Header: *Form Status* Complete?	dropdown | 0	Incomplete
1	Unverified
2	Complete	

Instrument: Contact Information (contact_information)   🖾 **Enabled as survey**

116	[firstname_comp]	First name	text Field Annotation: @HIDDEN-SURVEY @DEFAULT= [screening_arm_1][first_name]
117	[lastname_comp]	Last name	text Field Annotation: @HIDDEN-SURVEY @DEFAULT= [screening_arm_1][last_name]
118	[contactinfodt]	Contact info date complete *ci1993*	text (date_mdy) Field Annotation: @HIDEBUTTON @HIDDEN-SURVEY @TODAY
119	[contact_section_1]	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.	descriptive
120	[cell_phone]	Cell phone *ci2278_eip4*	text (phone), Required, Identifier
121	[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
122	[contact_section_2]	Section Header: Please provide your mailing address. This will be used for mailing your check for compensation.	descriptive
123	[streetadd]	Street address (including apt/unit as applicable) *ci3348_eip5*	text, Required, Identifier Custom alignment: LV
124	[city]	City *ci1831_eip5*	text, Required, Identifier Custom alignment: LV
125	[state]	State *ci3412_eip5*	dropdown, Required, Identifier | 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

#	Variable	Field	Type
126	[zip]	Zip Code *ci2198_eip5*	text (zipcode), Required, Identifier Custom alignment: LV
127	[contact_section_3]	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.	descriptive
128	[emcontact]	Emergency Contact: Name *ci2198*	text Custom alignment: LV
129	[emcontact_phone]	Emergency Contact: Phone *ci3791*	text (phone) Custom alignment: LV
130	[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**

131	[baselinedt]	Baseline date complete *ef5433*	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @TODAY
132	[dt_twilio_clintrial]	Datetime to send Clinical Trial Twilio alert	text (datetime_mdy) Field Annotation: @CALCTEXT(concat([baselinedt], " ", "08:30")) @HIDDEN-SURVEY
133	[sh_baseline_1]	Section Header: Your Current Illness	descriptive
134	[swabn]	In the past 60 days, approximately how many total times have you been tested for COVID-19 (with a swab in your nose, mouth, or throat)? *ef3994*	text (integer, Min: 1), Required Custom alignment: LV
135	[current_illness]	Section Header: The following questions are about this episode of illness/exposure for which you received testing on [screening_arm_1][covdt].	descriptive
136	[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: [screening_arm_1] [ninety_days_b4_tdy], Max: today), Required Custom alignment: LV Field Annotation: @HIDDEN @FORCE-MINMAX @HIDEBUTTON
137	[totalcovidtests]	How many total COVID-19 nasal, nasopharyngeal, or saliva tests have you had during this episode of illness/exposure? An episode of illness includes the period of symptoms until full recovery of symptoms. *ef1673*	text (integer, Min: 1), Required Custom alignment: LV
138	[first_test_header] Show the field ONLY if: ([baseline_arm_1][totalcovidtes ts] <> "") and ([baseline_arm_1] [totalcovidtests] = "1" or [baseli ne_arm_1][totalcovidtests] = "2" or [baseline_arm_1][totalco vidtests] >= "3")	First COVID-19 test for this episode of illness/exposure	descriptive
139	[covtestdate1] Show the field ONLY if: [baseline_arm_1][totalcovidtest s] <> "" and [baseline_arm_1][t otalcovidtests] >= "1"	On what date (approximately) was the first test performed? *ef4078*	text (date_mdy, Min: [screening_arm_1] [ninety_days_b4_tdy], Max: today), Required Field Annotation: @FORCE-MINMAX @HIDEBUTTON
140	[covtestloc1] Show the field ONLY if: [baseline_arm_1][totalcovidtest s] <> "" and [baseline_arm_1][t otalcovidtests] >= "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
8	At home
7	Someplace else, please specify {covtestlocspec1}	 Custom alignment: LV
141	[covtestlocspec1] Show the field ONLY if: [baseline_arm_1][covtestloc1]= "7"	Where? *ef3163*	text

142	[covtestwhy1] Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "1"	What was the reason(s) the test was performed? [select all that apply] *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
Field Annotation: @NONEOFTHEABOVE = "6"

143	[covtestwhyspec1] Show the field ONLY if: [baseline_arm_1][covtestwhy1(5)] = "1"	Why? *ef2275*	text

144	[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

145	[second_test_header] Show the field ONLY if: ([baseline_arm_1][totalcovidtests] <> "") and ([baseline_arm_1][totalcovidtests] = "2" or [baseline_arm_1][totalcovidtests] >= "3")	Second COVID-19 test for this episode of illness/exposure	descriptive

146	[covtestdate2] Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "2"	On what date (approximately) was the second test performed? *ef2495*	text (date_mdy, Min: [baseline_arm_1][covtestdate1], Max: today), Required Field Annotation: @HIDEBUTTON @FORCE-MINMAX

| 147 | [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
			8	At home
			7	Someplace else, please specify {covtestlocspec2}

Custom alignment: LV

| 148 | [covtestlocspec2]

Show the field ONLY if:
[baseline_arm_1][covtestloc2] = "7" | Where?
ef4723 | text |

| 149 | [covtestwhy2]

Show the field ONLY if:
[baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "2" | What was the reason(s) the test was performed? [select all that apply]
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
Field Annotation: @NONEOFTHEABOVE = "6"

| 150 | [covtestwhyspec2]

Show the field ONLY if:
[baseline_arm_1][covtestwhy2(5)] = "1" | Why?
ef4879 | text |

| 151 | [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

| 152 | [third_test_header]

Show the field ONLY if:
([baseline_arm_1][totalcovidtests] <> "") and ([baseline_arm_1][totalcovidtests] >= "3") | Third COVID-19 test for this episode of illness/exposure | descriptive |

153	[covtestdate3] Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "3"	On what date (approximately) was the third test performed? *ef4341*	text (date_mdy, Min: [baseline_arm_1][covtestdate2], Max: today), Required Field Annotation: @HIDEBUTTON @FORCE-MINMAX

154	[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
	8	At home
	7	Someplace else, please specify {covtestlocspec3}

Custom alignment: LV

155	[covtestlocspec3] Show the field ONLY if: [baseline_arm_1][covtestloc3] = "7"	Where? *ef1684*	text

156	[covtestwhy3] Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "3"	What was the reason(s) the test was performed? [select all that apply] *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
Field Annotation: @NONEOFTHEABOVE = "6"

157	[covtestwhyspec3] Show the field ONLY if: [baseline_arm_1][covtestwhy3(5)] = "1"	Why? *ef3716*	text

158	[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

159	[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
160	[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. For testing conducted through a healthcare facility/lab, please provide an official document showing: Your name Date of test Type of test (PCR, antigen, antibody) Result For testing conducted at home, please provide a photo of the test kit package. Files can be uploaded as a photograph or pdf.	descriptive
161	[sh_baseline_2]	Section Header: Your Medical Care	descriptive
162	[seekcarebfr]	In the period from [screening_arm_1][start_index] 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. Please report in-person visits with a healthcare provider only. Do not report a visit only for the purpose of testing or any telemedicine-only visits. *ef1814_eip10ei*	yesno, Required 1 Yes 0 No Custom alignment: LV
163	[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
164	[sh_baseline_3]	Section Header: Your Vaccination History	descriptive
165	[cov19vacc]	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

166	[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

167	[clintrial_compnameoth] Show the field ONLY if: [baseline_arm_1][clintrial_compname] = "15"	Which one? *ef2661*	text Custom alignment: LV

168	[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

169	[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 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

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170	[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

171	[cov19vaccn] Show the field ONLY if: [cov19vacc] = "1" or [clintrial_plac]="1"	How many total doses of a COVID-19 vaccine did you receive? Please include clinical trial doses, booster doses and combination COVID-19/influenza vaccine doses. *ef3189_eip16a*	radio, Required 1 1 2 2 3 3 4 4 5 5 6 6 or more 0 I'm not sure Custom alignment: LV

172	[cov19vaccdt1] Show the field ONLY if: [baseline_arm_1][cov19vaccn]>= "1"	On what date (approximately) did you receive the first COVID-19 vaccine? *ef1213_eip16b/16e*	text (date_mdy, Min: 2020-01-01, Max: today), Required Custom alignment: LV Field Annotation: @FORCE-MINMAX @HIDEBUTTON

173	[cov19vaccloc1] Show the field ONLY if: [baseline_arm_1][cov19vaccn]>= "1"	Where did you receive the COVID-19 vaccine? *ef3779_eip16d/16g*	radio, Required

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

174	[cov19vaccdt2] Show the field ONLY if: [baseline_arm_1][cov19vaccn]>= "2"	On what date (approximately) did you receive the second COVID-19 vaccine? *ef2280_eip16b/16e*	text (date_mdy, Min: [baseline_arm_1][cov19vaccdt1], Max: today), Required Custom alignment: LV Field Annotation: @HIDEBUTTON @FORCE-MINMAX

175	[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

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

176	[cov19vaccdt3] Show the field ONLY if: [baseline_arm_1][cov19vaccn]>= "3"	On what date (approximately) did you receive the third COVID-19 vaccine? *ef2348_eip16b/16e*	text (date_mdy, Min: [baseline_arm_1][cov19vaccdt2], Max: today), Required Custom alignment: LV Field Annotation: @HIDEBUTTON @FORCE-MINMAX

177	[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

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

178	[cov19vaccdt4] Show the field ONLY if: [baseline_arm_1][cov19vaccn]>= "4"	On what date (approximately) did you receive the fourth COVID-19 vaccine? *ef2258*	text (date_mdy, Min: [baseline_arm_1][cov19vaccdt3], Max: today), Required Custom alignment: LV Field Annotation: @HIDEBUTTON @FORCE-MINMAX

179	[cov19vaccloc4] Show the field ONLY if: [baseline_arm_1][cov19vaccn]>= "4"	Where did you receive the fourth COVID-19 vaccine? *ef1625*	radio, Required

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

180	[cov19vaccdt5] Show the field ONLY if: [baseline_arm_1][cov19vaccn]>= "5"	On what date (approximately) did you receive the fifth COVID-19 vaccine? *ef1362*	text (date_mdy, Min: [baseline_arm_1][cov19vaccdt4], Max: today), Required Custom alignment: LV Field Annotation: @HIDEBUTTON @FORCE-MINMAX

181	[cov19vaccloc5] Show the field ONLY if: [baseline_arm_1][cov19vaccn] >= "5"	Where did you receive the fifth COVID-19 vaccine? *ef2385*	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

182	[cov19vaccdt6] Show the field ONLY if: [baseline_arm_1][cov19vaccn] >= "6"	On what date (approximately) did you receive the sixth COVID-19 vaccine? *ef2762*	text (date_mdy, Min: [baseline_arm_1][cov19vaccdt5], Max: today), Required Custom alignment: LV Field Annotation: @HIDEBUTTON @FORCE-MINMAX

183	[cov19vaccloc6] Show the field ONLY if: [baseline_arm_1][cov19vaccn] >= "6"	Where did you receive the sixth COVID-19 vaccine? *ef1547*	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

184	[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

185	[employeeid] Show the field ONLY if: [record-dag-id] = "7655"	In order for PREVENT staff to verify your vaccination status, please provide your University employee ID. *empid*	text, Required Custom alignment: LV
186	[vaccuploadmsg] Show the field ONLY if: ([baseline_arm_1][cov19vacc] = "1" or [baseline_arm_1][cov19v acc] = "2") and [baseline_arm_ 1][cov19vacc_doc] <> "0"	If you have COVID-19 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. For vaccines (including combination COVID-19/influenza vaccines), we need an official document showing: Your name Date administered Manufacturer (and lot number, if available) Files can be uploaded as a photograph or pdf. *ef2712*	descriptive
187	[priorcovdx] Show the field ONLY if: [screening_arm_1][screening] ="1"	Section Header: *Now please think when you may have had COVID-19 like symptoms prior to [screening_arm_1][covdt].* Have you ever had a positive COVID-19 nasal swab or saliva test prior to your test on [screening_arm1][covdt]? *ef3721*	yesno, Required

			1	Yes
			0	No

Custom alignment: LV

188	[priorcovdx_total] Show the field ONLY if: [baseline_arm_1][priorcovdx] = "1"	How many times have you had a positive COVID-19 nasal swab or saliva test prior to your test on [screening_arm_1][covdt]? *ef2356*	text (integer), Required Custom alignment: LV
189	[priorcoviddxdt] Show the field ONLY if: [baseline_arm_1][priorcovdx] = "1"	What was the approximate date of this positive test? If you have had multiple previous positive tests, please report the positive test for the most recent previous illness or potential exposure prior to [screening_arm_1][covdt] . *sf1247*	text (date_mdy, Min: 2020-01-01, Max: [covdt]), Required Custom alignment: LV Field Annotation: @FORCE-MINMAX @HIDEBUTTON

190	[prev_covidlikesx_test]	The last time you had COVID-like symptoms (e.g., cough, fever, shortness of breath, loss of taste/smell) before [screening_arm_1][indexdt], did you get tested? *ef2758*	radio, Required

radio, Required

1	Yes, I got tested at work or in the healthcare system I work at
2	Yes, but I did not get tested at work or in the healthcare system I work at
0	No, I did not get tested
3	I have never had COVID-like symptoms prior to this episode

Custom alignment: LV

191	[prev_covidlikesx_sev] Show the field ONLY if: [baseline_arm_1][prev_covidlikesx_test] ="1" or [baseline_arm_1][prev_covidlikesx_test]="2"	How severe were your COVID-like symptoms for this previous episode of symptoms? *ef2236*	radio, Required

radio, Required

1	Mild (does not restrict regular activities)
2	Moderate (restricts some regular activities)
3	Severe (restricts most regular activities)

Custom alignment: LV

192	[sh_baseline_4]	Section Header: Your Job	descriptive

193	[role] *ef1876_eip20*	Which job classification describes you? [select all that apply]	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 Field Annotation: @HIDECHOICE = "16"		
194	[role_other] Show the field ONLY if: [baseline_arm_1][role(33)] = "1"	Please describe your role. *ef1398*	text		

195	[facility]	In which types of healthcare facilities do you work, study, or volunteer? [select all that apply] *ef1639_eip21*	checkbox, Required

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
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

196	[facility_oth] Show the field ONLY if: [baseline_arm_1][facility(11)] = "1"	Please specify facility type. *ef1765_eip21*	text

197	[facility_out] Show the field ONLY if: [baseline_arm_1][facility(4)] = "1"	What type of clinic? *ef1238_eip21*	radio, Required

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

198	[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		
199	[area_oth] Show the field ONLY if: [baseline_arm_1][area(27)] = "1"	Please list other: *ef2511*	text		
200	[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		

201	[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
202	[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
203	[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? [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='0, 4'
204	[sh_baseline_5]	Section Header: Outside of Work	descriptive
205	[cc_comm]	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
206	[cc_comm_hhold] Show the field ONLY if: [baseline_arm_1][cc_comm] = "1"	Please indicate if this known contact occurred with someone inside your household or outside your household. [select all that apply] *ef1923*	checkbox, Required 1 cc_comm_hhold___1 The close contact was with someone in my household 2 cc_comm_hhold___2 The close contact was with someone outside of my household. Custom alignment: LV
207	[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
208	[sh_baseline_6]	Section Header: Between [screening_arm_1][start_index] and [screening_arm_1][indexdt], did you:	descriptive

209	[mass]	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
210	[eat_indoors]	Eat indoors in a restaurant, bar, or coffee shop?ef3247	radio (Matrix), Required 1 Yes 0 No
211	[gym]	Go to a gym to exercise while other people were there?ef5544	radio (Matrix), Required 1 Yes 0 No
212	[trans]	Use any public transportation (e.g., bus, train, airplane, boat)? ef2365eip19	radio (Matrix), Required 1 Yes 0 No
213	[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
214	[shop]	Shop for items (e.g., groceries, prescriptions, home goods, clothing) in a store?ef4527	radio (Matrix), Required 1 Yes 0 No
215	[salon]	Go to a salon or barber (e.g., hair salon, nail salon)?ef4527	radio (Matrix), Required 1 Yes 0 No
216	[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
217	[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), Required 1 Yes 0 No
218	[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
219	[sh_baseline_7]	Section Header: Your Living Situation	descriptive
220	[hhold]	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"
221	[hhold_n] Show the field ONLY if: [baseline_arm_1][hhold(2)] = '1' or [baseline_arm_1][hhold(3)] ='1' or [baseline_arm_1][hhold (4)]='1' or [baseline_arm_1][hho ld(5)]='1'	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

| 222 | [hhold_notvacc]

Show the field ONLY if:
[baseline_arm_1][hhold(2)] = '1'
or [baseline_arm_1][hhold(3)]
='1' or [baseline_arm_1][hhold
(4)]='1' or [baseline_arm_1][hho
ld(5)]='1' | On [screening_arm_1][indexdt], were there any adults or children living in your household who had NOT received at least one dose of the COVID-19 vaccine?
ef1745 | yesno, Required

| 1 | Yes |
0	No	 Custom alignment: LV
223	[hhold_notvacc_age] Show the field ONLY if: [baseline_arm_1][hhold_notvac c] = "1"	Please indicate the age(s) of the unvaccinated household members: [select all that apply] *ef2355*	checkbox, Required | 1	hhold_notvacc_age___1	Children aged < 5
2	hhold_notvacc_age___2	Children aged 5-11
3	hhold_notvacc_age___3	Children aged 12-17
4	hhold_notvacc_age___4	Adults aged 18+ | Custom alignment: LV
224	[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
225	[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
226	[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
227	[sh_baseline_8]	Section Header: Return to work	descriptive
228	[stopwork]	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
229	[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: 2021-09-01), Required
230	[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
231	[stopwork_whospec] Show the field ONLY if: [baseline_arm_1][stopwork_wh o(5)] = "1"	Who? *ef4314*	text

