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

University of Iowa
Institute for Clinical and Translational Science

Project PREVENT   PID 9075

📖 Codebook ▾

📖 Data Dictionary Codebook   12/31/2020 10:54am

⌄ Expand all instruments

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: **Screening Form** (screening_form) 🔲 Enabled as survey			⌄ Expand
Instrument: **Consent Information** (consent_information) 🔲 Enabled as survey			⌄ Expand
Instrument: **Contact Information** (contact_information) 🔲 Enabled as survey			⌄ Expand
Instrument: **Baseline Enrollment Survey** (baseline_enrollment_survey) 🔲 Enabled as survey			⌄ Expand
Instrument: **Follow-up Final Survey Participant** (followup_final_survey_participant) 🔲 Enabled as survey			⌃ Collapse
231	followupdt	Follow-up date complete *fu3421*	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @TODAY
232	days_index	Calculation: Days between index and baseline survey	calc Calculation: datediff([screening_arm_1][indexdt], [baseline_arm_1][baselinedt], 'd') Field Annotation: @HIDDEN
233	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
234	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
235	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
236	covtesting_2 Show the field ONLY if: [followup_arm_1][followup_testing] = "1"	COVID Test 4 COVID Test 5 COVID Test 6 On what date was the test performed? {covtestdate4} {covtestdate5} {covtestdate6} Where was your test performed? {covtestloc4} {covtestloc5} {covtestloc6} What was the reason? {covtestwhy4} {covtestwhy5} {covtestwhy6} How would you like us to get your results? {covtestverify4} {covtestverify5} {covtestverify6}	descriptive

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

242	covtestlocspec4 Show the field ONLY if: [followup_arm_1][covtestloc 4] = "7"	Where? *fu3788*	text		
243	covtestwhy4 Show the field ONLY if: [followup_arm_1][addlcovidte sts] <> "" and [followup_arm_ 1][addlcovidtests] >= "1"	What was the reason the test was performed? *fu4620*	checkbox, Required		
			1	covtestwhy4___1	I had symptoms that could have been caused by COVID-19
			2	covtestwhy4___2	I had an occupational or workplace exposure
			3	covtestwhy4___3	I had exposure outside of the workplace
			4	covtestwhy4___4	Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure)
			5	covtestwhy4___5	Other {covtestwhyspec4}
			6	covtestwhy4___6	Not sure
			Custom alignment: LV		
244	covtestwhyspec4 Show the field ONLY if: [followup_arm_1][covtestwhy 4(5)] = "1"	Why? *fu1632*	text		
245	covtestverify4 Show the field ONLY if: [followup_arm_1][addlcovidte sts] <> "" 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		
246	covtestdate5 Show the field ONLY if: [followup_arm_1][addlcovidte sts] <> "" and [followup_arm_ 1][addlcovidtests] >= "2"	On what date (approximately) was this test performed? *fu3706*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON		
247	covtestloc5 Show the field ONLY if: [followup_arm_1][addlcovidte sts] <> "" and [followup_arm_ 1][addlcovidtests] >= "2"	Where was your test performed? *fu1237*	radio, Required		
			1	Employee health/occupational health clinic	
			2	Employer-sponsored testing center	
			3	Personal health care provider	
			4	Public testing center not affiliated with my place of employment	
			5	Emergency department or walk-in clinic (urgent care)	
			6	In the hospital because I was being admitted for an overnight stay	
			7	Someplace else {covtestlocspec5}	
			Custom alignment: LV		
248	covtestlocspec5 Show the field ONLY if: [followup_arm_1][covtestloc 5] = "7"	Where? *fu3728*	text		

249	covtestwhy5 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "2"	What was the reason the test was performed? *fu3728*	checkbox, Required

1	covtestwhy5___1	I had symptoms that could have been caused by COVID-19
2	covtestwhy5___2	I had an occupational or workplace exposure
3	covtestwhy5___3	I had exposure outside of the workplace
4	covtestwhy5___4	Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure)
5	covtestwhy5___5	Other {covtestwhyspec5}
6	covtestwhy5___6	Not sure

Custom alignment: LV

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

251	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

252	covtestdate6 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "3"	On what date (approximately) was this test performed? *fu1212*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON

253	covtestloc6 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "3"	Where was your test performed? *fu1212*	radio, Required

1	Employee health/occupational health clinic
2	Employer-sponsored testing center
3	Personal health care provider
4	Public testing center not affiliated with my place of employment
5	Emergency department or walk-in clinic (urgent care)
6	In the hospital because I was being admitted for an overnight stay
7	Someplace else {covtestlocspec6}

Custom alignment: LV

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

255	covtestwhy6 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "3"	What was the reason the test was performed? *fu2680*	checkbox, Required

checkbox, Required

1	covtestwhy6___1	I had symptoms that could have been caused by COVID-19
2	covtestwhy6___2	I had an occupational or workplace exposure
3	covtestwhy6___3	I had exposure outside of the workplace
4	covtestwhy6___4	Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure)
5	covtestwhy6___5	Other {covtestwhyspec6}
6	covtestwhy6___6	Not sure

Custom alignment: LV

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

257	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

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

258	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 Files can be uploaded as a photograph or pdf. *ef3603*	descriptive

259	addtl_testing2 Show the field ONLY if: [followup_arm_1][days_index] <14	Your last survey was completed on [baseline_arm_1][baselinedt]. Did you have any additional testing (influenza, respiratory viruses/bacteria, urine) between [baseline_arm_1][baselinedt] and [screening_arm_1][end_index]? *fu4192*	yesno, Required | 1	Yes | | 0 | No | Custom alignment: LV

260	addltest_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1"	Please indicate which additional tests you have had and provide the date of testing. Test Completed Date Influenza {influenza_2} {influenzadate_2} Other respiratory viruses (adenovirus, rhinovirus) {respvirus_2} {respvirusdate_2} Respiratory bacteria (mycoplasma, streptococcus) {respbac_2} {respbacdate_2} Urine testing (legionella) {urine_2} {urinedate_2}	descriptive

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

266	influenzadate_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1" and [followup_arm_1][influenza_2] = "1"	Please provide the date of testing *fu1990*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
267	respvirus_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1"	Other respiratory viruses (adenovirus, rhinovirus) *fu1386*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
268	respvirusdate_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1" and [followup_arm_1][respvirus_2] = "1"	Please provide the date of testing *fu3610*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
269	respbac_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1"	Other respiratory bacteria (mycoplasma, streptococcus) *fu2958*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
270	respbacdate_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1" and [followup_arm_1][respbac_2] = "1"	Please provide the date of testing *fu3033*	text (date_mdy), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
271	urine_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1"	Urine testing (legionella) *fu3782*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
272	urinedate_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1" and [followup_arm_1][urine_2] = "1"	Please provide the date of testing *fu4443*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
273	addhlthcare Show the field ONLY if: [followup_arm_1][days_index] <14	Section Header: *Your Medical Care* Your last survey was completed on [baseline_arm_1][baselinedt]. Have you seen a health care provider for any reason between [baseline_arm_1][baselinedt] and [screening_arm_1][end_index]? Please include ALL health care visits to primary care clinic, urgent care/walk-in clinic, emergency department and hospital admissions for any reason except mental health. Hospital admission means that you stayed in the hospital overnight in an inpatient room or observation unit. Do not include a visit only for the purpose of testing if you did not see a healthcare provider. *fu3325*	yesno, Required 1 Yes 0 No Custom alignment: LV
274	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

| 275 | blood_2

Show the field ONLY if:
[followup_arm_1][days_index] < 14 | In the period from [baseline_arm_1][baselinedt] and [screening_arm_1][end_index], did anyone (for example, a doctor, nurse, or lab technician) collect blood from you for COVID-19 testing?
fu3578 | radio, Required

