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			⌄ Expand
Instrument: **Healthcare Utilization/Verification** (healthcare_utilizationverification) 👤 Enabled as survey			⌃ Collapse

#	Variable / Field Name	Field Label *Field Note*	Field Attributes
394	huv_shazam	huv shazam for javascript	descriptive Field Annotation: @HIDDEN
395	visittype	Section Header: *Please report all health care visits in the period from [screening_arm_1][start_index] to [screening_arm_1][end_index]. Complete one form per health care visit. Do NOT report health care visits for mental health.* Please indicate which type of visit you are reporting. *hu1744*	radio, Required 1 Emergency department 2 Urgent care/walk-in clinic 3 Primary care clinic or another healthcare provider 4 Hospital admission Custom alignment: LV
396	hlthcare_visitdate Show the field ONLY if: [visittype] = '1' or [visittype] = '2' or [visittype] = '3'	On what date (approximately) did you have this visit? *hu3413*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON
397	visit_date_warn_1 Show the field ONLY if: ((([baseline_arm_1][hlthcare_visitdate]<>"" and [screening_arm_1][indexdt]<>"" and (datediff([screening_arm_1][indexdt], [baseline_arm_1][hlthcare_visitdate], "d", "mdy", true)<0))) or ([baseline_arm_1][hlthcare_visitdate]<>"" and [screening_arm_1][end_index]<>"" and (datediff([screening_arm_1][end_index], [baseline_arm_1][hlthcare_visitdate], "d", "mdy", true)>0))	This visit date occurs outside of the date range of [screening_arm_1][start_index] to [screening_arm_1][end_index]. Please revise this visit date.	descriptive
398	illness_related	Was this visit related to your illness? *hu2824*	yesno, Required 1 Yes 0 No Custom alignment: LV

399	hospadmdate Show the field ONLY if: [visittype] = "4"	On what date (approximately) did you have this visit? *hu3105*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON
400	visit_date_warn_2 Show the field ONLY if: ((([baseline_arm_1][hospadmd ate]<>"" and [screening_arm_ 1][indexdt]<>"" and (datediff ([screening_arm_1][indexdt], [baseline_arm_1][hospadmdat e], "d", "mdy", true)<0))) or ([ba seline_arm_1][hospadmdate]< >"" and [screening_arm_1][en d_index]<>"" and (datediff([scr eening_arm_1][end_index], [b aseline_arm_1][hospadmdat e], "d", "mdy", true)>0))	This visit date occurs outside of the date range of [screening_arm_1][start_index] to [screening_arm_1][end_index]. Please revise this visit date.	descriptive
401	supplo2 Show the field ONLY if: [visittype] = "4"	At any point during your hospital stay, did you need supplemental oxygen (oxygen thorugh a tube in your nose [nasal cannula] or using an oxygen mask)? *hu3226*	yesno, Required 1 Yes 0 No Custom alignment: LV
402	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
403	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
404	newvisit	Do you have another health care visit to report? *hu4179*	yesno, Required 1 Yes 0 No Custom alignment: LV
405	hc_site	Site Verification Form *mv2274*	descriptive, Required Field Annotation: @HIDDEN-SURVEY
406	mrverify_who	Who is completing this form? *mv2274*	text, Required Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
407	medrecupload	Please upload a copy of corresponding medical records. You may only upload one file per form. This may be uploaded as a photo or PDF. *mv4473*	file Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
408	admitdt	Encounter date (Admission date for hospital admissions or visit date for outpatient visits) *mv2012_eipmed17b*	text (date_mdy), Required Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY
409	visit_date_warn_3 Show the field ONLY if: ((([baseline_arm_1][admitdt]< >"" and [screening_arm_1][ind exdt]<>"" and (datediff([screen ing_arm_1][indexdt], [baseline _arm_1][admitdt], "d", "mdy", t rue)<0))) or ([baseline_arm_1] [admitdt]<>"" and [screening_ arm_1][end_index]<>"" and (d atediff([screening_arm_1][end _index], [baseline_arm_1][adm itdt], "d", "mdy", true)>0))	This visit date occurs outside of the date range of [screening_arm_1][start_index] to [screening_arm_1][end_index]. Please revise this visit date.	descriptive

| 410 | needs_verified | Does the health care visit reported by the participant meets requirements for an encounter that needs to be verified?
mv7486 | yesno

| 1 | Yes |
0	No	 Field Annotation: @HIDDEN-SURVEY
411	admitdt_ver Show the field ONLY if: [needs_verified]='1'	Was this visit able to be verified? *mv3859*	radio, Required | 1	Yes
0	No	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY

| 412 | 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

| 413 | 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

414	highestfever Show the field ONLY if: [needs_verified]='1' AND [docf ever]='1'	What was the highest documented fever? Record the temperature in Celcius. *mv4377*	text (number, Min: 32, Max: 45), Required Field Annotation: @HIDDEN-SURVEY
415	discdt1 Show the field ONLY if: [needs_verified]='1'	Discharge date (or date of death for non-survivors) *mv4377_eipmed17c*	text (date_mdy), Required Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY
416	transfer Show the field ONLY if: [needs_verified]='1'	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
417	admitdt2 Show the field ONLY if: [needs_verified]='1' and [trans fer]='1'	Transfer hospital admission date *mv2819_eipmed17f*	text (date_mdy), Required Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY
418	icu Show the field ONLY if: [visittype] ='4' and [needs_veri fied]='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
419	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), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY
420	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), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY
421	desc_sysill Show the field ONLY if: [visittype] ='4' and [needs_veri fied]='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 at sea level (or requiring supplemental oxygen to maintain oxygen saturation >93%) {sp02}	descriptive Field Annotation: @HIDDEN-SURVEY
422	resprate Show the field ONLY if: [visittype] ='4' and [needs_veri fied]='1'	Respiratory rate ≥ 30 breaths per minute *mv1874_eipmed19a*	radio | 1	Yes
0	No
2	Unknown	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
423	hrtrate Show the field ONLY if: [visittype] ='4' and [needs_veri fied]='1'	Heart rate ≥ 125 beats per minute *mv1874_eipmed19b*	radio | 1	Yes
0	No
2	Unknown	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
424	sp02 Show the field ONLY if: [visittype] ='4' and [needs_veri fied]='1'	Oxygen saturation ≤ 93% on room at at sea level (or requiring supplemental oxygen to maintain oxygen saturation >93%) *mv1874_eipmed19c*	radio | 1	Yes
0	No
2	Unknown	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY

425	desc_respfail Show the field ONLY if: [visittype] ='4' and [needs_verified]='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
426	pap Show the field ONLY if: [visittype] ='4' and [needs_verified]='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
427	hfnc Show the field ONLY if: [visittype] ='4' and [needs_verified]='1'	High flow nasal cannula (Vapotherm, Optiflow) *mv2784_eipmed20b*	radio 1 Yes 0 No 2 Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
428	iv Show the field ONLY if: [visittype] ='4' and [needs_verified]='1'	Intubation and mechanical ventilation *mv2784_eipmed20c*	radio 1 Yes 0 No 2 Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
429	ecmo Show the field ONLY if: [visittype] ='4' and [needs_verified]='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
430	vaso Show the field ONLY if: [visittype] ='4' and [needs_verified]='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

431	neurodys Show the field ONLY if: [visittype] ='4' and [needs_verified]='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

			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

432	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

433	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

434	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

435	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

436	dischdiag Show the field ONLY if: [needs_verified]='1'	Did the participant have any of the following new diagnoses during hospitalization or at discharge? [select all that apply] *mv2752_eipmed31*	checkbox, Required		
			1	dischdiag___1	Acute encephalopathy/encephalitis
			2	dischdiag___2	Acute liver failure
			3	dischdiag___3	Acute renal failure/acute kidney injury/new hemodialysis
			4	dischdiag___4	Acute respiratory distress syndrome (ARDS)
			5	dischdiag___5	Acute respiratory failure
			6	dischdiag___6	Ataxia
			7	dischdiag___7	Guillan-Barre syndrome
			8	dischdiag___8	Intracerebral hemorrhage/hemorrhagic stroke
			9	dischdiag___9	Multisystem inflammatory syndrome in adults (MIS-A)
			10	dischdiag___10	Myocarditis
			17	dischdiag___17	Peripheral neuropathy
			18	dischdiag___18	Ischemic stroke / cerebrovascular accident (CVA) / cerebral infarction
			19	dischdiag___19	Seizures
			20	dischdiag___20	Severe systemic illness due to COVID-19
			21	dischdiag___21	Transverse myelitis
			22	dischdiag___22	Viral meningitis
			23	dischdiag___23	Viral encephalitis
			0	dischdiag___0	None

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

437	healthcare_utilizationverificati on_complete	Section Header: *Form Status* Complete?	dropdown

0	Incomplete
1	Unverified
2	Complete

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]