232	[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

233	[stopwork_whyspec] Show the field ONLY if: [baseline_arm_1][stopwork_why(4)] = "1"	Why? *ef3843*	text Custom alignment: LV

234	[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: LV

235	[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: [baseline_arm_1][stopworkdt], Max: today), Required Custom alignment: RH Field Annotation: @FORCE-MINMAX @HIDEBUTTON

236	[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

237	[returnwork_whospec] Show the field ONLY if: [baseline_arm_1][returnwork_who(5)] = "1"	Who? *ef3198*	text

238	[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

239	[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
240	[returnwork_fever] Show the field ONLY if: [baseline_arm_1][returnwork] = "1" and ([screening_arm_1][cov _sx(4)]="1" or [screening_arm_ 1][cov_twowk_sx(4)]="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
241	[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
242	[returnwork_sxremain] Show the field ONLY if: [baseline_arm_1][returnwork_s xgone] = "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

| 243 | [hholdprec]

Show the field ONLY if:
[baseline_arm_1][stopwork] =
"1" and [baseline_arm_1][hhold
(1)]<>"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"

| 244 | [hholdprec_spec]

Show the field ONLY if:
[baseline_arm_1][hholdprec(7)]
= "1" | What?
ef2754 | text |

| 245 | [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) tests
			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

| 246 | [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 |

| 247 | [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"

248	[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

249	[sh_baseline_9]	Section Header: Your Medical History	descriptive

250	[med_cond]	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/obsessive-compulsive/trauma or stressor related disorder
21	med_cond___21	Other mental health condition
22	med_cond___22	Movement or motor disorders
31	med_cond___31	Alcohol use disorder
29	med_cond___29	Sleep disorder
30	med_cond___30	Cognitive/neurodevelopmental disorder
23	med_cond___23	Other medical conditions
24	med_cond___24	None of these
25	med_cond___25	Prefer not to answer

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "24, 25"

251	[condoth_desc] Show the field ONLY if: [baseline_arm_1][med_cond(23)] = "1"	Please specify your other medical condition(s). *ef2873*	text
252	[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
253	[a1c] Show the field ONLY if: [baseline_arm_1][recent_a1c] = "1"	What was it (estimate is okay)? *ef1387*	text, Required Custom alignment: LV
254	[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
255	[evusheld]	Did you take Evusheld or any other medication that was prescribed to prevent COVID-19 prior to your recent positive or negative test(s)? *ef2633*	radio, Required | 1	Yes, please specify which medication {prevent_cov_med}
0	No
2	Prefer not to answer	 Custom alignment: LV
256	[prevent_cov_med] Show the field ONLY if: [baseline_arm_1][evusheld] = "1"	Please specify which medication *ef2166*	text
257	[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
258	[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 (number, Min: 0, Max: 85), Required Custom alignment: LV
259	[preg]	Are you currently pregnant? *ef3375_eip37*	radio, Required | 1	Yes
0	No
2	Prefer not to answer	 Custom alignment: LV
260	[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
261	[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
262	[weight]	What is your weight (pounds)? *ef3210_eip34*	text (integer, Min: 80, Max: 400), Required

263	[sh_baseline_10]	Section Header: Demographics	descriptive
264	[sex]	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
265	[sex_describe]	How do you currently describe yourself? *ef4403_eip31a*	radio 	1	Male
2	Female
3	Transgender
4	None of these	 Custom alignment: LV
266	[ethnicity]	How do you define your ethnicity? *ef4387_eip35*	radio 	1	Hispanic or Latino
0	Not Hispanic or Latino	 Custom alignment: LV
267	[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
268	[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
269	[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

270	[insur_provider]	What is your primary health insurance type? *ef3868_eip44/45*	radio

			1	Private insurance

1	Private insurance
2	Military
3	Medicare
4	Medicaid or state assistance program
5	Indian Health Service
6	Other
0	I do not have health insurance

Custom alignment: LV

271	[ins_provspec] Show the field ONLY if: [baseline_arm_1][insur_provider] ="6"	Please specify *ef2796*	text

272	[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

273	[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'. For testing conducted through a healthcare facility/lab, please provide an official document showing: Your name Date of test Type of test (PCR, antigen, antibody) Result For testing conducted at home, please provide a photo of the test kit package. --- If you have vaccine records to upload now, please use the 'Vaccine Verification Form'. For vaccines (including combination COVID-19/influenza vaccines), we need an official document showing: Your name Date administered Manufacturer (and lot number, if available) 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

274	[baseline_enrollment_survey_complete]	Section Header: *Form Status* Complete?	dropdown

0	Incomplete
1	Unverified
2	Complete

Instrument: Follow-up 6 Week (followup_6_week) 📲 **Enabled as survey**

275	[followupdt]	Follow-up date complete *fu3421*	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @TODAY
276	[days_index]	Calculation: Days between index and baseline survey	calc Calculation: datediff([screening_arm_1][indexdt], [baseline_arm_1][baselinedt], 'd') Field Annotation: @HIDDEN-SURVEY
277	[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-SURVEY
278	[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

279	[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

280	[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: [baseline_arm_1][baselinedt], Max: [screening_arm_1][end_index]), Required Field Annotation: @FORCE-MINMAX @HIDEBUTTON

| 281 | [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
			8	At home
			7	Someplace else, please specify {covtestlocspec4}

Custom alignment: LV

282	[covtestlocspec4] Show the field ONLY if: [followup_arm_1][covtestloc4] = "7"	Where? *fu3788*	text

| 283 | [covtestwhy4]

Show the field ONLY if:
[followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "1" | What was the reason(s) the test was performed? [select all that apply]
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, please specify {covtestwhyspec4}
			6	covtestwhy4___6	Not sure

Custom alignment: LV

284	[covtestwhyspec4] Show the field ONLY if: [followup_arm_1][covtestwhy4(5)] = "1"	Why? *fu1632*	text

| 285 | [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

286	[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: [followup_arm_1][covtestdate4], Max: [screening_arm_1][end_index]), Required Field Annotation: @FORCE-MINMAX @HIDEBUTTON

287	[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			
8	At home			
7	Someplace else, please specify {covtestlocspec5}			

Custom alignment: LV

288	[covtestlocspec5] Show the field ONLY if: [followup_arm_1][covtestloc5] = "7"	Where? *fu3728*	text

289	[covtestwhy5] Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "2"	What was the reason(s) the test was performed? [select all that apply] *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, please specify {covtestwhyspec5}
6	covtestwhy5___6	Not sure

Custom alignment: LV

290	[covtestwhyspec5] Show the field ONLY if: [followup_arm_1][covtestwhy5(5)] = "1"	Why? *fu4984*	text

291	[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

292	[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: [followup_arm_1][covtestdate5], Max: [screening_arm_1][end_index]), Required Field Annotation: @FORCE-MINMAX @HIDEBUTTON

293	[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
			8	At home
			7	Someplace else, please specify {covtestlocspec6}

Custom alignment: LV

294	[covtestlocspec6] Show the field ONLY if: [followup_arm_1][covtestloc6] = "7"	Where? *fu1212*	text

295	[covtestwhy6] Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "3"	What was the reason(s) the test was performed? [select all that apply] *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, please specify {covtestwhyspec6}
			6	covtestwhy6___6	Not sure

Custom alignment: LV

296	[covtestwhyspec6] Show the field ONLY if: [followup_arm_1][covtestwhy6(5)] = "1"	Why? *fu2559*	text

297	[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

298	[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. For tests, we need an official document showing: Your name Date of test Type of test (PCR, antigen, antibody) Result For testing conducted at home, please provide a photo of the test kit package. Files can be uploaded as a photograph or pdf. *ef3603*	descriptive

299	[sh_followup_1] Show the field ONLY if: [followup_arm_1][days_index]< 14	Section Header: Your Medical Care	descriptive
300	[addhlthcare] Show the field ONLY if: [followup_arm_1][days_index]< 14	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
301	[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
302	[sh_followup_2] Show the field ONLY if: [baseline_arm_1][returnwork] = "0"	Section Header: Return to Work	descriptive
303	[returnwork_2] Show the field ONLY if: [baseline_arm_1][returnwork] = "0"	You previously indicated that you stopped working on [baseline_arm_1][stopworkdt]. Have you returned to work now? *fu3614*	yesno, Required 1 Yes 0 No Custom alignment: LV
304	[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: [baseline_arm_1][stopworkdt], Max: today), Required Custom alignment: RH Field Annotation: @HIDEBUTTON @FORCE-MINMAX
305	[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, please specify {returnwork_whospec2} Custom alignment: LV
306	[returnwork_whospec2] Show the field ONLY if: [followup_arm_1][returnwork_ who2(5)] = "1"	Who? *fu4632*	text

| 307 | [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

| 308 | [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

| 309 | [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, please specify {hholdprec_spec2}

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "6"

| 310 | [hholdprec_spec2]

Show the field ONLY if:
[followup_arm_1][hholdprec2(7)] = "1" | What?
fu2570 | text
Custom alignment: LV |

| 311 | [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

312	[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

313	[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

314	[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

315	[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"

316	[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

317	[workchange] Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "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"

318	[sh_followup_3]	Section Header: Your Booster Vaccination	descriptive

319	[second_booster]	Since your last survey on [baseline_arm_1][baselinedt], have you received a second COVID-19 vaccine booster? *fu1934*	radio, Required

1	Yes
0	No
2	Not Eligible

Custom alignment: LV

320	[sh_followup_6] Show the field ONLY if: [followup_arm_1][second_booster] <> "2"	Please rate the following sources of information on how much they influenced your decision about whether or not to get the second COVID-19 vaccine booster.	descriptive

321	[bstr_dr_pcp] Show the field ONLY if: [followup_arm_1][second_booster] <> "2"	My doctor or primary care providerfu1657	radio (Matrix), Required

0	Not at all influenced
1	Slightly influenced
2	Moderately influenced
3	Strongly influenced

322	[bstr_employ] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	My employer (e.g., hospital leadership, human resources)fu1356	radio (Matrix), Required

				0	Not at all influenced
				1	Slightly influenced
				2	Moderately influenced
				3	Strongly influenced

323	[bstr_famfriends] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Family and friendsfu1287	radio (Matrix), Required
			0 Not at all influenced
			1 Slightly influenced
			2 Moderately influenced
			3 Strongly influenced

324	[bstr_coworkers] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Co-workersfu2136	radio (Matrix), Required
			0 Not at all influenced
			1 Slightly influenced
			2 Moderately influenced
			3 Strongly influenced

325	[bstr_govtleaders] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Local, state and national leadersfu2879	radio (Matrix), Required
			0 Not at all influenced
			1 Slightly influenced
			2 Moderately influenced
			3 Strongly influenced

326	[bstr_literature] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Primary medical literature (e.g., peer-reviewed medical journals)fu1087	radio (Matrix), Required
			0 Not at all influenced
			1 Slightly influenced
			2 Moderately influenced
			3 Strongly influenced

327	[bstr_massmedia] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Mass media (television, newspapers)fu3157	radio (Matrix), Required
			0 Not at all influenced
			1 Slightly influenced
			2 Moderately influenced
			3 Strongly influenced

328	[bstr_socialmedia] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Social media (Facebook, Instagram, Twitter)fu1657	radio (Matrix), Required
			0 Not at all influenced
			1 Slightly influenced
			2 Moderately influenced
			3 Strongly influenced

329	[bstr_other_source] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Otherfu3225	radio (Matrix)
			0 Not at all influenced
			1 Slightly influenced
			2 Moderately influenced
			3 Strongly influenced

330	[vaccsource_oth] Show the field ONLY if: ([followup_arm_1][bstr_other_s ource] <> "") and [followup_ar m_1][bstr_other_source] <> "0"	What?	text

331	[sh_followup_4] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Section Header: To what extent were the following considerations important to you in your decision making regarding whether or not to get the second COVID-19 vaccine booster?	descriptive

332	[bstr_employrec] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	My employer's recommendation fu1795	radio (Matrix), Required
			0 | Not important or not applicable
			1 | A little important
			2 | Important
			3 | Very important
333	[bstr_employincentive] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Special incentive or reward offered by my employerfu1524	radio (Matrix), Required
			0 | Not important or not applicable
			1 | A little important
			2 | Important
			3 | Very important
334	[bstr_pcprec] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	My doctor or healthcare provider's recommendationfu1322	radio (Matrix), Required
			0 | Not important or not applicable
			1 | A little important
			2 | Important
			3 | Very important
335	[bstr_safety] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	The safety of the vaccinefu1857	radio (Matrix), Required
			0 | Not important or not applicable
			1 | A little important
			2 | Important
			3 | Very important
336	[bstr_effectiveness] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	The effectiveness of the vaccinefu3785	radio (Matrix), Required
			0 | Not important or not applicable
			1 | A little important
			2 | Important
			3 | Very important
337	[bstr_adeffects] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Risk of adverse (negative) side effects from the vaccinefu1578	radio (Matrix), Required
			0 | Not important or not applicable
			1 | A little important
			2 | Important
			3 | Very important
338	[bstr_nocovid] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Concern about getting coronavirus myselffu2322	radio (Matrix), Required
			0 | Not important or not applicable
			1 | A little important
			2 | Important
			3 | Very important
339	[bstr_protectfam] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Concerns about spreading the coronavirus to friends and family fu1634	radio (Matrix), Required
			0 | Not important or not applicable
			1 | A little important
			2 | Important
			3 | Very important
340	[bstr_workplace] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Concerns about spreading coronavirus in the workplace (e.g., coworkers, patients)fu3245	radio (Matrix), Required
			0 | Not important or not applicable
			1 | A little important
			2 | Important
			3 | Very important
341	[bstr_friendsfam] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Choices made by my friends and family about vaccinationfu2153	radio (Matrix), Required
			0 | Not important or not applicable
			1 | A little important
			2 | Important
			3 | Very important

342	[bstr_colleagues2] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Choices made by my colleagues at work regarding vaccinationfu1198	radio (Matrix), Required

			0	Not important or not applicable
			1	A little important
			2	Important
			3	Very important

343	[bstr_vacc_oth] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Other fu1855	radio (Matrix)

	0	Not important or not applicable
	1	A little important
	2	Important
	3	Very important

344	[bstr_covidvacc_considoth] Show the field ONLY if: ([followup_arm_1][bstr_vacc_ot h] <> "") and [followup_arm_1] [bstr_vacc_oth] <> "0"	Why?	text

345	[sh_followup_5] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Section Header: Please rate the extent to which the following factors impacted your decision regarding whether or not to get the second COVID-19 vaccine booster.	descriptive

346	[bstr_avail] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Availability of the COVID-19 vaccinefu3214	radio (Matrix), Required

	0	Not applicable
	1	Not at all impacted
	2	Slightly impacted
	3	Moderately impacted
	4	Significantly impacted

347	[bstr_cost] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Cost of the COVID-19 vaccinefu2179	radio (Matrix), Required

	0	Not applicable
	1	Not at all impacted
	2	Slightly impacted
	3	Moderately impacted
	4	Significantly impacted

348	[bstr_inconven] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Inconvenience of getting the COVID-19 vaccinefu3254	radio (Matrix), Required

	0	Not applicable
	1	Not at all impacted
	2	Slightly impacted
	3	Moderately impacted
	4	Significantly impacted

349	[bstr_dis_needles] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Dislike of needles or receiving "shots"fu3456	radio (Matrix), Required

	0	Not applicable
	1	Not at all impacted
	2	Slightly impacted
	3	Moderately impacted
	4	Significantly impacted

350	[bstr_religious] Show the field ONLY if: [followup_arm_1][second_boos ter] <> "2"	Religious or other personal beliefs that oppose vaccination in generalfu1665	radio (Matrix), Required