| 1 | Yes |
| 0 | No |
2	I don't know	 Custom alignment: LV
276	blood_result_2 Show the field ONLY if: [followup_arm_1][blood_2] = "1"	Do you know what the test result was? *fu4328*	radio, Required 	1	Yes. It was positive, meaning that it showed evidence of COVID-19 infection
2	Yes. It was negative, meaning that it showed NO evidence of COVID-19 infection
0	No. I don't know my result or it was indeterminate (neither positive or negative)	 Custom alignment: LV
277	returnwork_2 Show the field ONLY if: [baseline_arm_1][stopwork] = "1" and [baseline_arm_1][returnwork] = "0"	Section Header: *Your Job* Have you returned to work now? *fu3614*	yesno, Required 	1	Yes
0	No	 Custom alignment: LV
278	returnworkdt_2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	On what date (approximately) did you return to work? *fu3547*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
279	returnwork_who2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	Who was responsible for the decision for you to resume work? [select all that apply] *fu2103*	checkbox, Required | 1	returnwork_who2___1	My employee/occupational health clinic
2	returnwork_who2___2	My department head/supervisor
3	returnwork_who2___3	My primary care provider or another personal physician/provider
6	returnwork_who2___6	I followed the policy of my employer
4	returnwork_who2___4	It was my decision
5	returnwork_who2___5	Other {returnwork_whospec2}	 Custom alignment: LV
280	returnwork_whospec2 Show the field ONLY if: [followup_arm_1][returnwork_who2(5)] = "1"	Who? *fu4632*	text

281	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
282	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
283	hholdprec2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	While you were at home away from work, did you take any new precautions to protect your household members [select all that apply]? *fu1441*	checkbox, Required | 1	hholdprec2___1	I moved out of my residence
2	hholdprec2___2	I stayed in my residence, but I am completely isolated from my family (stay in another part of the house during day time and sleeping)
3	hholdprec2___3	I stayed in my residence and used a separate bathroom
4	hholdprec2___4	I stayed in my residence and ate my meals separately
5	hholdprec2___5	I stayed in my residence and routinely wore a mask
6	hholdprec2___6	None of these, or I live alone
7	hholdprec2___7	Other {hholdprec_spec2}	 Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "6"
284	hholdprec_spec2 Show the field ONLY if: [followup_arm_1][hholdprec2(7)] = "1"	What? *fu2570*	text Custom alignment: LV
285	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

| 286 | 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

| 287 | 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

288	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		
289	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"		
290	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		
291	dr_pcp	Section Header: *Your Vaccination Please rate the following sources of information on how much they influenced your decision about whether or not to get the COVID-19 vaccine.* My doctor or primary care providerfu1657	radio (Matrix), Required		
			0	Not at all influenced	
			1	Slightly influenced	
			2	Moderately influenced	
			3	Strongly influenced	
292	employ	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	
293	famfriends	Family and friendsfu1287	radio (Matrix), Required		
			0	Not at all influenced	
			1	Slightly influenced	
			2	Moderately influenced	
			3	Strongly influenced	
294	coworkers	Co-workersfu2136	radio (Matrix), Required		
			0	Not at all influenced	
			1	Slightly influenced	
			2	Moderately influenced	
			3	Strongly influenced	

295	govtleaders	Local, state and national leadersfu2879	radio (Matrix), Required
			0 Not at all influenced
			1 Slightly influenced
			2 Moderately influenced
			3 Strongly influenced
296	literature	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
297	massmedia	Mass media (television, newspapers)fu3157	radio (Matrix), Required
			0 Not at all influenced
			1 Slightly influenced
			2 Moderately influenced
			3 Strongly influenced
298	socialmedia	Social media (Facebook, Instagram, Twitter)fu1657	radio (Matrix), Required
			0 Not at all influenced
			1 Slightly influenced
			2 Moderately influenced
			3 Strongly influenced
299	other_source	Other {vaccsource_oth}fu3225	radio (Matrix), Required
			0 Not at all influenced
			1 Slightly influenced
			2 Moderately influenced
			3 Strongly influenced
300	vaccsource_oth Show the field ONLY if: [followup_arm_1][other_source] <> "0"	What? *fu4263*	text
301	employrec	Section Header: *To what extent were the following considerations important to you in your decision making regarding whether or not to get the COVID-19 vaccine?* My employer's recommendation fu1795	radio (Matrix), Required
			0 Not important or not applicable
			1 A little important
			2 Important
			3 Very important
302	employincentive	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
303	pcprec	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