	0	Not applicable
	1	Not at all impacted
	2	Slightly impacted
	3	Moderately impacted
	4	Significantly impacted

351	[bstr_preexist] Show the field ONLY if: [followup_arm_1][second_booster] <> "2"	A pre-existing medical condition that may increase my risks from vaccination (e.g., allergy, immune condition)fu2335	radio (Matrix), Required <table><tr><td>0</td><td>Not applicable</td></tr><tr><td>1</td><td>Not at all impacted</td></tr><tr><td>2</td><td>Slightly impacted</td></tr><tr><td>3</td><td>Moderately impacted</td></tr><tr><td>4</td><td>Significantly impacted</td></tr></table>
352	[bstr_impact_oth] Show the field ONLY if: [followup_arm_1][second_booster] <> "2"	Were there other important considerations that influenced your decision making regarding the second COVID-19 vaccine booster beyond those listed above? *fu5432*	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV
353	[bstr_impact_othspec] Show the field ONLY if: [followup_arm_1][bstr_impact_oth] = "1"	What other considerations influenced your decision making? *fu3203*	text Custom alignment: LV
354	[sh_followup_8]	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.	descriptive
355	[fatigue]	Fatiguefu2654	radio (Matrix), Required <table><tr><td>0</td><td>No symptoms</td></tr><tr><td>1</td><td>Mild symptoms</td></tr><tr><td>2</td><td>Moderate symptoms</td></tr><tr><td>3</td><td>Severe symptoms</td></tr></table>
356	[cough]	Coughfu2985	radio (Matrix), Required <table><tr><td>0</td><td>No symptoms</td></tr><tr><td>1</td><td>Mild symptoms</td></tr><tr><td>2</td><td>Moderate symptoms</td></tr><tr><td>3</td><td>Severe symptoms</td></tr></table>
357	[sob]	Shortness of breathfu1142	radio (Matrix), Required <table><tr><td>0</td><td>No symptoms</td></tr><tr><td>1</td><td>Mild symptoms</td></tr><tr><td>2</td><td>Moderate symptoms</td></tr><tr><td>3</td><td>Severe symptoms</td></tr></table>
358	[congest]	Sinus congestionfu4365	radio (Matrix), Required <table><tr><td>0</td><td>No symptoms</td></tr><tr><td>1</td><td>Mild symptoms</td></tr><tr><td>2</td><td>Moderate symptoms</td></tr><tr><td>3</td><td>Severe symptoms</td></tr></table>
359	[chestpain]	Chest painfu2667	radio (Matrix), Required <table><tr><td>0</td><td>No symptoms</td></tr><tr><td>1</td><td>Mild symptoms</td></tr><tr><td>2</td><td>Moderate symptoms</td></tr><tr><td>3</td><td>Severe symptoms</td></tr></table>
360	[headache]	Headachefu3289	radio (Matrix), Required <table><tr><td>0</td><td>No symptoms</td></tr><tr><td>1</td><td>Mild symptoms</td></tr><tr><td>2</td><td>Moderate symptoms</td></tr><tr><td>3</td><td>Severe symptoms</td></tr></table>

361	[dizziness]	Dizzinessfu1658	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

362	[jointpain]	Persistent joint pains or muscle achesfu2478	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

363	[musc_weak]	Muscle weaknessfu1564	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

364	[mvemnt_prob]	Movement problems (such as tremor)fu1125	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

365	[sore_throat]	Sore throatfu1365	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

366	[losstaste_smell]	Loss of taste or smellfu3259	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

367	[diarrhea]	Diarrheafu4658	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

368	[nausea]	Nauseafu1779	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

369	[vomiting]	Vomitingfu3654	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

370	[abd_pain]	Abdominal painfu1554	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

371	[confusion]	Confusionfu1988	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
372	[mem_diff]	Difficulty with memoryfu1965	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
373	[concen_diff]	Difficulty with concentration or attentionfu1789	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
374	[fever]	Feverfu2347	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
375	[chills]	Chillsfu5423	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
376	[wtloss]	Weight lossfu4426	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
377	[wtgain]	Weight gainfu3745	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
378	[exer_diff]	Difficulty with exercisefu3569	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
379	[sleep_diff]	Trouble sleepingfu3324	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
380	[anxpanic]	Anxiety or panicfu2786	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms

381	[dep]	Depressionfu2465	radio (Matrix), Required

			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

382	[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"

383	[recovered]	How much do you feel you have recovered, relative to the worst symptoms of this illness? *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

384	[anx2wk]	Section Header: 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

385	[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

386	[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
387	[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
388	[followup_6_week_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Follow-up 12 Week **(followup_12_week)**   📲 **Enabled as survey**

389	[followupdt_12wk]	12 week follow-up date complete *lc1659*	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @TODAY
390	[sh_longcovid_1]	Section Header: Now, it is approximately 12 weeks after your first symptoms. We want to understand which of the following symptoms you are STILL having that are related to your initial COVID-19 test on [screening_arm_1][covdt]. You may have some of these symptoms whether you had COVID-19 or not.	descriptive
391	[lc_fatigue]	Fatiguelc1987	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
392	[lc_cough]	Coughlc2398	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
393	[lc_sob]	Shortness of breathlc2852	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
394	[lc_congest]	Sinus congestionlc2569	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
395	[lc_chestpain]	Chest painlc1977	radio (Matrix), Required 0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms

396	[lc_headache]	Headachelc3317	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
397	[lc_dizziness]	Dizzinesslc2148	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
398	[lc_jointpain]	Persistent joint pains or muscle acheslc2632	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
399	[lc_musc_weak]	Muscle weaknesslc1966	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
400	[lc_mvemnt_prob]	Movement problems (such as tremor)lc1235	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
401	[lc_sore_throat]	Sore throatlc1788	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
402	[lc_losstaste_smell]	Loss of taste or smelllc2332	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
403	[lc_diarrhea]	Diarrhealc1829	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
404	[lc_nausea]	Nausealc2157	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
405	[lc_vomiting]	Vomitinglc2456	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms

406	[lc_abd_pain]	Abdominal painlc1576	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms
407	[lc_confusion]	Confusionlc2158	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms
408	[lc_mem_diff]	Difficulty with memorylc1642	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms
409	[lc_concen_diff]	Difficulty with concentration or attentionlc2471	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms
410	[lc_fever]	Feverlc2344	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms
411	[lc_chills]	Chillslc3154	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms
412	[lc_wtloss]	Weight losslc1615	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms
413	[lc_wtgain]	Weight gainlc3798	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms
414	[lc_exer_diff]	Difficulty with exerciselc4122	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms
415	[lc_sleep_diff]	Trouble sleepinglc3455	radio (Matrix), Required
			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

416	[lc_anxpanic]	Anxiety or paniclc1644	radio (Matrix), Required

			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

417	[lc_dep]	Depressionlc3451	radio (Matrix), Required

			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

418	[lc_symp_score]	CALCULATION: SYMPTOMS PRESENT AT LONG COVID SURVEY	calc Calculation: sum([lc_fatigue], [lc_cough], [lc_sob], [lc_congest], [lc_chestpain], [lc_headache], [lc_dizziness], [lc_jointpain], [lc_musc_weak], [lc_mvemnt_prob], [lc_sore_throat], [lc_losstaste_smell], [lc_diarrhea], [lc_nausea], [lc_vomiting], [lc_abd_pain], [lc_confusion], [lc_mem_diff], [lc_concen_diff], [lc_fever], [lc_chills], [lc_wtloss], [lc_wtgain], [lc_exer_diff], [lc_sleep_diff], [lc_anxpanic], [lc_dep]) Field Annotation: @HIDDEN-SURVEY

419	[lc_recovered] Show the field ONLY if: [followup_12_wk_arm_1][lc_symp_score] > "0"	How much do you feel you have recovered, relative to the worst symptoms of this illness? *lc1947*	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

420	[lc_sxwork] Show the field ONLY if: [followup_12_wk_arm_1][lc_symp_score] > "0"	To what extent have your symptoms disrupted your work/school work? *lc4168*	radio, Required

			0	Not at all
			1	Mildly
			2	Moderately
			3	Markedly
			4	Extremely

Custom alignment: LV

421	[lc_sxleisure] Show the field ONLY if: [followup_12_wk_arm_1][lc_symp_score] > "0"	To what extent have your symptoms disrupted your social life/leisure activities? *lc4974*	radio, Required

			0	Not at all
			1	Mildly
			2	Moderately
			3	Markedly
			4	Extremely

Custom alignment: LV

422	[lc_sxhome] Show the field ONLY if: [followup_12_wk_arm_1][lc_symp_score] > "0"	To what extent have your symptoms disrupted your home/family life? *lc4544*	radio, Required

			0	Not at all
			1	Mildly
			2	Moderately
			3	Markedly
			4	Extremely

Custom alignment: LV

423	[lc_misswork] Show the field ONLY if: [followup_12_wk_arm_1][lc_symp_score] > "0"	Between [screening_arm_1][ideal_flup_date] and [screening_arm_1][ideal_12_week_date], how many days did you miss work because of your symptoms? *lc2687*	text (integer, Min: 0), Required Custom alignment: LV

424	[lc_lessproductive] Show the field ONLY if: [followup_12_wk_arm_1][lc_symp_score] > "0"	Between [screening_arm_1][ideal_flup_date] and [screening_arm_1][ideal_12_week_date], how many days did you feel less productive because of your symptoms while you were at work or school? *lc1942*	text (integer, Min: 0), Required Custom alignment: LV
425	[sh_longcovid_2] Show the field ONLY if: [followup_12_wk_arm_1][lc_symp_score] > "0"	Section Header: Your Medical Care	descriptive
426	[lc_addhlthcare] Show the field ONLY if: [followup_12_wk_arm_1][lc_symp_score] > "0"	Have you seen a health care provider for any reason between [screening_arm_1][ideal_flup_date] and [screening_arm_1][ideal_12_week_date]. 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. *lc4225*	yesno, Required | 1	Yes
0	No	 Custom alignment: LV
427	[hlthcareutilmsg_3] Show the field ONLY if: [followup_12_wk_arm_1][lc_addhlthcare] = "1" and [followup_12_wk_arm_1][lc_symp_score] > "0"	After you have completed this form, you will be asked to report details on each of these healthcare visits.	descriptive
428	[sh_longcovid_3] Show the field ONLY if: ([baseline_arm_1][returnwork] = "0" and [followup_arm_1][returnwork_2] = "0") OR ([baseline_arm_1][returnwork] = "0" and [followup_arm_1][followupdt] = "")	Section Header: Return to Work	descriptive
429	[returnwork_3] Show the field ONLY if: ([baseline_arm_1][returnwork] = "0" and [followup_arm_1][returnwork_2] = "0") OR ([baseline_arm_1][returnwork] = "0" and [followup_arm_1][followupdt] = "")	You previously indicated that you stopped working on [baseline_arm_1][stopworkdt]. Have you returned to work now? *lc1672*	yesno, Required | 1	Yes
0	No	 Custom alignment: LV
430	[lc_employer] Show the field ONLY if: [followup_12_wk_arm_1][returnwork_3] = "0"	Are you currently employed at the same healthcare facility as when you enrolled on [screening_arm_1][screendt]? *lc3764*	radio, Required | 1	Yes
0	No. I'm working at a different institution.
2	No, I'm current not working.	 Custom alignment: LV
431	[returnworkdt_3] Show the field ONLY if: [followup_12_wk_arm_1][returnwork_3] = "1"	On what date (approximately) did you return to work? *lc2566*	text (date_mdy, Min: [baseline_arm_1][stopworkdt], Max: today), Required Custom alignment: RH Field Annotation: @FORCE-MINMAX @HIDEBUTTON

432	[returnwork_who3] Show the field ONLY if: [followup_12_wk_arm_1][return work_3] = "1"	Who was responsible for the decision for you to resume work? [select all that apply] *lc1944*	checkbox, Required

checkbox, Required

1	returnwork_who3___1	My employee/occupational health clinic
2	returnwork_who3___2	My department head/supervisor
3	returnwork_who3___3	My primary care provider or another personal physician/provider
6	returnwork_who3___6	I followed the policy of my employer
4	returnwork_who3___4	It was my decision
5	returnwork_who3___5	Other, please specify {returnwork_whospec3}

Custom alignment: LV

433	[returnwork_whospec3] Show the field ONLY if: [followup_12_wk_arm_1][return work_who3(5)] = "1"	Who? *lc3588*	text

---

434	[returnworkself3] Show the field ONLY if: [followup_12_wk_arm_1][return work_who3(4)] = "1"	How did you decide that you could return to work? [select all that apply] *lc4755*	checkbox, Required

checkbox, Required

1	returnworkself3___1	My symptoms had resolved, so I decided to go back to work
2	returnworkself3___2	I felt better, but I still had symptoms
3	returnworkself3___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	returnworkself3___4	I had a follow-up test and it was negative

Custom alignment: LV

435	[hholdprec3] Show the field ONLY if: [followup_12_wk_arm_1][return work_3] = "1"	While you were at home away from work, did you take any new precautions to protect your household members [select all that apply]? *lc4165*	checkbox, Required

checkbox, Required

1	hholdprec3___1	I moved out of my residence
2	hholdprec3___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	hholdprec3___3	I stayed in my residence and used a separate bathroom
4	hholdprec3___4	I stayed in my residence and ate my meals separately
5	hholdprec3___5	I stayed in my residence and routinely wore a mask
6	hholdprec3___6	None of these, or I live alone
7	hholdprec3___7	Other, please specify {hholdprec_spec3}

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "6"

436	[hholdprec_spec3] Show the field ONLY if: [followup_12_wk_arm_1][hhold prec3(7)] = "1"	What? *lc1972*	text Custom alignment: LV

437	[returnwork_sxgone3] Show the field ONLY if: [followup_12_wk_arm_1][return work_3] = "1"	At the time you returned to work, had ALL of your symptoms resolved (even if you tested negative for COVID-19)? *lc1245*	yesno, Required

yesno, Required

1	Yes
0	No

Custom alignment: LV

| 438 | [returnwork_sxremain3]

Show the field ONLY if:
[followup_12_wk_arm_1][return
work_sxgone3] = "0" | Which of the following symptoms did you still have when you returned to work?
lc3711 | checkbox, Required |

			16	returnwork_sxremain3___16	Abdominal pain
			19	returnwork_sxremain3___19	Bruised toes or feet
			6	returnwork_sxremain3___6	Changes in my ability to smell or taste
			10	returnwork_sxremain3___10	Chest pain or chest tightness
			7	returnwork_sxremain3___7	Chills
			2	returnwork_sxremain3___2	Cough
			15	returnwork_sxremain3___15	Diarrhea
			18	returnwork_sxremain3___18	Fatigue (unusual feeling of tiredness)
			4	returnwork_sxremain3___4	Fever (greater than 100°F or 37.8°C)
			9	returnwork_sxremain3___9	Headache
			17	returnwork_sxremain3___17	Loss of appetite
			5	returnwork_sxremain3___5	Myalgia (muscle aches)
			14	returnwork_sxremain3___14	Nausea (sick to your stomach) or vomiting
			12	returnwork_sxremain3___12	Rhinorrhea (runny nose)
			8	returnwork_sxremain3___8	Rigors (sudden feeling of cold with shaking)
			3	returnwork_sxremain3___3	Severe respiratory illness, including pneumonia
			1	returnwork_sxremain3___1	Shortness of breath or difficulty breathing
			13	returnwork_sxremain3___13	Sinus or nasal congestion
			11	returnwork_sxremain3___11	Sore throat

Custom alignment: LV

439	[returnwork_negtest3] Show the field ONLY if: [followup_12_wk_arm_1][return work_3] = "1"	Before you went back to work, were you required to have negative COVID-19 testing? *lc3344*	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

| 440 | [missedworkn3]

Show the field ONLY if:
[followup_12_wk_arm_1][return
work_3] = "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".
lc4211 | text, Required
Custom alignment: LV |

441	[returnwork_addprec3] Show the field ONLY if: [followup_12_wk_arm_1][return work_3] = "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. *lc1374*	checkbox, Required

1	returnwork_addprec3___1	Yes - I wore more personal protective equipment when I returned to work
2	returnwork_addprec3___2	Yes - I did not work in shared workspaces
3	returnwork_addprec3___3	Yes - I worked a different schedule when I returned to work
4	returnwork_addprec3___4	Yes - I took care of different types of patients when I returned to work
5	returnwork_addprec3___5	No - I used the same procedures and precautions as before

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "5"

442	[universal_often3] Show the field ONLY if: [followup_12_wk_arm_1][return work_3] = "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? *lc2178*	radio, Required

1	All the time
2	Most of the time
3	Sometimes
4	Rarely or never

Custom alignment: LV

443	[sh_longcovid_4]	Section Header: Your Vaccination	descriptive

444	[cov19vacc2]	Since [baseline_arm_1][baselinedt], have you received a vaccine for COVID-19 (SARS-CoV-2)? *lc1378*	radio, Required

1	Yes
0	No

Custom alignment: LV

445	[cov19vaccn2] Show the field ONLY if: [followup_12_wk_arm_1][cov19 vacc2] = "1"	Since [baseline_arm_1][baselinedt], how many total doses of a COVID-19 vaccine did you receive? Please include clinical trial doses, booster doses and combination COVID-19/influenza vaccine doses. *lc3365*	radio, Required

1	1
2	2
3	3
4	4
5	5
6	6 or more
0	I'm not sure

Custom alignment: LV

446	[cov19vaccdt7] Show the field ONLY if: [followup_12_wk_arm_1][cov19 vaccn2] >= "1"	On what date (approximately) did you receive the first COVID-19 vaccine? *lc1471*	text (date_mdy, Min: [baseline_arm_1][baselinedt], Max: today), Required Custom alignment: LV Field Annotation: @FORCE-MINMAX @HIDEBUTTON

447	[cov19vaccloc7] Show the field ONLY if: [followup_12_wk_arm_1][cov19 vaccn2] >= "1"	Where did you receive the COVID-19 vaccine? *lc4779*	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

448	[cov19vaccdt8] Show the field ONLY if: [followup_12_wk_arm_1][cov19 vaccn2] >= "2"	On what date (approximately) did you receive the second COVID-19 vaccine? *lc1587*	text (date_mdy, Min: [followup_12_wk_arm_1] [cov19vaccdt7], Max: today), Required Custom alignment: LV Field Annotation: @FORCE-MINMAX @HIDEBUTTON
449	[cov19vaccloc8] Show the field ONLY if: [followup_12_wk_arm_1][cov19 vaccn2] >= "2"	Where did you receive the COVID-19 vaccine? *lc2844*	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
450	[cov19vaccdt9] Show the field ONLY if: [followup_12_wk_arm_1][cov19 vaccn2] >= "3"	On what date (approximately) did you receive the third COVID-19 vaccine? *lc1677*	text (date_mdy, Min: [followup_12_wk_arm_1] [cov19vaccdt8], Max: today), Required Custom alignment: LV Field Annotation: @FORCE-MINMAX @HIDEBUTTON
451	[cov19vaccloc9] Show the field ONLY if: [followup_12_wk_arm_1][cov19 vaccn2] >= "3"	Where did you receive the COVID-19 vaccine? *lc1899*	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
452	[cov19vaccdt10] Show the field ONLY if: [followup_12_wk_arm_1][cov19 vaccn2] >= "4"	On what date (approximately) did you receive the fourth COVID-19 vaccine? *lc2314*	text (date_mdy, Min: [followup_12_wk_arm_1] [cov19vaccdt9], Max: today), Required Custom alignment: LV Field Annotation: @FORCE-MINMAX @HIDEBUTTON
453	[cov19vaccloc10] Show the field ONLY if: [followup_12_wk_arm_1][cov19 vaccn2] >= "4"	Where did you receive the COVID-19 vaccine? *lc4287*	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
454	[cov19vaccdt11] Show the field ONLY if: [followup_12_wk_arm_1][cov19 vaccn2] >= "5"	On what date (approximately) did you receive the fifth COVID-19 vaccine? *lc3321*	text (date_mdy, Min: [followup_12_wk_arm_1] [cov19vaccdt10], Max: today), Required Custom alignment: LV Field Annotation: @FORCE-MINMAX @HIDEBUTTON
455	[cov19vaccloc11] Show the field ONLY if: [followup_12_wk_arm_1][cov19 vaccn2] >= "5"	Where did you receive the COVID-19 vaccine? *lc2433*	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
456	[cov19vaccdt12] Show the field ONLY if: [followup_12_wk_arm_1][cov19 vaccn2] >= "6"	On what date (approximately) did you receive the sixth COVID-19 vaccine? *lc1357*	text (date_mdy, Min: [followup_12_wk_arm_1] [cov19vaccdt11], Max: today), Required Custom alignment: LV Field Annotation: @FORCE-MINMAX @HIDEBUTTON

457	[cov19vaccloc12] Show the field ONLY if: [followup_12_wk_arm_1][cov19 vaccn2] >= "6"	Where did you receive the COVID-19 vaccine? *lc2954*	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

458	[followup_12_week_complete]	Section Header: *Form Status* Complete?	dropdown
			0	Incomplete
			1	Unverified
			2	Complete

Instrument: **Follow-up 6 Month** (followup_6_month) 📱 **Enabled as survey**			

459	[followupdt_6mo]	6 month follow-up date complete *lc1954*	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @TODAY
460	[lastcompletiondt]	Last completion date *lc3415*	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @CALCTEXT(if([event-name] = "followup_6_mo_arm_1" and [followup_12_wk_arm_1][followup_12_week_complete] = "2" and [followup_12_wk_arm_1][followupdt_12wk] <> "" , [followup_12_wk_arm_1][followupdt_12wk], [baseline_arm_1][baselinedt]))
461	[lc_followup_testing_6mo]	Did you have any positive COVID-19 tests between [screening_arm_1][ideal_12_week_date] and [screening_arm_1][ideal_6_mo_date]? *lc2412*	yesno, Required

			1	Yes
			0	No
			Custom alignment: LV

462	[lc_covtestdate_6mo] Show the field ONLY if: [followup_6_mo_arm_1][lc_follo wup_testing_6mo] = "1"	On what date (approximately) was this test performed? If you have had more than one test, please list the date of your first positive COVID-19 test since [screening_arm_1] [ideal_12_week_date]. *lc3115*	text (date_mdy, Min: [screening_arm_1] [ideal_12_week_date], Max: today), Required Custom alignment: LV Field Annotation: @FORCE-MINMAX @HIDEBUTTON

463	[lc_covtestloc_6mo] Show the field ONLY if: [followup_6_mo_arm_1][lc_follo wup_testing_6mo] = "1"	Where was your test performed? *lc1358*	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
			8	At home
			7	Someplace else, please specify {lc_covtestlocspec_6mo}
			Custom alignment: LV

464	[lc_covtestlocspec_6mo] Show the field ONLY if: [followup_6_mo_arm_1][lc_covt estloc_6mo] = "7"	Where? *lc1464*	text

465	[lc_covtestwhy_6mo] Show the field ONLY if: [followup_6_mo_arm_1][lc_follo wup_testing_6mo] = "1"	What was the reason(s) the test was performed? [select all that apply] *lc3765*	checkbox, Required

			1	lc_covtestwhy_6mo___1	I had symptoms that could have been caused by COVID-19
			2	lc_covtestwhy_6mo___2	I had an occupational or workplace exposure
			3	lc_covtestwhy_6mo___3	I had exposure outside of the workplace
			4	lc_covtestwhy_6mo___4	Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure)
			5	lc_covtestwhy_6mo___5	Other, please specify {lc_covtestwhyspec_6mo}
			6	lc_covtestwhy_6mo___6	Not sure

Custom alignment: LV

466	[lc_covtestwhyspec_6mo] Show the field ONLY if: [followup_6_mo_arm_1][lc_covt estwhy_6mo(5)] = "1"	Why? *lc2375*	text

467	[sh_longcovid_1_6mo]	Section Header: We want to understand which of the following symptoms you are currently experiencing. You may have some of these symptoms whether you have/had COVID-19 or not.	descriptive

468	[lc_fatigue_6mo]	Fatigue*lc2744*	radio (Matrix), Required

			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

469	[lc_cough_6mo]	Cough*lc1532*	radio (Matrix), Required

			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

470	[lc_sob_6mo]	Shortness of breath*lc1962*	radio (Matrix), Required

			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

471	[lc_congest_6mo]	Sinus congestion*lc2469*	radio (Matrix), Required

			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

472	[lc_chestpain_6mo]	Chest pain*lc3769*	radio (Matrix), Required

			0	No symptoms
			1	Mild symptoms
			2	Moderate symptoms
			3	Severe symptoms

473	[lc_headache_6mo]	Headachelc3966	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
474	[lc_dizziness_6mo]	Dizzinesslc1719	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
475	[lc_jointpain_6mo]	Persistent joint pains or muscle acheslc3122	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
476	[lc_musc_weak_6mo]	Muscle weaknesslc1154	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
477	[lc_mvemnt_prob_6mo]	Movement problems (such as tremor)lc3622	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
478	[lc_sore_throat_6mo]	Sore throatlc2747	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
479	[lc_losstaste_smell_6mo]	Loss of taste or smelllc1655	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
480	[lc_diarrhea_6mo]	Diarrhealc2371	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
481	[lc_nausea_6mo]	Nausealc1862	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
482	[lc_vomiting_6mo]	Vomitinglc2113	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms

483	[lc_abd_pain_6mo]	Abdominal painlc2966	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
484	[lc_confusion_6mo]	Confusionlc2233	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
485	[lc_mem_diff_6mo]	Difficulty with memorylc2655	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
486	[lc_concen_diff_6mo]	Difficulty with concentration or attentionlc1613	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
487	[lc_fever_6mo]	Feverlc1933	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
488	[lc_chills_6mo]	Chillslc1452	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
489	[lc_wtloss_6mo]	Weight losslc3798	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
490	[lc_wtgain_6mo]	Weight gainlc1568	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
491	[lc_exer_diff_6mo]	Difficulty with exerciselc3744	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
492	[lc_sleep_diff_6mo]	Trouble sleepinglc1932	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms

493	[lc_anxpanic_6mo]	Anxiety or paniclc2144	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
494	[lc_dep_6mo]	Depressionlc2996	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
495	[lc_symp_score_6mo]	CALCULATION: SYMPTOMS PRESENT AT LONG COVID SURVEY	calc Calculation: sum([lc_fatigue_6mo], [lc_cough_6mo], [lc_sob_6mo], [lc_congest_6mo], [lc_chestpain_6mo], [lc_headache_6mo], [lc_dizziness_6mo], [lc_jointpain_6mo], [lc_musc_weak_6mo], [lc_mvemnt_prob_6mo], [lc_sore_throat_6mo], [lc_losstaste_smell_6mo], [lc_diarrhea_6mo], [lc_nausea_6mo], [lc_vomiting_6mo], [lc_abd_pain_6mo], [lc_confusion_6mo], [lc_mem_diff_6mo], [lc_concen_diff_6mo], [lc_fever_6mo], [lc_chills_6mo], [lc_wtloss_6mo], [lc_wtgain_6mo], [lc_exer_diff_6mo], [lc_sleep_diff_6mo], [lc_anxpanic_6mo], [lc_dep_6mo]) Field Annotation: @HIDDEN-SURVEY
496	[lc_recovered_6mo] Show the field ONLY if: [followup_6_mo_arm_1][lc_symp_score_6mo] > "0"	How much do you feel you have recovered, relative to the worst symptoms of this illness? *lc2174*	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
497	[lc_sxwork_6mo] Show the field ONLY if: [followup_6_mo_arm_1][lc_symp_score_6mo] > "0"	To what extent have your symptoms disrupted your work/school work? *lc3621*	radio, Required
			0 Not at all
			1 Mildly
			2 Moderately
			3 Markedly
			4 Extremely
			Custom alignment: LV
498	[lc_sxleisure_6mo] Show the field ONLY if: [followup_6_mo_arm_1][lc_symp_score_6mo] > "0"	To what extent have your symptoms disrupted your social life/leisure activities? *lc1364*	radio, Required
			0 Not at all
			1 Mildly
			2 Moderately
			3 Markedly
			4 Extremely
			Custom alignment: LV
499	[lc_sxhome_6mo] Show the field ONLY if: [followup_6_mo_arm_1][lc_symp_score_6mo] > "0"	To what extent have your symptoms disrupted your home/family life? *lc4233*	radio, Required
			0 Not at all
			1 Mildly
			2 Moderately
			3 Markedly
			4 Extremely
			Custom alignment: LV

500	[lc_misswork_6mo] Show the field ONLY if: [followup_6_mo_arm_1][lc_symp_score_6mo] > "0"	Between [screening_arm_1][ideal_12_week_date] and [screening_arm_1][ideal_6_mo_date], approximately how many days did you miss work because of your symptoms? *lc2218*	text (integer, Min: 0), Required Custom alignment: LV
501	[lc_lessproductive_6mo] Show the field ONLY if: [followup_6_mo_arm_1][lc_symp_score_6mo] > "0"	Between [screening_arm_1][ideal_12_week_date] and [screening_arm_1][ideal_6_mo_date], how many days did you feel less productive because of your symptoms while you were at work or school? *lc2944*	text (integer, Min: 0), Required Custom alignment: LV
502	[sh_longcovid_2_6mo] Show the field ONLY if: [followup_6_mo_arm_1][lc_symp_score_6mo] > "0"	Section Header: Your Medical Care	descriptive
503	[lc_addhlthcare_6mo] Show the field ONLY if: [followup_6_mo_arm_1][lc_symp_score_6mo] > "0"	Have you seen a health care provider for any reason between [screening_arm_1][ideal_12_week_date] and [screening_arm_1][ideal_6_mo_date]? 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. *lc4113*	yesno, Required | 1	Yes
0	No	 Custom alignment: LV
504	[hlthcareutilmsg_3_6mo] Show the field ONLY if: [followup_6_mo_arm_1][lc_addhlthcare_6mo] = "1" and [followup_6_mo_arm_1][lc_symp_score_6mo] > "0"	After you have completed this form, you will be asked to report details on each of these healthcare visits.	descriptive
505	[sh_longcovid_3_6mo]	Section Header: Your Vaccination	descriptive
506	[cov19vacc3]	Since [followup_6_mo_arm_1][lastcompletiondt], have you received a vaccine for COVID-19 (SARS-CoV-2)? *lc1755*	yesno, Required | 1	Yes
0	No	 Custom alignment: LV
507	[cov19vaccn3] Show the field ONLY if: [followup_6_mo_arm_1][cov19vacc3] = "1"	How many total doses of a COVID-19 vaccine did you receive? Please include clinical trial doses, booster doses and combination COVID-19/influenza vaccine doses. *lc3742*	radio, Required | 1	1
2	2
3	3
4	4
5	5
6	6 or more
0	I'm not sure	 Custom alignment: LV
508	[cov19vaccdt13] Show the field ONLY if: [followup_6_mo_arm_1][cov19vaccn3] >= "1"	On what date (approximately) did you receive the first COVID-19 vaccine? *lc1492*	text (date_mdy, Min: [followup_6_mo_arm_1][lastcompletiondt], Max: today), Required Field Annotation: @FORCE-MINMAX @HIDEBUTTON
509	[cov19vaccloc13] Show the field ONLY if: [followup_6_mo_arm_1][cov19vaccn3] >= "1"	Where did you receive the COVID-19 vaccine? *lc4731*	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

510	[cov19vaccdt14] Show the field ONLY if: [followup_6_mo_arm_1][cov19vaccn3] >= "2"	On what date (approximately) did you receive the second COVID-19 vaccine? *lc1689*	text (date_mdy, Min: [followup_6_mo_arm_1] [cov19vaccdt13], Max: today), Required Field Annotation: @FORCE-MINMAX @HIDEBUTTON
511	[cov19vaccloc14] Show the field ONLY if: [followup_6_mo_arm_1][cov19vaccn3] >= "2"	Where did you receive the COVID-19 vaccine? *lc2231*	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
512	[cov19vaccdt15] Show the field ONLY if: [followup_6_mo_arm_1][cov19vaccn3] >= "3"	On what date (approximately) did you receive the third COVID-19 vaccine? *lc2798*	text (date_mdy, Min: [followup_6_mo_arm_1] [cov19vaccdt14], Max: today), Required Field Annotation: @HIDEBUTTON @FORCE-MINMAX
513	[cov19vaccloc15] Show the field ONLY if: [followup_6_mo_arm_1][cov19vaccn3] >= "3"	Where did you receive the COVID-19 vaccine? *lc1852*	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
514	[cov19vaccdt16] Show the field ONLY if: [followup_6_mo_arm_1][cov19vaccn3] >= "4"	On what date (approximately) did you receive the fourth COVID-19 vaccine? *lc2341*	text (date_mdy, Min: [followup_6_mo_arm_1] [cov19vaccdt15], Max: today), Required Field Annotation: @HIDEBUTTON @FORCE-MINMAX
515	[cov19vaccloc16] Show the field ONLY if: [followup_6_mo_arm_1][cov19vaccn3] >= "4"	Where did you receive the COVID-19 vaccine? *lc4712*	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
516	[cov19vaccdt17] Show the field ONLY if: [followup_6_mo_arm_1][cov19vaccn3] >= "5"	On what date (approximately) did you receive the fifth COVID-19 vaccine? *lc4411*	text (date_mdy, Min: [followup_6_mo_arm_1] [cov19vaccdt16], Max: today), Required Field Annotation: @HIDEBUTTON @FORCE-MINMAX
517	[cov19vaccloc17] Show the field ONLY if: [followup_6_mo_arm_1][cov19vaccn3] >= "5"	Where did you receive the COVID-19 vaccine? *lc2955*	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
518	[cov19vaccdt18] Show the field ONLY if: [followup_6_mo_arm_1][cov19vaccn3] >= "6"	On what date (approximately) did you receive the sixth COVID-19 vaccine? *lc4322*	text (date_mdy, Min: [followup_6_mo_arm_1] [cov19vaccdt17], Max: today), Required Field Annotation: @HIDEBUTTON @FORCE-MINMAX

519	[cov19vaccloc18] Show the field ONLY if: [followup_6_mo_arm_1][cov19v accn3] >= "6"	Where did you receive the COVID-19 vaccine? *lc1795*	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

520	[followup_6_month_complete]	Section Header: *Form Status* Complete?	dropdown

			0	Incomplete
			1	Unverified
			2	Complete

Instrument: Healthcare Utilization/Verification (healthcare_utilizationverification) 📲 **Enabled as survey**

521	[huv_shazam]	huv shazam for javascript	descriptive Field Annotation: @HIDDEN
522	[sh_healthcare]	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 or telemedicine (e.g., video) visits.	descriptive
523	[visittype]	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

524	[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: [screening_arm_1][start_index], Max: [screening_arm_1][end_index]), Required Field Annotation: @FORCE-MINMAX @HIDEBUTTON
525	[illness_related]	Was this visit related to your illness? *If you did not experience COVID-19-like symptoms, please select 'No'. *hu2824*	yesno, Required

| | | | 1 | Yes |
| | | | 0 | No |

Custom alignment: LV

526	[antiviral_mono]	Did you receive any steroid, antiviral or monoclonal antibody as treatment for COVID-19? *hu2664*	radio

			1	Yes
			0	No
			2	I don't know

Custom alignment: LV

527	[antiviral_monodt] Show the field ONLY if: [antiviral_mono] = "1"	What date did you begin treatment? *hu3877*	text (date_mdy, Min: [screening_arm_1][start_index], Max: [screening_arm_1][end_index]) Field Annotation: @HIDEBUTTON @FORCE-MINMAX
528	[hospadmdate] Show the field ONLY if: [visittype] = "4"	On what date (approximately) did you have this visit? *hu3105*	text (date_mdy, Min: [screening_arm_1][start_index], Max: [screening_arm_1][end_index]), Required Field Annotation: @FORCE-MINMAX @HIDEBUTTON
529	[evusheld_tx]	Did you take Evusheld or any other medication that was prescribed to prevent COVID-19 prior to your recent positive or negative test(s)? *hu3125*	radio, Required