304	safety	The safety of the vaccinefu1857	radio (Matrix), Required
			0 Not important or not applicable
			1 A little important
			2 Important
			3 Very important
305	effectiveness	The effectiveness of the vaccinefu3785	radio (Matrix), Required
			0 Not important or not applicable
			1 A little important
			2 Important
			3 Very important
306	adeffects	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
307	nocovid	Concern about getting coronavirus myselffu2322	radio (Matrix), Required
			0 Not important or not applicable
			1 A little important
			2 Important
			3 Very important
308	protectfam	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
309	workplace	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
310	friendsfam	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
311	colleagues2	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
312	vacc_oth	Other, please specify {covidvacc_considoth}fu1855	radio (Matrix)
			0 Not important or not applicable
			1 A little important
			2 Important
			3 Very important

313	covidvacc_considoth Show the field ONLY if: [followup_arm_1][vacc_oth] < > "0" and [followup_arm_1][v acc_oth] <> ""	Why? *fu3854*	text
314	avail	Section Header: *Please rate the extent to which the following factors impacted your decision regarding whether or not to get the COVID-19 vaccine.* Availability of the COVID-19 vaccineefu3214	radio (Matrix), Required 0 Not applicable 1 Not at all impacted 2 Slightly impacted 3 Moderately impacted 4 Significantly impacted
315	cost	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
316	inconven	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
317	dis_needles	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
318	religious	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
319	preexist	A pre-existing medical condition that may increase my risks from vaccination (e.g., allergy, immune condition)fu2335	radio (Matrix), Required 0 Not applicable 1 Not at all impacted 2 Slightly impacted 3 Moderately impacted 4 Significantly impacted
320	impact_oth	Were there other important considerations that influenced your decision making regarding the COVID-19 vaccine beyond those listed above? *fu5432*	yesno, Required 1 Yes 0 No Custom alignment: LV
321	impact_othspec Show the field ONLY if: [followup_arm_1][impact_oth] = "1"	What other considerations influenced your decision making? *fu3203*	text Custom alignment: LV

322	rcv_covidvacc_safe	At the time you received your first dose of the COVID-19 vaccine, to what extent did you think the COVID-19 vaccine was safe? *fu1038*	radio, Required 1 I thought it was very safe 2 I thought it was safe 3 I was undecided 4 I thought it was unsafe 5 I thought it was very unsafe Custom alignment: LV
323	rcv_covidvacc_safenow	Now, to what extent did you think the COVID-19 vaccine is safe? *fu1469*	radio, Required 1 I think it is very safe 2 I think it is safe 3 I am undecided 4 I think it is unsafe 5 I think it is very unsafe Custom alignment: LV
324	rcv_covidvacc_eff	At the time you received your first dose of the COVID-19 vaccine, to what extent did you think the COVID-19 vaccine was effective? *fu2690*	radio, Required 1 I thought it was very effective 2 I thought it was effective 3 I was undecided 4 I thought it was ineffective 5 I thought it was very ineffective Custom alignment: LV
325	rcv_covidvacc_effnow	Now, to what extent did you think the COVID-19 vaccine is effective? *fu3764*	radio, Required 1 I think it is very effective 2 I think it is effective 3 I am undecided 4 I think it is ineffective 5 I think it is very ineffective Custom alignment: LV
326	no_covidvacc_safe Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	At the time you first heard that COVID-19 vaccine was available, to what extent did you think the COVID-19 vaccine was safe? *fu1785*	radio, Required 1 I thought it was very safe 2 I thought it was safe 3 I was undecided 4 I thought it was unsafe 5 I thought it was very unsafe Custom alignment: LV
327	no_covidvacc_safenow Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	Now, to what extent did you think the COVID-19 vaccine is safe? *fu1956*	radio, Required 1 I think it is very safe 2 I think it is safe 3 I am undecided 4 I think it is unsafe 5 I think it is very unsafe Custom alignment: LV