			1	Yes, please specify which medication {evusheld_tx_spec}
			0	No
			2	Prefer not to answer

Custom alignment: LV

530	[evusheld_tx_spec] *hu1916*	Please specify which medication	text Custom alignment: LV
531	[supplo2] Show the field ONLY if: [visittype] = "4"	At any point during your hospital stay, did you need supplemental oxygen (oxygen through a tube in your nose [nasal cannula] or using an oxygen mask)? *hu3226*	yesno, Required 1 Yes 0 No Custom alignment: LV
532	[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
533	[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
534	[newvisit] *hu4179*	Do you have another health care visit to report?	yesno, Required 1 Yes 0 No Custom alignment: LV
535	[hc_site] *mv2274*	Site Verification Form	descriptive, Required Field Annotation: @HIDDEN-SURVEY
536	[mrverify_who] *mv2274*	Who is completing this form? Please use Hawkid used to log into the PREVENT REDCap.	text, Required Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
537	[medrecupload] *mv4473*	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.	file Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
538	[admitdt] *mv2012_eipmed17b*	Encounter date (Admission date for hospital admissions or visit date for outpatient visits)	text (date_mdy, Min: [screening_arm_1][start_index], Max: [screening_arm_1][end_index]), Required Field Annotation: @FORCE-MINMAX @HIDEBUTTON @HIDDEN-SURVEY
539	[needs_verified] *mv7486*	Does the health care visit reported by the participant meets requirements for an encounter that needs to be verified?	radio, Required 1 Yes 0 No - Mental Health 2 No - Telemedicine 4 No - Testing only 5 No - Medical chart data not available 3 No - Other Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
540	[admitdt_ver] Show the field ONLY if: [needs_verified]='1'	Was this visit able to be verified? *mv3859*	radio, Required 1 Yes 2 No, out of date range 0 No, inadequate documentation provided 3 No, no documentation available Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
541	[antiviral_mono_ver] Show the field ONLY if: [needs_verified]='1'	Did the participant receive any steroid, antiviral or monoclonal antibody as treatment for COVID-19? *mv3911*	radio, Required 1 Yes 0 No 2 Unkown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY

542	[antiviral_monodt_ver] Show the field ONLY if: [needs_verified]='1' and [antiviral_mono_ver] = "1"	Please indicate which medication(s) was given, and the start date. Paxlovid (nirmatrelivir/ritonavir) {paxlovid} {paxlovid_dt} Lagevrio (molunpiravir) {lagevrio} {lagevrio_dt} Remdesivir {remdesivir} {remdesivir_dt} Monoclonal antibody (such as casirivimab/imdevimab, bamlanivimab/etesevimab, sotrovimab) {monoclonal} {monoclonal_dt} Corticosteroid (dexamethasone OR prednisone) {cortico} {cortico_dt} *mv1465*	descriptive, Required Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON
543	[paxlovid] Show the field ONLY if: [needs_verified]='1' and [antiviral_mono_ver] = "1"	Paxlovid *mv1758*	yesno, Required | 1	Yes
0	No	 Custom alignment: LH Field Annotation: @HIDDEN-SURVEY
544	[paxlovid_dt] Show the field ONLY if: [needs_verified]='1' and [antiviral_mono_ver] = "1" and [paxlovid] = "1"	Paxlovid start date *mv2459*	text (date_mdy, Min: [screening_arm_1][start_index], Max: [screening_arm_1][end_index]), Required Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON
545	[lagevrio] Show the field ONLY if: [needs_verified]='1' and [antiviral_mono_ver] = "1"	Lagevrio *mv1937*	yesno, Required | 1	Yes
0	No	 Custom alignment: LH Field Annotation: @HIDDEN-SURVEY
546	[lagevrio_dt] Show the field ONLY if: [needs_verified]='1' and [antiviral_mono_ver] = "1" and [lagevrio] = "1"	Lagevrio start date *mv2459*	text (date_mdy, Min: [screening_arm_1][start_index], Max: [screening_arm_1][end_index]), Required Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON
547	[remdesivir] Show the field ONLY if: [needs_verified]='1' and [antiviral_mono_ver] = "1"	Remdesivir *mv2543*	yesno, Required | 1	Yes
0	No	 Custom alignment: LH Field Annotation: @HIDDEN-SURVEY
548	[remdesivir_dt] Show the field ONLY if: [needs_verified]='1' and [antiviral_mono_ver] = "1" and [remdesivir] = "1"	Remdesivir start date *mv2788*	text (date_mdy, Min: [screening_arm_1][start_index], Max: [screening_arm_1][end_index]), Required Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON
549	[monoclonal] Show the field ONLY if: [needs_verified]='1' and [antiviral_mono_ver] = "1"	Monoclonal antibody (such as casirivimab/imdevimab, bamlanivimab/etesevimab, sotrovimab) *mv1913*	yesno, Required | 1	Yes
0	No	 Custom alignment: LH Field Annotation: @HIDDEN-SURVEY
550	[monoclonal_dt] Show the field ONLY if: [needs_verified]='1' and [antiviral_mono_ver] = "1" and [monoclonal] = "1"	Monoclonal antibody (such as casirivimab/imdevimab, bamlanivimab/etesevimab, sotrovimab) start date *mv1347*	text (date_mdy, Min: [screening_arm_1][start_index], Max: [screening_arm_1][end_index]), Required Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON
551	[cortico] Show the field ONLY if: [needs_verified]='1' and [antiviral_mono_ver] = "1"	Corticosteroid (dexamethasone OR prednisone) *mv2745*	yesno, Required | 1	Yes
0	No	 Custom alignment: LH Field Annotation: @HIDDEN-SURVEY
552	[cortico_dt] Show the field ONLY if: [needs_verified]='1' and [antiviral_mono_ver] = "1" and [cortico] = "1"	Corticosteroid (dexamethasone OR prednisone) start date *mv2173*	text (date_mdy, Min: [screening_arm_1][start_index], Max: [screening_arm_1][end_index]), Required Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON

| 553 | [medhx_ver]

Show the field ONLY if:
[needs_verified]='1' | 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 and stressor related disorders
			21	medhx_ver___21	Cognitive and/or motor disorders
			22	medhx_ver___22	Movement or motor 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

| 554 | [docfever]

Show the field ONLY if:
[needs_verified]='1' | 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

| 555 | [highestfever]

Show the field ONLY if:
[needs_verified]='1' AND [docfever]='1' | What was the highest documented fever? Record the temperature in Celcius.
mv4377 | text (number, Min: 32, Max: 45), Required
Field Annotation: @HIDDEN-SURVEY |

556	[discdt1] Show the field ONLY if: [needs_verified]='1' and ([visitty pe] = "1" or [visittype] = "4")	Discharge date (or date of death for non-survivors) *mv4377_eipmed17c*	text (date_mdy, Min: [screening_arm_1][start_index], Max: today), Required Field Annotation: @FORCE-MINMAX @HIDEBUTTON @HIDDEN-SURVEY
557	[transfer] Show the field ONLY if: [needs_verified]='1' and ([visitty pe] = "1" or [visittype] = "4")	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
558	[admitdt2] Show the field ONLY if: [needs_verified]='1' and [transf er]='1'	Transfer hospital admission date *mv2819_eipmed17f*	text (date_mdy, Min: [screening_arm_1][start_index], Max: today), Required Field Annotation: @FORCE-MINMAX @HIDEBUTTON @HIDDEN-SURVEY
559	[icu] Show the field ONLY if: [visittype] ='4' and [needs_verifi ed]='1'	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
560	[admitdt3] Show the field ONLY if: [icu] = "1" and [needs_verified] ='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, Min: [screening_arm_1][start_index], Max: today), Required Custom alignment: LV Field Annotation: @FORCE-MINMAX @HIDEBUTTON @HIDDEN-SURVEY
561	[discdt3] Show the field ONLY if: [icu]='1' and [needs_verified] ='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, Min: [screening_arm_1][start_index], Max: today), Required Custom alignment: LV Field Annotation: @FORCE-MINMAX @HIDEBUTTON @HIDDEN-SURVEY
562	[desc_sysill] Show the field ONLY if: [visittype] ='4' and [needs_verifi ed]='1'	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 sea level (or requiring supplemental oxygen to maintain oxygen saturation >93%) {sp02}	descriptive Field Annotation: @HIDDEN-SURVEY
563	[resprate] Show the field ONLY if: [visittype] ='4' and [needs_verifi ed]='1'	Respiratory rate ≥ 30 breaths per minute *mv1874_eipmed19a*	radio 1 Yes 0 No 2 Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
564	[hrtrate] Show the field ONLY if: [visittype] ='4' and [needs_verifi ed]='1'	Heart rate ≥ 125 beats per minute *mv1874_eipmed19b*	radio 1 Yes 0 No 2 Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
565	[sp02] Show the field ONLY if: [visittype] ='4' and [needs_verifi ed]='1'	Oxygen saturation ≤ 93% on room 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

566	[desc_respfail] Show the field ONLY if: [visittype] ='4' and [needs_verifi ed]='1'	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
567	[pap] Show the field ONLY if: [visittype] ='4' and [needs_verifi ed]='1'	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
568	[hfnc] Show the field ONLY if: [visittype] ='4' and [needs_verifi ed]='1'	High flow nasal cannula (Vapotherm, Optiflow) *mv2784_eipmed20b*	radio 	1	Yes
0	No
2	Unknown	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
569	[iv] Show the field ONLY if: [visittype] ='4' and [needs_verifi ed]='1'	Intubation and mechanical ventilation *mv2784_eipmed20c*	radio 	1	Yes
0	No
2	Unknown	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
570	[ecmo] Show the field ONLY if: [visittype] ='4' and [needs_verifi ed]='1'	Extracorporeal life support (ECLS) / Extracorporeal membrane oxygenation (ECMO) *mv2784_eipmed20d*	radio 	1	Yes
0	No
2	Unknown	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
571	[vaso] Show the field ONLY if: [visittype] ='4' and [needs_verifi ed]='1'	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
572	[neurodys] Show the field ONLY if: [visittype] ='4' and [needs_verifi ed]='1'	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

573	[outcome] Show the field ONLY if: [visittype] ='4' and [needs_verified]='1'	What was the outcome of hospitalization? *mv2757_eipmed23*	radio, Required 1 Alive 2 Died Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
574	[radiog] Show the field ONLY if: [needs_verified]='1'	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
575	[radiog_abnorm] Show the field ONLY if: [radiog] = "1" and [needs_verified]='1'	Was the result of the above test "normal"? *mv1355_eipmed30a*	yesno, Required 1 Yes 0 No Custom alignment: LV Field Annotation: @HIDDEN-SURVEY

576	[radiog_report] Show the field ONLY if: [radiog_abnorm] = "0" and [needs_verified]='1'	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

577	[dischdiag] Show the field ONLY if: [needs_verified]='1' and ([visitty pe] = "1" or [visittype] = "4")	Did the participant have any of the following new diagnoses during hospitalization or at discharge? [select all that apply] *mv2752_eipmed31*	checkbox, Required

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'

578	[healthcare_utilizationverification_complete]	Section Header: *Form Status* Complete?	dropdown

dropdown	
0	Incomplete
1	Unverified
2	Complete

Instrument: Healthcare Utilization/Verification 12wk (healthcare_utilizationverification_12wk)   🖳 **Enabled as survey**

579	[huv_shazam_12w]	huv shazam for javascript	descriptive Field Annotation: @HIDDEN
580	[sh_healthcare_12w]	Section Header: Please report all health care visits in the period from [screening_arm_1][ideal_flup_date] to [screening_arm_1][ideal_12_week_date]. Complete one form per health care visit. Do NOT report health care visits for mental health or telemedicine (e.g., video) visits.	descriptive
581	[wk12_min_date]	12wk_min_date	text (date_mdy) Field Annotation: @HIDDEN @CALCTEXT([screening_arm_1][ideal_flup_date])
582	[wk12_max_date]	12wk_max_date	text (date_mdy) Field Annotation: @HIDDEN @CALCTEXT([screening_arm_1][ideal_12_week_date])
583	[visittype_12w]	Please indicate which type of visit you are reporting. *hu2133*	radio, Required

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

584	[hlthcare_visitdate_12w] Show the field ONLY if: [visittype_12w] = "1" or [visittype_12w] = "2" or [visittype_12w] = "3"	On what date (approximately) did you have this visit? *hu3314*	text (date_mdy, Min: [wk12_min_date], Max: [wk12_max_date]), Required Field Annotation: @FORCE-MINMAX @HIDEBUTTON
585	[illness_related_12w]	Was this visit related to your illness? *If you did not experience COVID-19-like symptoms, please select 'No'. *hu1579*	yesno, Required 1 Yes 0 No Custom alignment: LV
586	[antiviral_mono_12w]	Did you receive any steroid, antiviral or monoclonal antibody as treatment for COVID-19? *hu3117*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV Field Annotation: @HIDDEN
587	[antiviral_monodt_12w] Show the field ONLY if: [antiviral_mono_12w] = "1"	What date did you begin treatment? *hc3487*	text (date_mdy, Min: [wk12_min_date], Max: today) Field Annotation: @FORCE-MINMAX @HIDEBUTTON @HIDDEN
588	[hospadmdate_12w] Show the field ONLY if: [visittype_12w] = "4"	On what date (approximately) did you have this visit? *hu2169*	text (date_mdy, Min: [wk12_min_date], Max: [wk12_max_date]), Required Field Annotation: @HIDEBUTTON @FORCE-MINMAX
589	[supplo2_12w] Show the field ONLY if: [visittype_12w] = "4"	At any point during your hospital stay, did you need supplemental oxygen (oxygen through a tube in your nose [nasal cannula] or using an oxygen mask)? *hu2574*	yesno, Required 1 Yes 0 No Custom alignment: LV
590	[icucare_12w] Show the field ONLY if: [visittype_12w] = "4"	At any point during your hospital stay, were you admitted to an intensive care unit (ICU)? *hu3766*	yesno, Required 1 Yes 0 No Custom alignment: LV
591	[ventilator_12w] Show the field ONLY if: [icucare_12w] = "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)? *hu4213*	yesno, Required 1 Yes 0 No Custom alignment: LV
592	[newvisit_12w]	Do you have another health care visit to report? *hu1344*	yesno, Required 1 Yes 0 No Custom alignment: LV
593	[hc_site_12w]	Site Verification Form *mv2274*	descriptive Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY
594	[mrverify_who_12w]	Who is completing this form? Please use Hawkid used to log into the PREVENT REDCap. *mv1651*	text, Required Custom alignment: LV Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
595	[medrecupload_12w]	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. *mv2147*	file Custom alignment: LV Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
596	[admitdt_12w]	Encounter date (Admission date for hospital admissions or visit date for outpatient visits) *mv1911_eipmed17b*	text (date_mdy, Min: [wk12_min_date], Max: [wk12_max_date]), Required Field Annotation: @FORCE-MINMAX @HIDEBUTTON @HIDDEN-SURVEY @HIDDEN-FORM

597	[needs_verified_12w]	Does the health care visit reported by the participant meets requirements for an encounter that needs to be verified? *mv4722*	radio, Required

			1	Yes
			0	No - Mental Health
			2	No - Telemedicine
			4	No - Testing only
			5	No - Medical chart data not available
			3	No - Other

Custom alignment: LV
Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM

| 598 | [admitdt_ver_12w]

Show the field ONLY if:
[needs_verified_12w]='1' | Was this visit able to be verified? *mv3897* | radio, Required |
|---|---|---|---|

1	Yes
2	No, out of date range
0	No, inadequate documentation provided
3	No, no documentation available

Custom alignment: LV
Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM

| 599 | [antiviral_mono_ver_12w]

Show the field ONLY if:
[needs_verified_12w]='1' | Did the participant receive any steroid, antiviral or monoclonal antibody as treatment for COVID-19? *mv1474* | radio, Required |
|---|---|---|---|

1	Yes
0	No
2	Unknown

Custom alignment: LV
Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM

| 600 | [antiviral_monodt_ver_12w]

Show the field ONLY if:
[needs_verified_12w]='1' and [a ntiviral_mono_ver_12w] = "1" | Please indicate which medication(s) was given, and the start date. Paxlovid (nirmatrelivir/ritonavir) {paxlovid_12wk} {paxlovid_dt_12wk} Lagevrio (molunpiravir) {lagevrio_12wk} {lagevrio_dt_12wk} Remdesivir {remdesivir_12wk} {remdesivir_dt_12wk} Monoclonal antibody (such as casirivimab/imdevimab, bamlanivimab/etesevimab, sotrovimab) {monoclonal_12wk} {monoclonal_dt_12wk} Corticosteroid (dexamethasone OR prednisone) {cortico_12wk} {cortico_dt_12wk} *mv1466* | descriptive, Required
Field Annotation: @HIDDEN-SURVEY @HIDEBUTTON @HIDDEN-FORM |
|---|---|---|---|

| 601 | [paxlovid_12wk]

Show the field ONLY if:
[needs_verified_12w]='1' and [a ntiviral_mono_ver_12w] = "1" | Paxlovid *mv1377* | yesno, Required |
|---|---|---|---|

1	Yes
0	No

Custom alignment: LH
Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM

| 602 | [paxlovid_dt_12wk]

Show the field ONLY if:
[needs_verified_12w]='1' and [a ntiviral_mono_ver_12w] = "1" a nd [paxlovid_12wk] = "1" | Paxlovid start date *mv2143* | text (date_mdy, Min: [wk12_min_date], Max: today), Required
Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON @HIDDEN-FORM |
|---|---|---|---|

| 603 | [lagevrio_12wk]

Show the field ONLY if:
[needs_verified_12w]='1' and [a ntiviral_mono_ver_12w] = "1" | Lagevrio *mv2741* | yesno, Required |
|---|---|---|---|

1	Yes
0	No

Custom alignment: LH
Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM

| 604 | [lagevrio_dt_12wk]

Show the field ONLY if:
[needs_verified_12w]='1' and [a ntiviral_mono_ver_12w] = "1" a nd [lagevrio_12wk] = "1" | Lagevrio start date *mv2498* | text (date_mdy, Min: [wk12_min_date], Max: today), Required
Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON @HIDDEN-FORM |
|---|---|---|---|

605	[remdesivir_12wk] Show the field ONLY if: [needs_verified_12w]='1' and [antiviral_mono_ver_12w] = "1"	Remdesivir *mv2097*	yesno, Required 1 Yes 0 No Custom alignment: LH Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
606	[remdesivir_dt_12wk] Show the field ONLY if: [needs_verified_12w]='1' and [antiviral_mono_ver_12w] = "1" and [remdesivir_12wk] = "1"	Remdesivir start date *mv1631*	text (date_mdy, Min: [wk12_min_date], Max: today), Required Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON @HIDDEN-FORM
607	[monoclonal_12wk] Show the field ONLY if: [needs_verified_12w]='1' and [antiviral_mono_ver_12w] = "1"	Monoclonal antibody (such as casirivimab/imdevimab, bamlanivimab/etesevimab, sotrovimab) *mv1224*	yesno, Required 1 Yes 0 No Custom alignment: LH Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
608	[monoclonal_dt_12wk] Show the field ONLY if: [needs_verified_12w]='1' and [antiviral_mono_ver_12w] = "1" and [monoclonal_12wk] = "1"	Monoclonal antibody (such as casirivimab/imdevimab, bamlanivimab/etesevimab, sotrovimab) start date *mv1323*	text (date_mdy, Min: [wk12_min_date], Max: today), Required Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON @HIDDEN-FORM
609	[cortico_12wk] Show the field ONLY if: [needs_verified_12w]='1' and [antiviral_mono_ver_12w] = "1"	Corticosteroid (dexamethasone OR prednisone) *mv2731*	yesno, Required 1 Yes 0 No Custom alignment: LH Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
610	[cortico_dt_12wk] Show the field ONLY if: [needs_verified_12w]='1' and [antiviral_mono_ver_12w] = "1" and [cortico_12wk] = "1"	Corticosteroid (dexamethasone OR prednisone) start date *mv2119*	text (date_mdy, Min: [wk12_min_date], Max: today), Required Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON @HIDDEN-FORM

611	[medhx_ver_12w] Show the field ONLY if: [needs_verified_12w]='1'	Does the record include any documentation of the following medical history? [check all that apply] *mv2689_eip37*	checkbox, Required

		checkbox, Required	
1	medhx_ver_12w___1	Asthma
2	medhx_ver_12w___2	Allergic rhinitis
3	medhx_ver_12w___3	COPD/Emphysema
4	medhx_ver_12w___4	Other chronic lung disease
5	medhx_ver_12w___5	Hypertension (high blood pressure)
6	medhx_ver_12w___6	Coronary artery disease
7	medhx_ver_12w___7	Other heart condition (e.g., valve abnormality, history of non-coronary heart surgery, pacemaker)
8	medhx_ver_12w___8	Stroke
9	medhx_ver_12w___9	Diabetes mellitus, type I
10	medhx_ver_12w___10	Diabetes mellitus, type II
27	medhx_ver_12w___27	Diabetes mellitus, unspecified type
11	medhx_ver_12w___11	Chronic kidney disease
12	medhx_ver_12w___12	Dialysis
13	medhx_ver_12w___13	Solid organ transplant (kidney, liver, lungs, heart)
14	medhx_ver_12w___14	Hematopoietic stem cell transplant
15	medhx_ver_12w___15	Autoimmune or rheumatologic disease
26	medhx_ver_12w___26	Other immunosuppressing condition
16	medhx_ver_12w___16	Active cancer
17	medhx_ver_12w___17	Deep vein thrombosis or pulmonary embolism
18	medhx_ver_12w___18	Chronic liver disease
19	medhx_ver_12w___19	Depression or other mood disorder
20	medhx_ver_12w___20	Anxiety, obsessive compulsive and trauma and stressor related disorders
21	medhx_ver_12w___21	Cognitive and/or motor disorders
22	medhx_ver_12w___22	Movement or motor disorders
28	medhx_ver_12w___28	Alcohol use disorder
29	medhx_ver_12w___29	Sleep disorders
23	medhx_ver_12w___23	Other medical conditions
24	medhx_ver_12w___24	None of these

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "24"
@HIDDEN-SURVEY @HIDDEN-FORM

612	[docfever_12w] Show the field ONLY if: [needs_verified_12w]='1'	Was there any evidence of documented fever at any point during this visit (temperature greater than 100.0°F or 37.8°C)? *mv1345*	yesno, Required

		yesno, Required
1	Yes
0	No

Custom alignment: LV
Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM

613	[highestfever_12w] Show the field ONLY if: [needs_verified_12w]='1' AND [docfever_12w]='1'	What was the highest documented fever? Record the temperature in Celcius. *mv4721*	text (number, Min: 32, Max: 45), Required Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
614	[discdt1_12w] Show the field ONLY if: [needs_verified_12w]='1' and ([visittype_12w] = "1" or [visitty pe_12w] = "4")	Discharge date (or date of death for non-survivors) *mv1593_eipmed17c*	text (date_mdy, Min: [wk12_min_date], Max: today), Required Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON @HIDDEN-FORM
615	[transfer_12w] Show the field ONLY if: [needs_verified_12w]='1' and ([visittype_12w] = "1" or [visitty pe_12w] = "4")	Was this participant transferred FROM another hospital ? If so, please complete second form for the other hospital once this form is complete. *mv3752_eipmed17d*	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
616	[admitdt2_12w] Show the field ONLY if: [needs_verified_12w]='1' and [t ransfer_12w]='1'	Transfer hospital admission date *mv2874_eipmed17f*	text (date_mdy, Min: [wk12_min_date], Max: today), Required Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON @HIDDEN-FORM
617	[icu_12w] Show the field ONLY if: [visittype_12w] ='4' and [needs_ verified_12w]='1'	Was the participant admitted to the ICU during this admission? *mv2421_eipmed18*	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
618	[admitdt3_12w] Show the field ONLY if: [icu_12w] = "1" and [needs_veri fied_12w]='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. *mv3411_eipmed18a*	text (date_mdy, Min: [wk12_min_date], Max: today), Required Custom alignment: LV Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON @HIDDEN-FORM
619	[discdt3_12w] Show the field ONLY if: [icu_12w]='1' and [needs_verifi ed_12w]='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. *mv3647_eipmed18b*	text (date_mdy, Min: [wk12 _min_date], Max: today), Required Custom alignment: LV Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON @HIDDEN-FORM
620	[desc_sysill_12w] Show the field ONLY if: [visittype_12w] ='4' and [needs_ verified_12w]='1'	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_12w} Heart rate ≥ 125 beats per minute {hrtrate_12w} Oxygen saturation ≤ 93% on room at sea level (or requiring supplemental oxygen to maintain oxygen saturation >93%) {sp02_12w}	descriptive Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
621	[resprate_12w] Show the field ONLY if: [visittype_12w] ='4' and [needs_ verified_12w]='1'	Respiratory rate ≥ 30 breaths per minute *mv2333_eipmed19a*	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Unknown</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
622	[hrtrate_12w] Show the field ONLY if: [visittype_12w] ='4' and [needs_ verified_12w]='1'	Heart rate ≥ 125 beats per minute *mv2477_eipmed19b*	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Unknown</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM

| 623 | [sp02_12w]

Show the field ONLY if:
[visittype_12w] ='4' and [needs_verified_12w]='1' | Oxygen saturation ≤ 93% on room at sea level (or requiring supplemental oxygen to maintain oxygen saturation >93%)
mv1674_eipmed19c | radio

| 1 | Yes |
| 0 | No |
2	Unknown	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
624	[desc_respfail_12w] Show the field ONLY if: [visittype_12w] ='4' and [needs_verified_12w]='1'	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_12w} High flow nasal cannula (Vapotherm, Optiflow) {hfnc_12w} Intubation and mechanical ventilation {iv_12w} Extracorporeal life support (ECLS) / Extracorporeal membrane oxygenation (ECMO) {ecmo_12w}	descriptive Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
625	[pap_12w] Show the field ONLY if: [visittype_12w] ='4' and [needs_verified_12w]='1'	New BiPap or CPAP use (do not include night-time CPAP that was prescribed at home for non-COVID indications) *mv3147_eipmed20a*	radio | 1	Yes
0	No
2	Unknown	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
626	[hfnc_12w] Show the field ONLY if: [visittype_12w] ='4' and [needs_verified_12w]='1'	High flow nasal cannula (Vapotherm, Optiflow) *mv3347_eipmed20b*	radio | 1	Yes
0	No
2	Unknown	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
627	[iv_12w] Show the field ONLY if: [visittype_12w] ='4' and [needs_verified_12w]='1'	Intubation and mechanical ventilation *mv3587_eipmed20c*	radio | 1	Yes
0	No
2	Unknown	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
628	[ecmo_12w] Show the field ONLY if: [visittype_12w] ='4' and [needs_verified_12w]='1'	Extracorporeal life support (ECLS) / Extracorporeal membrane oxygenation (ECMO) *mv3964_eipmed20d*	radio | 1	Yes
0	No
2	Unknown	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
629	[vaso_12w] Show the field ONLY if: [visittype_12w] ='4' and [needs_verified_12w]='1'	Was the participant treated with a continuous infusion of vasopressor therapy (dobutamine, dopamine, epinephrine, milrinone, phenylephrine, norepinephrine, vasopressin) during this hospital stay? *mv1514_eipmed21*	yesno, Required | 1	Yes
0	No	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM

| 630 | [neurodys_12w]

Show the field ONLY if:
[visittype_12w] ='4' and [needs_verified_12w]='1' | Which (if any) diagnoses of acute neurologic dysfunction based on clinician diagnosis did the participant develop during this hospitalization? [select all that apply]
mv2334_eipmed22 | checkbox, Required |

			1	neurodys_12w___1	Viral meningitis
			2	neurodys_12w___2	Viral encephalitis
			3	neurodys_12w___3	Acute disseminated encephalomyelitis (ADEM)
			4	neurodys_12w___4	Intracerebral hemorrhage (hemorrhagic stroke)
			5	neurodys_12w___5	Cerebral infarction (ischemic stroke)
			6	neurodys_12w___6	Guillain-Barre syndrome
			7	neurodys_12w___7	Transverse myelitis
			8	neurodys_12w___8	Ataxia
			9	neurodys_12w___9	Peripheral neuropathy
			10	neurodys_12w___10	None of these

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "10"
@HIDDEN-SURVEY @HIDDEN-FORM

| 631 | [outcome_12w]

Show the field ONLY if:
[visittype_12w] ='4' and [needs_verified_12w]='1' | What was the outcome of hospitalization?
mv2759_eipmed23 | radio, Required |

| | | | 1 | Alive |
| | | | 2 | Died |

Custom alignment: LV
Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM

| 632 | [radiog_12w]

Show the field ONLY if:
[needs_verified_12w]='1' | Did the participant have a chest x-ray, chest CT, or chest MRI performed during this visit?
mv2447_eipmed30 | yesno, Required |

| | | | 1 | Yes |
| | | | 0 | No |

Custom alignment: LV
Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM

| 633 | [radiog_abnorm_12w]

Show the field ONLY if:
[radiog_12w] = "1" and [needs_verified_12w]='1' | Was the result of the above test "normal"?
mv1877_eipmed30a | yesno, Required |

| | | | 1 | Yes |
| | | | 0 | No |

Custom alignment: LV
Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM

| 634 | [radiog_report_12w]

Show the field ONLY if:
[radiog_abnorm_12w] = "0" and [needs_verified_12w]='1' | Which of the following abnormalities were noted? [check all that apply]
mv3914_eipmed30b | checkbox, Required |

			1	radiog_report_12w___1	Airspace density
			2	radiog_report_12w___2	Airspace opacity/opacificatio
			3	radiog_report_12w___3	Bronchopneumonia/pneumo
			4	radiog_report_12w___4	Consolidation
			5	radiog_report_12w___5	Cavitations
			6	radiog_report_12w___6	Empyema
			7	radiog_report_12w___7	Enlarged epiglottis
			8	radiog_report_12w___8	Ground glass opacities
			9	radiog_report_12w___9	Interstitial infiltrate
			17	radiog_report_12w___17	Lobar infiltrate
			18	radiog_report_12w___18	Pleural effusion
			19	radiog_report_12w___19	Pneumomediastinum
			20	radiog_report_12w___20	Pneumothorax
			21	radiog_report_12w___21	Pulmonary embolism
			22	radiog_report_12w___22	Tracheal narrowing
			23	radiog_report_12w___23	Widened mediastinum

Custom alignment: LV
Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM

635	[dischdiag_12w] Show the field ONLY if: [needs_verified_12w]='1' and ([visittype_12w] = "1" or [visitty pe_12w] = "4")	Did the participant have any of the following new diagnoses during hospitalization or at discharge? [select all that apply] *mv4787_eipmed31*	checkbox, Required		
			1	dischdiag_12w___1	Acute encephalopathy/encephalitis
			2	dischdiag_12w___2	Acute liver failure
			3	dischdiag_12w___3	Acute renal failure/acute kidney injury/new hemodialysis
			4	dischdiag_12w___4	Acute respiratory distress syndrome (ARDS)
			5	dischdiag_12w___5	Acute respiratory failure
			6	dischdiag_12w___6	Ataxia
			7	dischdiag_12w___7	Guillan-Barre syndrome
			8	dischdiag_12w___8	Intracerebral hemorrhage/hemorrhagic stroke
			9	dischdiag_12w___9	Multisystem inflammatory syndrome in adults (MIS-A)
			10	dischdiag_12w___10	Myocarditis
			17	dischdiag_12w___17	Peripheral neuropathy
			18	dischdiag_12w___18	Ischemic stroke / cerebrovascular accident (CVA) / cerebral infarction
			19	dischdiag_12w___19	Seizures
			20	dischdiag_12w___20	Severe systemic illness due to COVID-19
			21	dischdiag_12w___21	Transverse myelitis
			22	dischdiag_12w___22	Viral meningitis
			23	dischdiag_12w___23	Viral encephalitis
			0	dischdiag_12w___0	None
			Custom alignment: LV Field Annotation: @HIDDEN-SURVEY @NONEOFTHEABOVE='0'@HIDDEN-FORM		
636	[healthcare_utilizationverification_12wk_complete]	Section Header: *Form Status* Complete?	dropdown		
			0	Incomplete	
			1	Unverified	
			2	Complete	

Instrument: Healthcare Utilization/Verification 6 mo (healthcare_utilizationverification_6_mo)   🖳 **Enabled as survey**

637	[huv_shazam_6mo]	huv shazam for javascript	descriptive Field Annotation: @HIDDEN
638	[sh_healthcare_6mo]	Section Header: Please report all health care visits in the period from [screening_arm_1][ideal_12_week_date] and [screening_arm_1][ideal_6_mo_date]. Complete one form per health care visit. Do NOT report health care visits for mental health or telemedicine (e.g., video) visits.	descriptive
639	[mo6_min_date]	6mo_min_date	text (date_mdy) Field Annotation: @HIDDEN @CALCTEXT([screening_arm_1][ideal_12_week_date])
640	[mo6_max_date]	6mo_max_date	text (date_mdy) Field Annotation: @HIDDEN @CALCTEXT([screening_arm_1][ideal_6_mo_date])
641	[visittype_6mo]	Please indicate which type of visit you are reporting. *hu1653*	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

642	[hlthcare_visitdate_6mo] Show the field ONLY if: [visittype_6mo] = '1' or [visittype_6mo] = '2' or [visittype_6mo] = '3'	On what date (approximately) did you have this visit? *hu3152*	text (date_mdy, Min: [mo6_min_date], Max: [mo6_max_date]), Required Field Annotation: @FORCE-MINMAX @HIDEBUTTON
643	[illness_related_6mo]	Was this visit related to your illness? *If you did not experience COVID-19-like symptoms, please select 'No'. *hu2766*	yesno, Required 1 Yes 0 No Custom alignment: LV
644	[antiviral_mono_6mo]	Did you receive any steroid, antiviral or monoclonal antibody as treatment for COVID-19? *hu2352*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV Field Annotation: @HIDDEN
645	[antiviral_monodt_6mo] Show the field ONLY if: [antiviral_mono_6mo] = "1"	What date did you begin treatment? *hc1921*	text (date_mdy, Min: [mo6_min_date], Max: today) Field Annotation: @HIDEBUTTON @FORCE-MINMAX @HIDDEN
646	[hospadmdate_6mo] Show the field ONLY if: [visittype_6mo] = "4"	On what date (approximately) did you have this visit? *hu1542*	text (date_mdy, Min: [mo6_min_date], Max: [mo6_max_date]), Required Field Annotation: @HIDEBUTTON @FORCE-MINMAX
647	[supplo2_6mo] Show the field ONLY if: [visittype_6mo] = "4"	At any point during your hospital stay, did you need supplemental oxygen (oxygen through a tube in your nose [nasal cannula] or using an oxygen mask)? *hu3782*	yesno, Required 1 Yes 0 No Custom alignment: LV
648	[icucare_6mo] Show the field ONLY if: [visittype_6mo] = "4"	At any point during your hospital stay, were you admitted to an intensive care unit (ICU)? *hu2467*	yesno, Required 1 Yes 0 No Custom alignment: LV
649	[ventilator_6mo] Show the field ONLY if: [icucare_6mo] = "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)? *hu1682*	yesno, Required 1 Yes 0 No Custom alignment: LV
650	[newvisit_6mo]	Do you have another health care visit to report? *hu4456*	yesno, Required 1 Yes 0 No Custom alignment: LV
651	[hc_site_6mo]	Site Verification Form *mv2274*	descriptive Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
652	[mrverify_who_6mo]	Who is completing this form? Please use Hawkid used to log into the PREVENT REDCap. *mv1647*	text, Required Custom alignment: LV Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
653	[medrecupload_6mo]	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. *mv1565*	file Custom alignment: LV Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY
654	[admitdt_6mo]	Encounter date (Admission date for hospital admissions or visit date for outpatient visits) *mv2698_eipmed17b*	text (date_mdy, Min: [mo6_min_date], Max: [mo6_max_date]), Required Field Annotation: @HIDEBUTTON @HIDDEN-FORM @HIDDEN-SURVEY @FORCE-MINMAX