328	no_covidvacc_eff Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	At the time you first heard that COVID-19 vaccine was available, to what extent did you think the COVID-19 vaccine was effective? *fu2561*	radio, Required 	1	I thought it was very effective
2	I thought it was effective
3	I was undecided
4	I thought it was ineffective
5	I thought it was very ineffective	 Custom alignment: LV
329	no_covidvacc_effnow Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	Now, to what extent did you think the COVID-19 vaccine is effective? *fu1721*	radio, Required | 1	I think it is very effective
2	I think it is effective
3	I am undecided
4	I think it is ineffective
5	I think it is very ineffective	 Custom alignment: LV
330	no_covidvacc_plans Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	Which of the following statements describes your current plans regarding the COVID-19 vaccine? [choose one] *fu1141*	radio, Required | 1	I intend to get it as soon as possible.
2	I intend to wait to see how it affects others in the community before I get it
3	I do not intend on getting it soon, but might sometime in the future
4	I do not intend to ever get the vaccine	 Custom alignment: LV
331	personalrisk	I believe my personal risk of acquiring COVID-19 is: *fu2893*	radio, Required | 1	Very high
2	High
3	Average
4	Low
5	Very low	 Custom alignment: LV
332	medcondition	I have a medical condition or age that places me at high risk of a bad outcome if I become ill with COVID-19. *fu3383*	yesno, Required | 1	Yes
0	No	 Custom alignment: LV
333	limitedqc	Section Header: *To what extent do you agree with the following statements:* There has been limited quality control in the development of the COVID-19 vaccine due to the rapid timeline for developmentfu3984	radio (Matrix), Required | 1	Strongly disagree
2	Disagree
3	Agree
4	Strongly agree	
334	mildsx	Symptoms of COVID-19 are typically mild and thus vaccination is not important to mefu2259	radio (Matrix), Required | 1	Strongly disagree
2	Disagree
3	Agree
4	Strongly agree	

335	physimmun	Physiological immunity after having COVID-19 illness is better than getting the vaccinefu1657	radio (Matrix), Required
			1 Strongly disagree
			2 Disagree
			3 Agree
			4 Strongly agree
336	pubhlth_trust	The information I receive about vaccines from public health authorities is trustworthyfu4587	radio (Matrix), Required
			1 Strongly disagree
			2 Disagree
			3 Agree
			4 Strongly agree
337	fluvaccn	Of the previous 5 years (not including this year, 2015-2019), approximately how many years have you received the influenza vaccine? [choose one, estimates are okay] *fu4204*	radio, Required
			0 0
			1 1
			2 2
			3 3
			4 4
			5 5
			Custom alignment: LV
338	fluvacc_barrier	What is the biggest barrier to your receiving the annual influenza vaccine? *fu4904*	radio, Required
			1 Cost
			2 Convenience
			3 Safety risks
			4 Limited effectiveness
			5 Dislike of receiving injections
			6 There is a reason I've been told not to have the vaccine because of my medical problems (e.g., allergy, immune condition)
			7 Other, please specify {fluvacc_barrierspec}
			8 There are no significant barriers for me to receive the influenza vaccine
			Custom alignment: LV
339	fluvacc_barrierspec Show the field ONLY if: [followup_arm_1][fluvacc_barrier] = "7"	Why? *fu1403*	text
340	children	Do you have children (even if they do not live with you)? *fu4603*	yesno, Required
			1 Yes
			0 No
			Custom alignment: LV
341	vacc_child Show the field ONLY if: [children] = "1"	Did your child(ren) receive all childhood vaccinations according to the Centers for Disease Control (CDC) vaccine schedule (recommended by most pediatricians)? *fu2004*	radio, Required
			1 Yes
			0 No
			2 My child(ren) received childhood vaccines, but not according to the standard vaccine schedule
			3 I don't remember
			4 I am/was not responsible for making my child(ren)'s health care decisions
			Custom alignment: LV