655	[needs_verified_6mo]	Does the health care visit reported by the participant meets requirements for an encounter that needs to be verified? *mv4255*	radio, Required 1 Yes 0 No - Mental Health 2 No - Telemedicine 4 No - Testing only 5 No - Medical chart data not available 3 No - Other Custom alignment: LV Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY
656	[admitdt_ver_6mo] Show the field ONLY if: [needs_verified_6mo]='1'	Was this visit able to be verified? *mv3322*	radio, Required 1 Yes 2 No, out of date range 0 No, inadequate documentation provided 3 No, no documentation available Custom alignment: LV Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY
657	[antiviral_mono_ver_6mo] Show the field ONLY if: [needs_verified_6mo]='1'	Did the participant receive any steroid, antiviral or monoclonal antibody as treatment for COVID-19? *mv2374*	radio, Required 1 Yes 0 No 2 Unknown Custom alignment: LV Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY
658	[antiviral_monodt_ver_6mo] Show the field ONLY if: [needs_verified_6mo]='1' and [antiviral_mono_ver_6mo] = "1"	Please indicate which medication(s) was given, and the start date. Paxlovid (nirmatrelivir/ritonavir) {paxlovid_6mo} {paxlovid_dt_6mo} Lagevrio (molunpiravir) {lagevrio_6mo} {lagevrio_dt_6mo} Remdesivir {remdesivir_6mo} {remdesivir_dt_6mo} Monoclonal antibody (such as casirivimab/imdevimab, bamlanivimab/etesevimab, sotrovimab) {monoclonal_6mo} {monoclonal_dt_6mo} Corticosteroid (dexamethasone OR prednisone) {cortico_6mo} {cortico_dt_6mo} *mv3954*	descriptive, Required Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON
659	[paxlovid_6mo] Show the field ONLY if: [needs_verified_6mo]='1' and [antiviral_mono_ver_6mo] = "1"	Paxlovid *mv1936*	yesno, Required 1 Yes 0 No Custom alignment: LH Field Annotation: @HIDDEN-SURVEY
660	[paxlovid_dt_6mo] Show the field ONLY if: [needs_verified_6mo]='1' and [antiviral_mono_ver_6mo] = "1" and [paxlovid_6mo] = "1"	Paxlovid start date *mv2578*	text (date_mdy, Min: [mo6_min_date], Max: today), Required Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON
661	[lagevrio_6mo] Show the field ONLY if: [needs_verified_6mo]='1' and [antiviral_mono_ver_6mo] = "1"	Lagevrio *mv2634*	yesno, Required 1 Yes 0 No Custom alignment: LH Field Annotation: @HIDDEN-SURVEY
662	[lagevrio_dt_6mo] Show the field ONLY if: [needs_verified_6mo]='1' and [antiviral_mono_ver_6mo] = "1" and [lagevrio_6mo] = "1"	Lagevrio start date *mv2234*	text (date_mdy, Min: [mo6_min_date], Max: today), Required Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON

663	[remdesivir_6mo] Show the field ONLY if: [needs_verified_6mo]='1' and [antiviral_mono_ver_6mo] = "1"	Remdesivir *mv1864*	yesno, Required 	1	Yes
0	No	 Custom alignment: LH Field Annotation: @HIDDEN-SURVEY
664	[remdesivir_dt_6mo] Show the field ONLY if: [needs_verified_6mo]='1' and [antiviral_mono_ver_6mo] = "1" and [remdesivir_6mo] = "1"	Remdesivir start date *mv1497*	text (date_mdy, Min: [mo6_min_date], Max: today), Required Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON
665	[monoclonal_6mo] Show the field ONLY if: [needs_verified_6mo]='1' and [antiviral_mono_ver_6mo] = "1" and [monoclonal_6mo] = "1"	Monoclonal antibody (such as casirivimab/imdevimab, bamlanivimab/etesevimab, sotrovimab) *mv1974*	yesno, Required 	1	Yes
0	No	 Custom alignment: LH Field Annotation: @HIDDEN-SURVEY
666	[monoclonal_dt_6mo] Show the field ONLY if: [needs_verified]='1' and [antivir al_mono_ver] = "1" and [monoc lonal] = "1"	Monoclonal antibody (such as casirivimab/imdevimab, bamlanivimab/etesevimab, sotrovimab) start date *mv1369*	text (date_mdy, Min: [mo6_min_date], Max: today), Required Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON
667	[cortico_6mo] Show the field ONLY if: [needs_verified_6mo]='1' and [antiviral_mono_ver_6mo] = "1"	Corticosteroid (dexamethasone OR prednisone) *mv2764*	yesno, Required 	1	Yes
0	No	 Custom alignment: LH Field Annotation: @HIDDEN-SURVEY
668	[cortico_dt_6mo] Show the field ONLY if: [needs_verified_6mo]='1' and [antiviral_mono_ver_6mo] = "1" and [cortico_6mo] = "1"	Corticosteroid (dexamethasone OR prednisone) start date *mv2137*	text (date_mdy, Min: [mo6_min_date], Max: today), Required Field Annotation: @FORCE-MINMAX @HIDDEN-SURVEY @HIDEBUTTON

669	[medhx_ver_6mo] Show the field ONLY if: [needs_verified_6mo]='1'	Does the record include any documentation of the following medical history? [check all that apply] *mv2415_eip37*	checkbox, Required		
			1	medhx_ver_6mo___1	Asthma
			2	medhx_ver_6mo___2	Allergic rhinitis
			3	medhx_ver_6mo___3	COPD/Emphysema
			4	medhx_ver_6mo___4	Other chronic lung disease
			5	medhx_ver_6mo___5	Hypertension (high blood pressure)
			6	medhx_ver_6mo___6	Coronary artery disease
			7	medhx_ver_6mo___7	Other heart condition (e.g., valve abnormality, history of non-coronary heart surgery, pacemaker)
			8	medhx_ver_6mo___8	Stroke
			9	medhx_ver_6mo___9	Diabetes mellitus, type I
			10	medhx_ver_6mo___10	Diabetes mellitus, type II
			27	medhx_ver_6mo___27	Diabetes mellitus, unspecified type
			11	medhx_ver_6mo___11	Chronic kidney disease
			12	medhx_ver_6mo___12	Dialysis
			13	medhx_ver_6mo___13	Solid organ transplant (kidney, liver, lungs, heart)
			14	medhx_ver_6mo___14	Hematopoietic stem cell transplant
			15	medhx_ver_6mo___15	Autoimmune or rheumatologic disease
			26	medhx_ver_6mo___26	Other immunosuppressing condition
			16	medhx_ver_6mo___16	Active cancer
			17	medhx_ver_6mo___17	Deep vein thrombosis or pulmonary embolism
			18	medhx_ver_6mo___18	Chronic liver disease
			19	medhx_ver_6mo___19	Depression or other mood disorder
			20	medhx_ver_6mo___20	Anxiety, obsessive compulsive and trauma and stressor related disorders
			21	medhx_ver_6mo___21	Cognitive and/or motor disorders
			22	medhx_ver_6mo___22	Movement or motor disorders
			28	medhx_ver_6mo___28	Alcohol use disorder
			29	medhx_ver_6mo___29	Sleep disorders
			23	medhx_ver_6mo___23	Other medical conditions
			24	medhx_ver_6mo___24	None of these
			Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "24" @HIDDEN-FORM @HIDDEN-SURVEY		
670	[docfever_6mo] Show the field ONLY if: [needs_verified_6mo]='1'	Was there any evidence of documented fever at any point during this visit (temperature greater than 100.0°F or 37.8°C)? *mv2749*	yesno, Required		
			1	Yes	
			0	No	
			Custom alignment: LV Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY		

671	[highestfever_6mo] Show the field ONLY if: [needs_verified_6mo]='1' AND [docfever_6mo]='1'	What was the highest documented fever? Record the temperature in Celcius. *mv4465*	text (number, Min: 32, Max: 45), Required Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY
672	[discdt1_6mo] Show the field ONLY if: [needs_verified_6mo]='1' and ([visittype_6mo] = "1" or [visitty pe_6mo] = "4")	Discharge date (or date of death for non-survivors) *mv4987_eipmed17c*	text (date_mdy, Min: [mo6_min_date], Max: today), Required Field Annotation: @HIDEBUTTON @HIDDEN-FORM @HIDDEN-SURVEY
673	[transfer_6mo] Show the field ONLY if: [needs_verified_6mo]='1' and ([visittype_6mo] = "1" or [visitty pe_6mo] = "4")	Was this participant transferred FROM another hospital ? If so, please complete second form for the other hospital once this form is complete. *mv1766_eipmed17d*	yesno, Required | 1	Yes
0	No	 Custom alignment: LV Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY
674	[admitdt2_6mo] Show the field ONLY if: [needs_verified_6mo]='1' and [t ransfer_6mo]='1'	Transfer hospital admission date *mv2644_eipmed17f*	text (date_mdy, Min: [mo6_min_date], Max: today), Required Field Annotation: @HIDEBUTTON @HIDDEN-FORM @HIDDEN-SURVEY
675	[icu_6mo] Show the field ONLY if: [visittype_6mo] ='4' and [needs _verified_6mo]='1'	Was the participant admitted to the ICU during this admission? *mv3369_eipmed18*	yesno, Required | 1	Yes
0	No	 Custom alignment: LV Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY
676	[admitdt3_6mo] Show the field ONLY if: [icu_6mo] = "1" and [needs_veri fied_6mo]='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. *mv4145_eipmed18a*	text (date_mdy, Min: [mo6_min_date], Max: today), Required Custom alignment: LV Field Annotation: @HIDEBUTTON @HIDDEN-FORM @HIDDEN-SURVEY
677	[discdt3_6mo] Show the field ONLY if: [icu_6mo]='1' and [needs_verifi ed_6mo]='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. *mv1798_eipmed18b*	text (date_mdy, Min: [mo6_min_date], Max: today), Required Custom alignment: LV Field Annotation: @HIDEBUTTON @HIDDEN-FORM @HIDDEN-SURVEY
678	[desc_sysill_6mo] Show the field ONLY if: [visittype_6mo] ='4' and [needs _verified_6mo]='1'	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_6mo} Heart rate ≥ 125 beats per minute {hrtrate_6mo} Oxygen saturation ≤ 93% on room at sea level (or requiring supplemental oxygen to maintain oxygen saturation >93%) {sp02_6mo}	descriptive Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY
679	[resprate_6mo] Show the field ONLY if: [visittype_6mo] ='4' and [needs _verified_6mo]='1'	Respiratory rate ≥ 30 breaths per minute *mv2698_eipmed19a*	radio | 1	Yes
0	No
2	Unknown	 Custom alignment: LV Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY
680	[hrtrate_6mo] Show the field ONLY if: [visittype_6mo] ='4' and [needs _verified_6mo]='1'	Heart rate ≥ 125 beats per minute *mv3669_eipmed19b*	radio | 1	Yes
0	No
2	Unknown	 Custom alignment: LV Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY

| 681 | [sp02_6mo]

Show the field ONLY if:
[visittype_6mo] ='4' and [needs _verified_6mo]='1' | Oxygen saturation ≤ 93% on room at sea level (or requiring supplemental oxygen to maintain oxygen saturation >93%)
mv4216_eipmed19c | radio

| 1 | Yes |
| 0 | No |
2	Unknown	 Custom alignment: LV Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY
682	[desc_respfail_6mo] Show the field ONLY if: [visittype_6mo] ='4' and [needs _verified_6mo]='1'	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_6mo} High flow nasal cannula (Vapotherm, Optiflow) {hfnc_6mo} Intubation and mechanical ventilation {iv_6mo} Extracorporeal life support (ECLS) / Extracorporeal membrane oxygenation (ECMO) {ecmo_6mo}	descriptive Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY
683	[pap_6mo] Show the field ONLY if: [visittype_6mo] ='4' and [needs _verified_6mo]='1'	New BiPap or CPAP use (do not include night-time CPAP that was prescribed at home for non-COVID indications) *mv3335_eipmed20a*	radio | 1	Yes
0	No
2	Unknown	 Custom alignment: LV Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY
684	[hfnc_6mo] Show the field ONLY if: [visittype_6mo] ='4' and [needs _verified_6mo]='1'	High flow nasal cannula (Vapotherm, Optiflow) *mv1895_eipmed20b*	radio | 1	Yes
0	No
2	Unknown	 Custom alignment: LV Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY
685	[iv_6mo] Show the field ONLY if: [visittype_6mo] ='4' and [needs _verified_6mo]='1'	Intubation and mechanical ventilation *mv3722_eipmed20c*	radio | 1	Yes
0	No
2	Unknown	 Custom alignment: LV Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY
686	[ecmo_6mo] Show the field ONLY if: [visittype_6mo] ='4' and [needs _verified_6mo]='1'	Extracorporeal life support (ECLS) / Extracorporeal membrane oxygenation (ECMO) *mv1688_eipmed20d*	radio | 1	Yes
0	No
2	Unknown	 Custom alignment: LV Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY
687	[vaso_6mo] Show the field ONLY if: [visittype_6mo] ='4' and [needs _verified_6mo]='1'	Was the participant treated with a continuous infusion of vasopressor therapy (dobutamine, dopamine, epinephrine, milrinone, phenylephrine, norepinephrine, vasopressin) during this hospital stay? *mv3754_eipmed21*	yesno, Required | 1	Yes
0	No	 Custom alignment: LV Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY

| 688 | [neurodys_6mo]

Show the field ONLY if:
[visittype_6mo] ='4' and [needs _verified_6mo]='1' | Which (if any) diagnoses of acute neurologic dysfunction based on clinician diagnosis did the participant develop during this hospitalization? [select all that apply]
mv1265_eipmed22 | checkbox, Required |

			1	neurodys_6mo___1	Viral meningitis
			2	neurodys_6mo___2	Viral encephalitis
			3	neurodys_6mo___3	Acute disseminated encephalomyelitis (ADEM)
			4	neurodys_6mo___4	Intracerebral hemorrhage (hemorrhagic stroke)
			5	neurodys_6mo___5	Cerebral infarction (ischemic stroke)
			6	neurodys_6mo___6	Guillain-Barre syndrome
			7	neurodys_6mo___7	Transverse myelitis
			8	neurodys_6mo___8	Ataxia
			9	neurodys_6mo___9	Peripheral neuropathy
			10	neurodys_6mo___10	None of these

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "10"
@HIDDEN-FORM @HIDDEN-SURVEY

| 689 | [outcome_6mo]

Show the field ONLY if:
[visittype_6mo] ='4' and [needs _verified_6mo]='1' | What was the outcome of hospitalization?
mv3655_eipmed23 | radio, Required |

| | | | 1 | Alive |
| | | | 2 | Died |

Custom alignment: LV
Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY

| 690 | [radiog_6mo]

Show the field ONLY if:
[needs_verified_6mo]='1' | Did the participant have a chest x-ray, chest CT, or chest MRI performed during this visit?
mv3944_eipmed30 | yesno, Required |

| | | | 1 | Yes |
| | | | 0 | No |

Custom alignment: LV
Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY

| 691 | [radiog_abnorm_6mo]

Show the field ONLY if:
[radiog_6mo] = "1" and [needs_verified_6mo]='1' | Was the result of the above test "normal"?
mv4311_eipmed30a | yesno, Required |

| | | | 1 | Yes |
| | | | 0 | No |

Custom alignment: LV
Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY

| 692 | [radiog_report_6mo]

Show the field ONLY if:
[radiog_abnorm_6mo] = "0" and [needs_verified_6mo]='1' | Which of the following abnormalities were noted? [check all that apply]
mv4102_eipmed30b | checkbox, Required |

			1	radiog_report_6mo___1	Airspace density
			2	radiog_report_6mo___2	Airspace opacity/opacificatic
			3	radiog_report_6mo___3	Bronchopneumonia/pneum
			4	radiog_report_6mo___4	Consolidation
			5	radiog_report_6mo___5	Cavitations
			6	radiog_report_6mo___6	Empyema
			7	radiog_report_6mo___7	Enlarged epiglottis
			8	radiog_report_6mo___8	Ground glass opacities
			9	radiog_report_6mo___9	Interstitial infiltrate
			17	radiog_report_6mo___17	Lobar infiltrate
			18	radiog_report_6mo___18	Pleural effusion
			19	radiog_report_6mo___19	Pneumomediastinum
			20	radiog_report_6mo___20	Pneumothorax
			21	radiog_report_6mo___21	Pulmonary embolism
			22	radiog_report_6mo___22	Tracheal narrowing
			23	radiog_report_6mo___23	Widened mediastinum