342	famdx_covid	Have you had any close friends or family members who have been diagnosed with COVID-19? *fu2723*	yesno, Required 1 | Yes 0 | No Custom alignment: LV
343	famdeath_covid Show the field ONLY if: [followup_arm_1][famdx_covid] = "1"	Have you had any close friends or family members who have died from COVID-19? *fu3023*	yesno, Required 1 | Yes 0 | No Custom alignment: LV
344	covid_affectlife	To what extent would you say that COVID-19 has affected your life? Effects may include impact on your health, job, family, finances, community, or any other aspect of your life. *fu4093*	radio, Required 1 | Very large effect 2 | Large effect 3 | Small effect 4 | Very small effect 5 | No effect Custom alignment: LV
345	covidvacc_public	When COVID-19 vaccination is available to the general public, to what extent will you recommend that your patients or family members are vaccinated for COVID-19? *fu1574*	radio, Required 1 | Strongly recommend that they receive the COVID-19 vaccine 2 | Recommend that they receive the COVID-19 vaccine 3 | Recommend that they NOT receive the COVID-19 vaccine 4 | Strongly recommend that they NOT receive the COVID-19 vaccine 5 | Recommend that they get vaccinated only if they have high risk factors for COVID-19 infection (otherwise I would not recommend vaccination) 6 | I don't advise my patients, friends, or family members about vaccination Custom alignment: LV
346	after_lessppe	Section Header: *In this section, we want to understand how receiving the COVID-19 vaccine changed the ways in which you lived your life.To what extent do you AGREE with the following statements:* After receiving the COVID-19 vaccine, I use less personal protective equipment in my job.fu1589	radio (Matrix), Required 1 | Strongly disagree 2 | Disagree 3 | Agree 4 | Strongly agree 0 | Not applicable
347	after_lessunivmask	After receiving the COVID-19 vaccine, I am less likely to practice universal masking (wearing a mask all day at work regardless of my exposures) than before being vaccinated.fu2344	radio (Matrix), Required 1 | Strongly disagree 2 | Disagree 3 | Agree 4 | Strongly agree 0 | Not applicable
348	after_lesspubmask	After receiving the COVID-19 vaccine, I am less likely to wear a mask in public.fu3258	radio (Matrix), Required 1 | Strongly disagree 2 | Disagree 3 | Agree 4 | Strongly agree 0 | Not applicable

349	after_morepubtrans	After receiving the COVID-19 vaccine, I am more likely to use public transportation or ride sharing (carpool, Uber, Lyft) transportation.fu2954	radio (Matrix), Required
			1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable
350	after_morelggroups	After receiving the COVID-19 vaccine, I am more likely to be in locations with large groups of people.fu1833	radio (Matrix), Required 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable
351	after_morerestaurant	After receiving the COVID-19 vaccine, I am more likely to eat inside in a restaurant.fu2134	radio (Matrix), Required 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable
352	after_moretravel	After receiving the COVID-19 vaccine, I am more likely to travel for vacation to another city.fu2312	radio (Matrix), Required 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable
353	after_moreflights	After receiving the COVID-19 vaccine, I am more likely to take a flight on an airplane.fu1465	radio (Matrix), Required 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable
354	after_moreindoorrec	After receiving the COVID-19 vaccine, I am more likely to go to a gym or participate in indoor recreation.fu1921	radio (Matrix), Required 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable
355	after_saferatwork	After receiving the COVID-19 vaccine, I am safer in my job.fu3116	radio (Matrix), Required 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable
356	after_familysafter	After receiving the COVID-19 vaccine, my family is safer.fu3366	radio (Matrix), Required 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable

357	after_familyfeelssafer	After receiving the COVID-19 vaccine, my family feels safer.fu1819	radio (Matrix), Required

radio (Matrix), Required

1	Strongly disagree
2	Disagree
3	Agree
4	Strongly agree
0	Not applicable

358	after_volunteer	After receiving the COVID-19 vaccine, I volunteer to care for more COVID-19 patients or for higher risk patients.fu2777	radio (Matrix), Required

1	Strongly disagree
2	Disagree
3	Agree
4	Strongly agree
0	Not applicable

359 workchange — 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"

360 fatigue — Section Header: *Now, it is approximately 6 weeks after your first symptoms. We want to understand which of the following symptoms you are STILL having. If it has been more than 6 weeks since your symptoms, try to answer about symptoms that you were having 6 weeks after your first symptoms started. You may have some of these symptoms whether you had COVID-19 or not.*

Fatiguefu2654

radio (Matrix), Required

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

361 cough — Coughfu2985

radio (Matrix), Required

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

362 sob — Shortness of breathfu1142

radio (Matrix), Required

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

363 congest — Sinus congestionfu4365

radio (Matrix), Required

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

364	chestpain	Chest painfu2667	radio (Matrix), Required
			0　No symptoms
			1　Mild symptoms
			2　Moderate symptoms
			3　Severe symptoms
365	headache	Headachefu3289	radio (Matrix), Required
			0　No symptoms
			1　Mild symptoms
			2　Moderate symptoms
			3　Severe symptoms
366	dizziness	Dizzinessfu1658	radio (Matrix), Required
			0　No symptoms
			1　Mild symptoms
			2　Moderate symptoms
			3　Severe symptoms
367	jointpain	Persistent joint pains or muscle achesfu2478	radio (Matrix), Required
			0　No symptoms
			1　Mild symptoms
			2　Moderate symptoms
			3　Severe symptoms
368	musc_weak	Muscle weaknessfu1564	radio (Matrix), Required
			0　No symptoms
			1　Mild symptoms
			2　Moderate symptoms
			3　Severe symptoms
369	mvemnt_prob	Movement problems (such as tremor)fu1125	radio (Matrix), Required
			0　No symptoms
			1　Mild symptoms
			2　Moderate symptoms
			3　Severe symptoms
370	sore_throat	Sore throatfu1365	radio (Matrix), Required
			0　No symptoms
			1　Mild symptoms
			2　Moderate symptoms
			3　Severe symptoms
371	losstaste_smell	Loss of taste or smellfu3259	radio (Matrix), Required
			0　No symptoms
			1　Mild symptoms
			2　Moderate symptoms
			3　Severe symptoms
372	diarrhea	Diarrheafu4658	radio (Matrix), Required
			0　No symptoms
			1　Mild symptoms
			2　Moderate symptoms
			3　Severe symptoms

373	nausea	Nauseafu1779	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
374	vomiting	Vomitingfu3654	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
375	abd_pain	Abdominal painfu1554	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
376	confusion	Confusionfu1988	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
377	mem_diff	Difficulty with memoryfu1965	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
378	concen_diff	Difficulty with concentration or attentionfu1789	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
379	fever	Feverfu2347	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
380	chills	Chillsfu5423	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
381	wtloss	Weight lossfu4426	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms

382	wtgain	Weight gainfu3745	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
383	exer_diff	Difficulty with exercisefu3569	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
384	sleep_diff	Trouble sleepingfu3324	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
385	anxpanic	Anxiety or panicfu2786	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
386	dep	Depressionfu2465	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
387	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"

388	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
389	anx2wk	In the last 2 weeks, how often have you been bothered by feeling nervous, anxious, or on edge? *fu3319*	radio, Required
			0 | Not at all
			1 | Several days
			2 | More than half of the days
			3 | Nearly every day
			Custom alignment: LV
390	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
391	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
392	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
393	followup_final_survey_participant_complete	Section Header: *Form Status* Complete?	dropdown
			0 | Incomplete
			1 | Unverified
			2 | Complete

Instrument: **Healthcare Utilization/Verification** (healthcare_utilizationverification)   📇 Enabled as survey   ⌄ Expand

Instrument: **Medical Record Requests** (medical_record_requests)   📇 Enabled as survey   ⌄ Expand

Instrument: **Monthly Check-in For Clinical Trial Participants** (monthly_checkin_for_clinical_trial_participants)   📇 Enabled as survey   ⌄ Expand

Instrument: **Testing Verification Form** (testing_verification_form)   📇 Enabled as survey   ⌄ Expand

Instrument: **Vaccine Verification Form** (vaccine_verification_form)   📇 Enabled as survey   ⌄ Expand

Instrument: **Verbal consent and LAR Documentation** (verbal_consent_and_lar_documentation)   ⌄ Expand

Instrument: **Medical Record Release Form** (medical_record_release_form)	⌄ Expand
Instrument: **Project Completion Tracking** (project_completion_tracking)	⌄ Expand
Instrument: **Compensation** (compensation)	⌄ Expand
Instrument: **Facility Form Weekly** (facility_form_weekly)	⌄ Expand

Instrument: **Medical Record Release Form** (medical_record_release_form) ⌄ Expand

Instrument: **Project Completion Tracking** (project_completion_tracking) ⌄ Expand