Custom alignment: LV
Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY

693	[dischdiag_6mo] Show the field ONLY if: [needs_verified_6mo]='1' and ([visittype_6mo] = "1" or [visitty pe_6mo] = "4")	Did the participant have any of the following new diagnoses during hospitalization or at discharge? [select all that apply] *mv1985_eipmed31*	checkbox, Required		
			1	dischdiag_6mo___1	Acute encephalopathy/encephalitis
			2	dischdiag_6mo___2	Acute liver failure
			3	dischdiag_6mo___3	Acute renal failure/acute kidney injury/new hemodialysis
			4	dischdiag_6mo___4	Acute respiratory distress syndrome (ARDS)
			5	dischdiag_6mo___5	Acute respiratory failure
			6	dischdiag_6mo___6	Ataxia
			7	dischdiag_6mo___7	Guillan-Barre syndrome
			8	dischdiag_6mo___8	Intracerebral hemorrhage/hemorrhagic stroke
			9	dischdiag_6mo___9	Multisystem inflammatory syndrome in adults (MIS-A)
			10	dischdiag_6mo___10	Myocarditis
			17	dischdiag_6mo___17	Peripheral neuropathy
			18	dischdiag_6mo___18	Ischemic stroke / cerebrovascular accident (CVA) / cerebral infarction
			19	dischdiag_6mo___19	Seizures
			20	dischdiag_6mo___20	Severe systemic illness due to COVID-19
			21	dischdiag_6mo___21	Transverse myelitis
			22	dischdiag_6mo___22	Viral meningitis
			23	dischdiag_6mo___23	Viral encephalitis
			0	dischdiag_6mo___0	None
			Custom alignment: LV Field Annotation: @HIDDEN-FORM @HIDDEN-SURVEY @NONEOFTHEABOVE='0'		
694	[healthcare_utilizationverif ication_6_mo_complete]	Section Header: *Form Status* Complete?	dropdown		
			0	Incomplete	
			1	Unverified	
			2	Complete	

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

695	[sh_mrr]	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.	descriptive
696	[hlthcarefac]	Name of health care provider or facility *mr3942*	text, Required, Identifier

| 697 | [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
Field Annotation: @HIDECHOICE = "2, 3, 4"

| 698 | [hlthcarecity] | In what city is this facility located? *mr1132* | text, Required |

| 699 | [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

700	[newhlthcarefac] *mr3928*	Do you have another health care facility to provide information for?	yesno, Required 1 Yes 0 No Custom alignment: LV
701	[mrr_shazam]	mrr shazam for javascript	descriptive Field Annotation: @HIDDEN
702	[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**

703	[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
704	[clintrial_alloc] Show the field ONLY if: [clintrial_allocrcv] = "1"	To which group were you assigned? *ct3936*	radio, Required 1 Active vaccine 2 Placebo (NOT active vaccine) Custom alignment: LV
705	[clintrialltr] Show the field ONLY if: [clintrial_allocrcv] = "1"	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
706	[clintrialltrcopy] Show the field ONLY if: [clintrialltr] = "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
707	[clintrialltr_upload] Show the field ONLY if: [clintrialltrcopy] = "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

708	[sitecontact] Show the field ONLY if: [clintrialttrcopy] = "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
709	[sitecontact_name] Show the field ONLY if: [sitecontact] = "1"	Who should we contact (name)? *ct4549*	text, Required Custom alignment: LV
710	[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
711	[sitecontact_oth] Show the field ONLY if: [sitecontact_type] = "3"	How? *ct2268*	text
712	[sitecontact_email] Show the field ONLY if: [sitecontact_type] = "1"	Please enter the e-mail address. *ct2458*	text (email), Required Custom alignment: LV
713	[sitecontact_phone] Show the field ONLY if: [sitecontact_type] = "2"	Please enter the phone number. *ct2458*	text (phone), Required Custom alignment: LV
714	[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**

715	[tvf_shazam]	shazam	descriptive Field Annotation: @HIDDEN
716	[testverifyheader]	Section Header: During your recent PREVENT survey, you reported that you have had COVID-19 testing completed. Please use this form to report the type of testing that was completed and upload your documentation of this testing. For testing conducted through a healthcare facility/lab, please provide an official document showing: Your name Date of test Type of test (PCR, antigen, antibody) Result For testing conducted at home, please provide a photo of the test kit package. *tv3695_eip16*	descriptive, Required
717	[testcollected]	How was your COVID-19 sample collected and processed? *tv1872*	radio	1	I collected the sample myself and I got the results at home		2	I collected the sample myself and I received the results from a lab		3	The sample was collected by a healthcare professional, pharmacy, or testing site and I received the results from a lab	Custom alignment: LV
718	[datehometest] Show the field ONLY if: [testcollected] = "1"	On what date did was this test performed? *tv2457*	text (date_mdy, Min: 2020-12-01), Required Field Annotation: @HIDEBUTTON

| 719 | [testtype] | Which test are you reporting? | radio, Required |
| | | *tv3695_eip16* | |

			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
Field Annotation: @DEFAULT = "1" @HIDECHOICE = "2, 3, 4, 5"

| 720 | [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. | file |
| | | *tv4729* | Custom alignment: LV |

| 721 | [newtest] | Do you have another test to report? | yesno, Required |
| | | *tv1666* | |

| | | | 1 | Yes |
| | | | 0 | No |

Custom alignment: LV

| 722 | [test_site_form] | Testing site verification form | descriptive |
| | | | Field Annotation: @HIDDEN-SURVEY |

| 723 | [sc_test_header] | This form is used to verify the results of any COVID-19 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. | descriptive, Required |
| | | *tv1605* | Field Annotation: @HIDDEN-SURVEY |

724	[testform_who]	Who is completing this form? Please use Hawkid used to log into the PREVENT REDCap.	text, Required
		tv1605	Custom alignment: LV
			Field Annotation: @HIDDEN-SURVEY

725	[collectiondt]	Please enter the date of sample collection.	text (date_mdy, Min: 2020-09-01), Required
		tv1849_eip16	Custom alignment: LV
			Field Annotation: @HIDEBUTTON @HIDDEN-SURVEY

| 726 | [verifytest] | Can this test be verified? | radio, Required |
| | | *tv1060* | |

			1	Yes
			2	No, out of date range
			0	No, inadequate documentation provided
			3	No, no documentation available

Custom alignment: LV
Field Annotation: @HIDDEN-SURVEY

| 727 | [testsource] Show the field ONLY if: [verifytest] = "1" | What is the source of verification? | radio |
| | | *tv1879* | |

			1	Employer bulk query
			4	Non-employer health care provider (medical records)
			5	Participant-provided records
			7	At home test

Custom alignment: LV
Field Annotation: @HIDDEN-SURVEY

| 728 | [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
729	[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
730	[covpcrtype] Show the field ONLY if: [covtesttype] = "1"	Please select PCR test manufacturer. If you are not able to find the manufacture type, please select 'Unknown'. *tv1294_eip16*	dropdown, Required

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}	
				170	Unknown	
			Field Annotation: @HIDDEN-SURVEY			
	731	[covpcrtype_oth] Show the field ONLY if: [covpcrtype] = "169"	Which one? *tv3087*	text Field Annotation: @HIDDEN-SURVEY		

732	[covantitype] Show the field ONLY if: [covtesttype] = "2"	Please select antigen test type. *tv3024_eip16*	radio, Required 	1	BinaxNOW (card)
2	LumiraDx
3	BD Veritor
4	Sofia 2
5	Other	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
733	[covantitype_oth] Show the field ONLY if: [covantitype] = "5"	Which one? *tv4785*	text Field Annotation: @HIDDEN-SURVEY
734	[covpcrresult] 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
735	[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**

736	[vff_shazam]	shazam	descriptive Field Annotation: @HIDDEN
737	[vacc_info]	Please upload your vaccine information below, including clinical trial doses, booster doses and combination COVID-19/influenza vaccine doses. For vaccines, we need an official document showing:• Your name• Date administered• Vaccine type (COVID-19 or combination COVID-19/influenza)• Manufacturer (and lot number, if available)	descriptive
738	[vactype]	Which vaccine type are you verifying? *vv4897_eipvaxform*	radio, Required | 1	COVID-19 (SARS-CoV-2)
2	Influenza	 Custom alignment: LV Field Annotation: @HIDECHOICE = "2" @DEFAULT = "1"
739	[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
740	[newvaccine]	Do you have another vaccination to report? *vv1978*	yesno, Required | 1	Yes
0	No	 Custom alignment: LV
741	[vv_site]	Site Vaccination Verification Form *vv2490*	descriptive, Required Field Annotation: @HIDDEN-SURVEY

742	[vac_instruc]	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 COVID-19 vaccinations, including booster doses and combination COVID-19/influenza vaccines.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
743	[vacform_who]	Who is completing this form? Please use Hawkid used to log into the PREVENT REDCap. *vv2490*	text, Required Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
744	[verifyvacc]	Was this record able to be verified? *vv3772*	radio, Required 1 Yes 2 No, out of date range 0 No, inadequate documentation provided 3 No, no documentation available Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
745	[ct_vacc_status] Show the field ONLY if: [vactype]="1" and [verifyvacc] = "1"	What is this participants vaccination status? *vv9999*	radio, Required 1 Vaccine 0 Placebo (in a clinical trial) 2 No vaccine Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
746	[vacdt] Show the field ONLY if: ([verifyvacc] = "1") and ([vactyp e]='1' and [ct_vacc_status]='1') or [vactype]='2'	Please enter the date of this vaccination. *vv4979*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: LV Field Annotation: @HIDEBUTTON @HIDDEN-SURVEY
747	[vacsource] Show the field ONLY if: [verifyvacc]="1"	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

748	[vac_covid19_man] Show the field ONLY if: [verifyvacc] = "1" and [vactype] = "1" AND [ct_vacc_status]='1'	What was the manufacturer? *vv3662*	radio, Required 	1	AstraZeneca
3	Moderna
4	Pfizer/BioNTech
5	Johnson & Johnson
2	Other	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
749	[vac_covid19_manoth] Show the field ONLY if: [verifyvacc] = "1" and [vac_covi d19_man] = "2"	Which one? *vv2613*	text, Required Field Annotation: @HIDDEN-SURVEY
750	[vac_covid19_lot] Show the field ONLY if: [verifyvacc] = "1" and [vactype] = "1" and [ct_vacc_status]='1'	What was the lot number? If you are unable to locate the lot number, please enter -9999 for missing. *vv3723*	text, Required Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
751	[vaccine_verification_form_c omplete]	Section Header: *Form Status* Complete?	dropdown | 0	Incomplete
1	Unverified
2	Complete	

Instrument: Verbal consent and LAR Documentation (verbal_consent_and_lar_documentation)

| 752 | [verbalconsent] | Was the participant able to provide verbal consent and
complete an interview?
lar5864 | yesno, Required

| 1 | Yes |
0	No	 Custom alignment: LV
753	[larname] Show the field ONLY if: [verbalconsent] = "0"	Who provided consent for the participant (name)? *lar4215*	text, Required Custom alignment: LV
754	[larcellphone] Show the field ONLY if: [verbalconsent] = "0"	In the event further information is needed, please obtain cell phone number. *lar1478*	text (phone), Required Custom alignment: LV
755	[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
756	[lar_streetaddr]	LAR Street Address *lar2546*	text Custom alignment: LV
757	[lar_city]	LAR City *lar9530*	text Custom alignment: LV
758	[lar_state]	LAR State *lar6489*	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

759	[lar_zip]	LAR Zipcode *lar7197*	text (zipcode) Custom alignment: LV
760	[larobtain]	Name of the individual who obtained consent/conducted the interview. *lar1756*	text, Required Custom alignment: LV
761	[verbal_consent_and_lar_documentation_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

		Instrument: Medical Record Release Form (medical_record_release_form)	
	762	[roi_sent_date]	Date ROI sent to participant via DocuSign	text (datetime_seconds_mdy)
	763	[roi_opened_date]	DocuSign Open Date *Date the participant first (last?) viewed the documents*	text (datetime_seconds_mdy)
	764	[roi_finished_date]	DocuSign Finished Date *Date the user signed or declined the documents*	text (datetime_seconds_mdy)
	765	[docusign_last_status]	DocuSign Last Status *The most up to date status of the associated docusign envelope*	text
	766	[docusign_envelope_id]	Docusign Envelope ID *Unique identifier in DocuSign that reflects the documents emailed to the participant*	text
	767	[provider]	Provider *mrf1732*	text
	768	[event_type]	Event Type *mrf2751*	text
	769	[signed_releaseform]	Release Form *mrf5321*	file
	770	[datesigned]	Date signed *mrf3364*	text (date_mdy)
	771	[mr_req_dt]	Section Header: *Information below is to be completed by the site* Date Medical Record Requested	text (date_mdy)
	772	[mr_req_by]	Medical Records Requested by Please use RedCap HawkID	text
	773	[mr_rec_dt]	Date Medical Record Received	text (date_mdy)
	774	[medical_record_release_form_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

		Instrument: Compensation (compensation)	
	775	[bline_check_date]	Date baseline check requested	text (date_mdy, Min: 2020-11-20) Field Annotation: @HIDEBUTTON
	776	[flup_6w_check_date]	Date 6-week follow-up check requested	text (date_mdy, Min: 2020-11-20) Field Annotation: @HIDEBUTTON
	777	[flup_12w_check_date]	Date of 12-week check requested	text (date_mdy, Min: 2020-11-20) Field Annotation: @HIDEBUTTON
	778	[flup_6m_check_date]	Date of 6 month check requested	text (date_mdy, Min: 2020-11-20) Field Annotation: @HIDEBUTTON
	779	[comp_part_prox]	Section Header: *Proxy Interview Compensation* Date participant proxy interview check requested	text (date_mdy)
	780	[comp_prox]	Proxy check requested	text (date_mdy)
	781	[site_bline_comp]	Section Header: *Site reimbursement* Participant baseline complete and site should be reimbursed	yesno 1 Yes 0 No
	782	[site_reim_bline_dt]	Date site reimbursed for baseline survey	text (date_mdy) Field Annotation: @HIDEBUTTON
	783	[site_6w_comp]	Participant 6 week complete and site should be reimbursed	yesno 1 Yes 0 No
	784	[site_reim_6w_dt]	Date site reimbursed for 6 week survey	text (date_mdy) Field Annotation: @HIDEBUTTON
	785	[site_12w_comp]	Participant 12 week complete and site should be reimbursed	yesno 1 Yes 0 No
	786	[site_reim_12w_dt]	Date site reimbursed for 12 week survey	text (date_mdy) Field Annotation: @HIDEBUTTON
	787	[site_6m_comp]	Participant 6 month complete and site should be reimbursed	yesno 1 Yes 0 No

788	[site_reim_6m_dt]	Date site reimbursed for 6 month survey	text (date_mdy) Field Annotation: @HIDEBUTTON
789	[site_covtest_verf_comp]	COVID test verification complete and site should be reimbursed	yesno 1 Yes 0 No
790	[site_reim_covtest_ver_dt]	Date site reimbursed for COVID test verification complete	text (date_mdy) Field Annotation: @HIDEBUTTON
791	[site_hcu_verf_comp]	Healthcare utilization verification complete and site should be reimbursed	radio 1 Yes 0 No 9 Not applicable
792	[site_reim_hcu_ver_dt]	Date site reimbursed for Healthcare utilization verification complete	text (date_mdy) Field Annotation: @HIDEBUTTON
793	[site_reim_cov_vac_num]	Number of COVID vaccine verifications for site to be reimbursed for	text (number, Min: 1, Max: 8)
794	[site_reim_cov_vac_comp]	All COVID vaccine verifications complete and site should be reimbursed	yesno 1 Yes 0 No
795	[site_reim_cov_vac_dt]	Date site reimbursed for COVID vaccine verifications completed	text (date_mdy) Field Annotation: @HIDEBUTTON
796	[compensation_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Facility Form Weekly** (facility_form_weekly)

797	[please_complete_this_form]	Please complete this form for Sunday 12:00AM to Saturday 11:59PM.	descriptive
798	[begdate]	Complete this form for the previous calendar week Sunday 12:00am to Saturday 11:59pm. Please record the beginning date below (Sunday). *ff1623*	text (date_mdy) Custom alignment: LV Field Annotation: @HIDEBUTTON
799	[employee_covtestn]	How many employees were tested for COVID-19 in the last week (Sunday-Saturday)? *ff2800*	text, Required Custom alignment: LV
800	[employee_covdxn]	How many employees tested positive for COVID-19 in the last week (Sunday-Saturday)? *ff4565*	text, Required Custom alignment: LV
801	[recruit]	How many employees have you added to your recruitment log in the last week (Sunday-Saturday)? *ff1342*	text, Required Custom alignment: LV
802	[pos_weekly]	How many employees who tested positive for COVID19 were on your recruitment log? *ff2478*	text (number, Min: 0, Max: 5000), Required Custom alignment: LV
803	[selected]	How many employees were selected to participate in the last week (Sunday-Saturday)? *ff3119*	text, Required Custom alignment: LV
804	[invited]	How many employees were invited to participate in the last week (Sunday-Saturday)? *ff2154*	text, Required Custom alignment: LV
805	[decline]	How many employees declined to participate (total to date) directly to the site team PRIOR to screening in the last week (Sunday-Saturday)? *ff4879*	text (number, Min: 0, Max: 5000), Required Custom alignment: LV
806	[facility_form_weekly_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete