📖 Data Dictionary Codebook

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
	Instrument: Study Eligibility (study_eligibility)		
1	[id_hostseq]	HostSeq study ID	text, Required, Identifier
2	[consent]	Was informed consent obtained?	yesno 1 Yes 0 No
3	[covid19_test]	Laboratory confirmed COVID-19 test result	radio 0 Negative 1 Positive 2 Was not tested Custom alignment: RH
4	[covid19_suspected]	If negative or not tested, is the participant suspected to be COVID-19 positive?	checkbox 0 covid19_suspected___0 No - Please do not proceed. Participant is excluded from HostSeq 1 covid19_suspected___1 Yes, participant has clinical signs of COVID-19 2 covid19_suspected___2 Yes, participant was exposed to a confirmed household member 3 covid19_suspected___3 Yes, participant was exposed at work 4 covid19_suspected___4 Yes, participant was exposed during travels in an affected area 5 covid19_suspected___5 Yes, participant demonstrated no COVID-19 related symptoms but was highly exposed 6 covid19_suspected___6 Unknown
5	[study_eligibility_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
	Instrument: Demographics (demographics)		
6	[host_hospital]	Section Header: *IDENTIFICATION* Host hospital	text, Required
7	[pi]	Site PI	text, Required
8	[id_source_study]	Source study ID	text, Required
9	[enrollment_date]	Source study enrollment date	text (date_ymd)
10	[other_covid_study]	Has the patient participated in other COVID-19 studies (This is very important so participants are not sequenced more than once. You will receive the sequencing results)	radio 0 No 1 Yes -1 Don't knkow Custom alignment: RH

11	[other_covid_study_pi] Show the field ONLY if: [other_covid_study] = '1'	List PI name(s) of other COVID-19 studies	text Custom alignment: RH
12	[other_covid_study_pi_2] Show the field ONLY if: [other_covid_study] = '1'		text Custom alignment: RH
13	[other_covid_study_pi_3] Show the field ONLY if: [other_covid_study] = '1'		text Custom alignment: RH
14	[other_covid_study_site] Show the field ONLY if: [other_covid_study] = '1'	List PI affiliation(s)/location(s) of other COVID-19 studies	text Custom alignment: RH
15	[other_covid_study_site_2] Show the field ONLY if: [other_covid_study] = '1'		text Custom alignment: RH
16	[other_covid_study_site_3] Show the field ONLY if: [other_covid_study] = '1'		text Custom alignment: RH
17	[age]	Section Header: *DEMOGRAPHICS* age	text
18	[sex]	Sex at birth	dropdown, Identifier 0 Male 1 Female 2 Not specified
19	[gender]	Gender	radio 0 Male (including transgender men) 1 Female (including transgender women) 2 Prefer to self describe (e.g., non-binary, gender-fluid, agender, etc. - will be asked to specify) 3 Prefer not to say/ Don't know
20	[gender_desc] Show the field ONLY if: [gender]='2'	Please describe your gender	text
21	[dob_month]	Month of birth	dropdown 1 January 2 February 3 March 4 April 5 May 6 June 7 July 8 August 9 September 10 October 11 November 12 December -1 Don't know
22	[dob_year]	Year of birth	text (integer, Min: 1900, Max: 2021)
23	[birth_country]	Country of birth	text, Identifier

24	[birth_place]	Place of birth	dropdown	
			0	North America
			1	Central and South America
			2	Africa
			3	East/West Europe
			4	Middle East/ Central Asia
			5	East Asia/ Southeast Asia
			6	South Asia
			7	Oceania
			8	Other
25	[ancestry]	Ancestry	dropdown, Identifier	
			0	White
			1	Black
			2	Hispanic
			3	East Asian / Pacific Islander
			4	South Asian
			5	Middle Eastern or Central Asian
			6	More than one race
			7	Indigenous (First Nations, Metis, Inuit)
			8	Ashkenazi Jewish
			9	Sephardic Jewish
			10	Other
			-1	Prefer not to answer/ Don't know
26	[education]	Highest education level achieved	dropdown	
			1	Elementary/primary school
			2	High school
			3	Vocational school/2 year college
			4	Bachelor's degree/4 year college
			5	Master's degree or higher
			-1	Don't know
27	[height]	Height (cm)	text	
28	[height_unk]		checkbox	
			-1	height_unk___1 Don't know
29	[weight]	Weight (Kg)	text	
30	[weight_unk]		checkbox	
			-1	weight_unk___1 Don't know
31	[employment]	Employment	dropdown	
			1	Healthcare worker (excluding long-term health care provider)
			3	Long-term care facility employee
			2	Factory worker
			4	Grocery store employee
			5	Tourism/travel worker
			6	Other
			-1	Unknown
32	[employment_other] Show the field ONLY if: [employment]='6'	Specify other employment	text	

33	[residence_type]	Type of residence	dropdown

			1	Personal residence
			2	Long term care facility
			3	Another institution
			4	Unknown

34	[residence_type_other] Show the field ONLY if: [residence_type]='3'	Specify other residence	text

35	[household] Show the field ONLY if: [residence_type]='1'	Section Header: *HOUSEHOLD COMPOSITION* Number of other people in patient's household	dropdown

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15

36	[household_age_1] Show the field ONLY if: [residence_type]='1' and [household]='1' or [household]='2' or [household]='3' or [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #1 age	text (integer)

37	[household_relation_1] Show the field ONLY if: [residence_type]='1' and [household]='1' or [household]='2' or [household]='3' or [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #1 relationship to patient	dropdown

			1	Spouse
			2	Child
			3	Parent
			4	Grandparent
			5	Aunt/uncle
			6	Cousin
			7	Other

| 38 | [household_covid_1]

Show the field ONLY if:
[residence_type]='1' and [household]='1' or [household]='2' or [household]='3' or [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15' | Person #1 COVID-19 status | radio

| 0 | Negative |
| 1 | Positive |
-1	Unknown/ Not tested	 Custom alignment: RH
39	[household_age_2] Show the field ONLY if: [residence_type]='1' and [household]='2' or [household]='3' or [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #2 age	text (integer)
40	[household_relation_2] Show the field ONLY if: [residence_type]='1' and [household]='2' or [household]='3' or [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #2 relationship to patient	dropdown | 1	Spouse
2	Child
3	Parent
4	Grandparent
5	Aunt/uncle
6	Cousin
7	Other	
41	[household_covid_2] Show the field ONLY if: [residence_type]='1' and [household]='2' or [household]='3' or [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #2 COVID-19 status	radio | 0	Negative
1	Positive
-1	Unknown/ Not tested	 Custom alignment: RH
42	[household_age_3] Show the field ONLY if: [residence_type]='1' and [household]='3' or [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #3 age	text (integer)

43	[household_relation_3] Show the field ONLY if: [residence_type]='1' and [household]='3' or [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #3 relationship to patient	dropdown 1 Spouse 2 Child 3 Parent 4 Grandparent 5 Aunt/uncle 6 Cousin 7 Other
44	[household_covid_3] Show the field ONLY if: [residence_type]='1' and [household]='3' or [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #3 COVID-19 status	radio 0 Negative 1 Positive -1 Unknown/ Not tested Custom alignment: RH
45	[household_age_4] Show the field ONLY if: [residence_type]='1' and [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #4 age	text (integer)
46	[household_relation_4] Show the field ONLY if: [residence_type]='1' and [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #4 relationship to patient	dropdown 1 Spouse 2 Child 3 Parent 4 Grandparent 5 Aunt/uncle 6 Cousin 7 Other
47	[household_covid_4] Show the field ONLY if: [residence_type]='1' and [household]='4' or [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #4 COVID-19 status	radio 0 Negative 1 Positive -1 Unknown/ Not tested Custom alignment: RH
48	[household_age_5] Show the field ONLY if: [residence_type]='1' and [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #5 age	text (integer)

49	[household_relation_5] Show the field ONLY if: [residence_type]='1' and [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #5 relationship to patient	dropdown 1 Spouse 2 Child 3 Parent 4 Grandparent 5 Aunt/uncle 6 Cousin 7 Other
50	[household_covid_5] Show the field ONLY if: [residence_type]='1' and [household]='5' or [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #5 COVID-19 status	radio 0 Negative 1 Positive -1 Unknown/ Not tested Custom alignment: RH
51	[household_age_6] Show the field ONLY if: [residence_type]='1' and [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #6 age	text (integer)
52	[household_relation_6] Show the field ONLY if: [residence_type]='1' and [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #6 relationship to patient	dropdown 1 Spouse 2 Child 3 Parent 4 Grandparent 5 Aunt/uncle 6 Cousin 7 Other
53	[household_covid_6] Show the field ONLY if: [residence_type]='1' and [household]='6' or [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #6 COVID-19 status	radio 0 Negative 1 Positive -1 Unknown/ Not tested Custom alignment: RH
54	[household_age_7] Show the field ONLY if: [residence_type]='1' and [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #7 age	text (integer)

55	[household_relation_7] Show the field ONLY if: [residence_type]='1' and [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #7 relationship to patient	dropdown
			1 Spouse
			2 Child
			3 Parent
			4 Grandparent
			5 Aunt/uncle
			6 Cousin
			7 Other
56	[household_covid_7] Show the field ONLY if: [residence_type]='1' and [household]='7' or [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #7 COVID-19 status	radio
			0 Negative
			1 Positive
			-1 Unknown/ Not tested
			Custom alignment: RH
57	[household_age_8] Show the field ONLY if: [residence_type]='1' and [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #8 age	text (integer)
58	[household_relation_8] Show the field ONLY if: [residence_type]='1' and [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #8 relationship to patient	dropdown
			1 Spouse
			2 Child
			3 Parent
			4 Grandparent
			5 Aunt/uncle
			6 Cousin
			7 Other
59	[household_covid_8] Show the field ONLY if: [residence_type]='1' and [household]='8' or [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #8 COVID-19 status	radio
			0 Negative
			1 Positive
			-1 Unknown/ Not tested
			Custom alignment: RH
60	[household_age_9] Show the field ONLY if: [residence_type]='1' and [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #9 age	text (integer)
61	[household_relation_9] Show the field ONLY if: [residence_type]='1' and [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #9 relationship to patient	dropdown
			1 Spouse
			2 Child
			3 Parent
			4 Grandparent
			5 Aunt/uncle
			6 Cousin
			7 Other

62	[household_covid_9] Show the field ONLY if: [residence_type]='1' and [household]='9' or [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #9 COVID-19 status	radio 	0	Negative
1	Positive
-1	Unknown/ Not tested	 Custom alignment: RH
63	[household_age_10] Show the field ONLY if: [residence_type]='1' and [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #10 age	text (integer)
64	[household_relation_10] Show the field ONLY if: [residence_type]='1' and [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #10 relationship to patient	dropdown 	1	Spouse
2	Child
3	Parent
4	Grandparent
5	Aunt/uncle
6	Cousin
7	Other	
65	[household_covid_10] Show the field ONLY if: [residence_type]='1' and [household]='10' or [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #10 COVID-19 status	radio 	0	Negative
1	Positive
-1	Unknown/ Not tested	 Custom alignment: RH
66	[household_age_11] Show the field ONLY if: [residence_type]='1' and [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #11 age	text (integer)
67	[household_relation_11] Show the field ONLY if: [residence_type]='1' and [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #11 relationship to patient	dropdown 	1	Spouse
2	Child
3	Parent
4	Grandparent
5	Aunt/uncle
6	Cousin
7	Other	
68	[household_covid_11] Show the field ONLY if: [residence_type]='1' and [household]='11' or [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #11 COVID-19 status	radio 	0	Negative
1	Positive
-1	Unknown/ Not tested	 Custom alignment: RH
69	[household_age_12] Show the field ONLY if: [residence_type]='1' and [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #12 age	text (integer)

70	[household_relation_12] Show the field ONLY if: [residence_type]='1' and [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #12 relationship to patient	dropdown 1 Spouse 2 Child 3 Parent 4 Grandparent 5 Aunt/uncle 6 Cousin 7 Other
71	[household_covid_12] Show the field ONLY if: [residence_type]='1' and [household]='12' or [household]='13' or [household]='14' or [household]='15'	Person #12 COVID-19 status	radio 0 Negative 1 Positive -1 Unknown/ Not tested Custom alignment: RH
72	[household_age_13] Show the field ONLY if: [residence_type]='1' and [household]='13' or [household]='14' or [household]='15'	Person #13 age	text (integer)
73	[household_relation_13] Show the field ONLY if: [residence_type]='1' and [household]='13' or [household]='14' or [household]='15'	Person #13 relationship to patient	dropdown 1 Spouse 2 Child 3 Parent 4 Grandparent 5 Aunt/uncle 6 Cousin 7 Other
74	[household_covid_13] Show the field ONLY if: [residence_type]='1' and [household]='13' or [household]='14' or [household]='15'	Person #13 COVID-19 status	radio 0 Negative 1 Positive -1 Unknown/ Not tested Custom alignment: RH
75	[household_age_14] Show the field ONLY if: [residence_type]='1' and [household]='14' or [household]='15'	Person #14 age	text (integer)
76	[household_relation_14] Show the field ONLY if: [residence_type]='1' and [household]='14' or [household]='15'	Person #14 relationship to patient	dropdown 1 Spouse 2 Child 3 Parent 4 Grandparent 5 Aunt/uncle 6 Cousin 7 Other
77	[household_covid_14] Show the field ONLY if: [residence_type]='1' and [household]='14' or [household]='15'	Person #14 COVID-19 status	radio 0 Negative 1 Positive -1 Unknown/ Not tested Custom alignment: RH

78	[household_age_15] Show the field ONLY if: [residence_type]='1' and [household]='15'	Person #15 age	text (integer)
79	[household_relation_15] Show the field ONLY if: [residence_type]='1' and [household]='15'	Person #15 relationship to patient	dropdown 1 Spouse 2 Child 3 Parent 4 Grandparent 5 Aunt/uncle 6 Cousin 7 Other
80	[household_covid_15] Show the field ONLY if: [residence_type]='1' and [household]='15'	Person #15 COVID-19 status	radio 0 Negative 1 Positive -1 Unknown/ Not tested Custom alignment: RH
81	[pregnancy] Show the field ONLY if: [sex] = '1' or [sex] = '2'	Section Header: *PREGNANCY* Currently pregnant	yesno 1 Yes 0 No Custom alignment: RH
82	[pregnancy_weeks] Show the field ONLY if: [pregnancy]='1'	Gestational weeks	text
83	[demographics_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Comorbidities (comorbidities)

84	[blank]	Section Header: *COMORBIDITIES - any health conditions that are ongoing (have not been resolved) at the time of admission/assessment.*	descriptive
85	[com_hiv]	Section Header: *Comorbidities: Immune system* HIV	radio, Identifier 0 No 1 Yes -1 Don't know Custom alignment: RH
86	[com_immunocomp]	Immunocompromised status	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
87	[com_immunocomp_time] Show the field ONLY if: [com_immunocomp]='1'	Days from the onset of covid-19 symptoms to immuno-compromisation	text (integer)

88	[com_transplant]	Organ transplant	radio

radio

0	No
1	Yes
-1	Don't know

Custom alignment: RH
Question number: RH

89	[com_transplant_type] Show the field ONLY if: [com_transplant]='1'	Organ type of transplant	checkbox

checkbox

1	com_transplant_type___1	Heart
2	com_transplant_type___2	Kidney
3	com_transplant_type___3	Liver
4	com_transplant_type___4	Pancreas
5	com_transplant_type___5	Intestine
6	com_transplant_type___6	Lung
7	com_transplant_type___7	Eye (Cornea)
8	com_transplant_type___8	Blood/bone marrow
9	com_transplant_type___9	Blood vessel
10	com_transplant_type___10	Other

90	[com_transplant_type_other] Show the field ONLY if: [com_transplant_type(10)]='1'	Specify other organ type of transplant	text

91	[com_autoimm_rheum]	Autoimmune or rheumatologic disease (e.g., rheumatoid arthritis, systemic lupus erythematosus, multiple sclerosis, inflammaory bowel disease)	radio

radio

0	No
1	Yes
-1	Don't know

Custom alignment: RH
Question number: RH

92	[com_diabetes]	Diabetes	radio

radio

0	no,
1	yes,
-1	don't know

Custom alignment: RH

93	[com_type_i_diabetes] Show the field ONLY if: [com_diabetes]=1	Type I diabetes	radio

radio

0	No
1	Yes
-1	Don't know

Custom alignment: RH
Question number: RH

94	[com_type_ii_diabetes] Show the field ONLY if: [com_diabetes]=1	Type II diabetes	radio

radio

0	No
1	Yes
-1	Don't know

Custom alignment: RH
Question number: RH

95	[com_asthma]	Section Header: *Comorbidities: Respiratory system* Asthma	radio

radio

0	No
1	Yes
-1	Don't know

Custom alignment: RH
Question number: RH

96	[com_chronic_pulm]	Chronic obstructive pulmonary disease (COPD)	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
97	[com_cystic_fibrosis]	Cystic Fibrosis	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
98	[com_sleep_apnea]	Sleep Apnea	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
99	[com_sleep_cpap]	Home CPAP (continuous positive airway pressure) device used at night	radio 0 No 1 Yes -1 Don't know Custom alignment: RH
100	[com_chronic_kidney]	Section Header: *Comorbidities: Genitourinary/Metabolic* Chronic kidney disease	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
101	[com_liver]	Liver disease	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
102	[com_gallbl]	Gallbladder disease	radio 0 No 1 Yes -1 Don't know Custom alignment: RH
103	[com_pancreas]	Pancreatic disease	radio 0 No 1 Yes -1 Don't know Custom alignment: RH

104	[com_gerd]	Gastroesophageal reflux disease (GERD)	radio
			0　No
			1　Yes
			-1　Don't know
			Custom alignment: RH
105	[com_ibs]	Irritable Bowel Syndrome (IBS)	radio
			0　No
			1　Yes
			-1　Don't know
			Custom alignment: RH
106	[com_lipids]	Lipid disorders (hypercholesterolemia, dyslipidemia, etc.)	radio
			0　No
			1　Yes
			-1　Don't know
			Custom alignment: RH
107	[com_bph]	Benign Prostatic Hyperplasia	radio
			0　No
			1　Yes
			-1　Don't know
			2　Not applicable
			Custom alignment: RH
108	[com_pcos]	Polycystic ovary syndrome (PCOS)	radio
			0　No
			1　Yes
			-1　Don't know
			2　Not applicable
			Custom alignment: RH
109	[com_angio]	Section Header: *Comorbidities: Cardiovascular system* Balloon angioplasty or percutanuous coronary intervention	radio
			0　No
			1　Yes
			-1　Don't know
			Custom alignment: RH Question number: RH
110	[com_bypass]	Coronary artery bypass	radio
			0　No
			1　Yes
			-1　Don't know
			Custom alignment: RH Question number: RH
111	[com_heart_failure]	Congestive heart failure	radio
			0　No
			1　Yes
			-1　Don't know
			Custom alignment: RH Question number: RH

112	[com_hypertension]	Hypertension	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
113	[com_mi]	Myocardial infarction	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH
114	[com_infarction_type1] Show the field ONLY if: [com_mi]=1	Myocardial infarction Type I	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
115	[com_infarction_type2] Show the field ONLY if: [com_mi]=1	Myocardial infarction Type II	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
116	[com_vascular]	Peripheral vascular disease	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
117	[com_stroke]	Stroke	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
118	[com_arrythmias]	Arrythmias	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
119	[com_anemia]	Anemia	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH

120	[com_dementia]	Section Header: *Comorbidities: Neurological* Dementia	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
121	[com_neurological]	Neurological or neuropsychiatric disease	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
122	[com_cancer]	Section Header: *Comorbidities: Cancer* Is the patient currently diagnosed with cancer?	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
123	[com_cancer_age] Show the field ONLY if: [com_cancer]='1'	Patient age at diagnosis	text
124	[com_leukemia] Show the field ONLY if: [com_cancer]='1'	Leukemia	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
125	[com_lymphoma] Show the field ONLY if: [com_cancer]='1'	Lymphoma	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
126	[com_sarcoma] Show the field ONLY if: [com_cancer]='1'	Sarcoma	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
127	[com_carcinoma] Show the field ONLY if: [com_cancer]='1'	Carcinoma	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH

| 128 | [com_myeloma]

Show the field ONLY if:
[com_cancer]='1' | Myeloma | radio

| 0 | No |
| 1 | Yes |
-1	Don't know	 Custom alignment: RH Question number: RH

| 129 | [com_cancer_mixedtypes]

Show the field ONLY if:
[com_cancer]='1' | Mixed types | radio

| 0 | No |
| 1 | Yes |
-1	Don't know	 Custom alignment: RH Question number: RH

130	[com_cancer_location] Show the field ONLY if: [com_cancer]='1'	Cancer location	checkbox

0	com_cancer_location___0	Skin
1	com_cancer_location___1	Lungs
2	com_cancer_location___2	Breast
3	com_cancer_location___3	Head and neck
4	com_cancer_location___4	Digestive/Gastrointestina
5	com_cancer_location___5	Gynecologic
6	com_cancer_location___6	Genitourinary (bladder, kidney, prostate, penile, testicular)
7	com_cancer_location___7	Eye
8	com_cancer_location___8	Musculoskeletal
9	com_cancer_location___9	Germ cell/CNS
10	com_cancer_location___10	Other
-1	com_cancer_location___1	Don't know

131	[com_cancer_location_other] Show the field ONLY if: [com_cancer_location(10)]='1'	Specify other cancer location	text

132	[com_cancer_treatment] Show the field ONLY if: [com_cancer]='1'	Cancer treatment in the past 12 months (please mark all that apply)	checkbox

0	com_cancer_treatment___0	Surgery
1	com_cancer_treatment___1	Chemotherapy
2	com_cancer_treatment___2	Radiation therapy
3	com_cancer_treatment___3	HSCT
4	com_cancer_treatment___4	Immunotherapy
5	com_cancer_treatment___5	Hormon therapy
6	com_cancer_treatment___6	Clinical trials
7	com_cancer_treatment___7	Other
8	com_cancer_treatment___8	None
-1	com_cancer_treatment___1	Don't know

133	[com_cancer_treatment_other] Show the field ONLY if: [com_cancer_treatment(7)]='1'	Specify other cancer treatment	text

134	[com_other]	Other comorbidities	text

135	[smoke_100]	Section Header: *RISK FACTORS* Has patient smoked at least 100 (tobacco) cigarettes in their entire life? (There are 20 cigarettes in a pack.)	dropdown 	0	Haven't smoked 100 cigarettes in a life time
1	Smoked 100 cigarettes in a life time but currently not smoking
2	Smoked 100 cigarettes in a life time, and currently smoking
-1	Don't know	
136	[smoke_quit_years] Show the field ONLY if: [smoke_100]='1'	Years since quitting	text (integer)
137	[smoke_habit] Show the field ONLY if: [smoke_100]>'0'	How many cigarettes smoked daily (at present for current smokers or prior to quitting for past smokers)?	text
138	[tobacco_other]	Other forms and amount of current tobacco use (e.g., cigar, chew tobacco, shisha)	text
139	[vaping]	Vaping	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
140	[vaping_amount] Show the field ONLY if: [vaping]='1'	Average number of cartilages per week	text (number)
141	[vaping_amount_other]	Other measurement of vaping use	text
142	[cannabis]	Cannabis	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
143	[cannabis_amount] Show the field ONLY if: [cannabis]='1'	Average number of joints/bong per week	text (number)
144	[cannabis_amount_other]	Other measurement of cannabis use	text
145	[comorbidities_complete]	Section Header: *Form Status* Complete?	dropdown | 0	Incomplete
1	Unverified
2	Complete	

Instrument: Assessment (assessment)

| 146 | [er_visit] | Section Header: *PATIENT STATE*

Patient seen in ER | radio

| 0 | No |
1	Yes	 Custom alignment: RH Question number: RH
147	[triage_date] Show the field ONLY if: [er_visit] = '1'	ER triage date at reporting facility	text (date_ymd)

148	[transfer_facility]	Transfer from another facility	dropdown
			0 No
			1 Yes - facility is a study site
			2 Yes - facility is not a study site
149	[transfer_facility_name] Show the field ONLY if: [transfer_facility]>'0'	Name of transfer facility	text
150	[transfer_facility_date] Show the field ONLY if: [transfer_facility]>'0'	ER triage date at transfer facility	text (date_ymd)
151	[transfer_facility_sourceid] Show the field ONLY if: [transfer_facility]='1'	Source study ID # from transfer facility	text
152	[transfer_facility_hostseqid] Show the field ONLY if: [transfer_facility]='1'	HostSeq study ID # from transfer facility	text
153	[hospitalized]	Patient hospitalized	radio
			0 No
			1 Yes
			Custom alignment: RH Question number: RH
154	[ambulatory_state] Show the field ONLY if: [hospitalized]='0'	Ambulatory state	radio
			0 No limitation of activities
			1 Limitation of activities
			-1 Unknown
155	[date_admission] Show the field ONLY if: [hospitalized]='1'	Date of admission	text (date_ymd)
156	[hospitalized_state] Show the field ONLY if: [hospitalized]='1'	Hospitalized state	radio
			0 No oxygen therapy
			1 Oxygen by mask or nasal prongs
			2 Non-invasive ventilation or high-flow oxygen
			3 Intubation and mechanical ventilation
			4 Ventilation + additional organ support - pressor, RRT, ECMO
157	[vent_days] Show the field ONLY if: [hospitalized_state] = '3' or [hospitalized_state] = '4'	Total duration of invasive ventilation *days*	text

158	[who_covid19_severity]	WHO COVID-19 severity scale	radio	
			0	Uninfected (no clinical or virological evidence of infection)
			1	Ambulatory (no limitation of activities)
			2	Ambulatory (limitation of activities)
			9	Ambulatory (with or without limitation of activities)
			3	Hospitalized - mild disease (hospitalized, no oxygen therapy)
			4	Hospitalized - mild disease (hospitalized, oxygen by mask or nasal prongs)
			5	Hospitalized - severe disease (non-invasive ventilation or high-flow oxygen)
			6	Hospitalized - severe disease (intubation and mechanical ventilation)
			7	Hospitalized - severe disease (ventilation and additional organ support, i.e. pressors, RRT, ECMO)
			8	Dead - death
159	[hgi_a2]	COVID-19 HGI phenotype A2 Case: Hospitalized laboratory confirmed SARS-CoV-2 infection (RNA and/or serology based) AND (death or respiratory support (intubation, CPAP, BiPAP, CNP (continue external negative pressure), Optiflow/very high flow Positive End Expiratory Pressure Oxygen)) AND hospitalization with COVID-19 as a primary reason for admission (simple supplementary oxygen (e.g., 2 L/min via nasal cannulae) only does not qualify for case status) Control: Everyone that is not a case, e.g. population	radio 0 Control 1 Case Custom alignment: RH	
160	[hhgi_a1]	COVID-19 HGI phenotype A1 Case: Hospitalized laboratory confirmed SARS-CoV-2 infection (RNA and/or serology based) AND (death or respiratory support (intubation, CPAP, BiPAP, CNP (continued external negative pressure), Optiflow/very high flow Positive End Expiratory Pressure Oxygen)) AND hospitalization with COVID-19 as a primary reason for admission (simple supplementary oxygen (e.g., 2 L/min via nasal cannulae) only does not qualify for case status). Control: Laboratory confirmed SARS-CoV-2 infection (RNA and/or serology based) AND not hospitalized 21 days after the test.	radio 0 Control 1 Case Custom alignment: RH	
161	[hgi_b1]	COVID-19 HGI phenotype B1 Case: Hospitalized laboratory confirmed SARS-CoV-2 infection (RNA and/or serology based), hospitalization due to corona-related symptoms. Control: Laboratory confirmed SARS-CoV-2 infection (RNA and/or serology based) AND not hospitalized 21 days after the test.	radio 0 Control 1 Case Custom alignment: RH	
162	[hgi_c2]	COVID-19 HGI phenotype C2 Case: Individuals with laboratory confirmation of SARS-CoV-2 infection (RNA and/or serology based) OR EHR/ICD coding/Physician confirmed COVID-19 OR self-reported COVID-19 positive (e.g., by questionnaire). Control: Everybody that is not a case, e.g. population	radio 0 Control 1 Case Custom alignment: RH	
163	[est_infection_time]	Estimated time of COVID-19 infection (estimated by (1) first date of PCR test. or (2) date of symptom onset, or (3) date of enrollment (only for studies of prospective recruitment)	text (date_ymd)	

164	[covid19_test_date]	Section Header: *TESTING AT ADMISSION/ASSESSMENT* COVID-19 test date	text (date_ymd)		
165	[covid19_diagnosis_date]	COVID-19 diagnosis date (by lab confirmed test) - First positive test	text (date_ymd)		
166	[pcr]	PCR	radio		
			1	Positive	
			0	Negative	
			-1	Not administered	
167	[serology]	Serology	checkbox		
			0	serology___0	Negative
			1	serology___1	IgM Positive
			2	serology___2	IgG Positive
			3	serology___3	Ab Positive
			4	serology___4	Ab Negative
			5	serology___5	Not administered
			6	serology___6	Equivocal
168	[serology_date]	serology positive test date (First positive test)	text (date_ymd)		
169	[negative_test_date]	If tests are all negative, date of last negative test	text (date_ymd)		
170	[serology_kit] Show the field ONLY if: [serology(5)] <> '1'	Commercial serology test kit name (if known)	text		
171	[covid19_vaccine]	COVID-19 vaccination status	dropdown		
			0	No	
			1	Yes, one dose	
			2	Yes, two doses	
			3	Yes, three doses	
			4	Yes, four doses	
			-1	Don't know	
172	[covid19_vaccine_1_date] Show the field ONLY if: [covid19_vaccine]='1' or '2' or '3' or '4'	Date of first dose of COVID-19 vaccine received or scheduled	text (date_ymd)		
173	[covid19_vaccine_1_name] Show the field ONLY if: [covid19_vaccine]='1' or '2' or '3' or '4'	Name of the first dose of COVID-19 vaccine	radio		
			0	Pfizer	
			1	Moderna	
			2	AstraZeneca	
			3	Johnson & Johnson	
			4	Other	
			5	Don't know	
174	[covid19_vaccine_1_desc] Show the field ONLY if: [covid19_vaccine_1_name]='4'	Please specify the name of the first dose of COVID-19 vaccine	text		
175	[covid19_vaccine_2_date] Show the field ONLY if: [covid19_vaccine]='2' or '3' or '4'	Date of second dose of COVID-19 vaccine received or scheduled	text (date_ymd)		

#	Variable	Description	Field Type
176	[covid19_vaccine_2_name] Show the field ONLY if: [covid19_vaccine]='2' or '3' or '4'	Name of second dose of COVID-19 vaccine	radio 0 Pfizer 1 Moderna 2 AstraZeneca 3 Johnson & Johnson 4 Other 5 Don't know
177	[covid19_vaccine_2_desc] Show the field ONLY if: [covid19_vaccine_2_name]='4'	Please specify the name of the second dose of COVID-19 vaccine	text
178	[covid19_vaccine_3_date] Show the field ONLY if: [covid19_vaccine]= '3' or '4'	Date of third dose of COVID-19 vaccine received or scheduled	text (date_ymd)
179	[covid19_vaccine_3_name] Show the field ONLY if: [covid19_vaccine]= '3' or '4'	Name of third dose of COVID-19 vaccine	radio 0 Pfizer 1 Moderna 2 AstraZeneca 3 Johnson & Johnson 4 Other 5 Don't know
180	[covid19_vaccine_3_desc] Show the field ONLY if: [covid19_vaccine_3_name]= '4'	Please specify the name of the third dose of COVID-19 vaccine	text
181	[covid19_vaccine_4_date] Show the field ONLY if: [covid19_vaccine]='4'	Date of fourth dose of COVID-19 vaccine received or scheduled	text (date_ymd)
182	[covid19_vaccine_4_name] Show the field ONLY if: [covid19_vaccine]='4'	Name of fourth dose of COVID-19 vaccine	radio 0 Pfizer 1 Moderna 2 AstraZeneca 3 Johnson & Johnson 4 Other 5 Don't know
183	[covid19_vaccine_4_desc] Show the field ONLY if: [covid19_vaccine_4_name]='4'	Please specify the name of the fourth dose of COVID-19 vaccine	text
184	[heart_rate]	Heart rate *beats per minute*	text (integer)
185	[respiratory_rate]	Highest respiratory rate *breaths per minute*	text (integer)
186	[bp_sys]	Systolyc blood pressure *mmHg*	text (integer)
187	[bp_dia]	Diastolic blood pressure *mmHg*	text (integer)
188	[oxygen_sat]	Oxygen saturation *%*	text (integer)
189	[oxygen_sat_on]		radio 1 Room air 2 Oxygen therapy 3 N/A Question number: RH

190	[influenza]	Section Header: *PATHOGEN TESTING (done during this illness episode)* Influenza	dropdown 	0	Negative
1	Yes - Confirmed
2	Yes - Probable
-1	Not tested	 Question number: RH
191	[influenza_type] Show the field ONLY if: [influenza]='1' or [influenza]='2'	Specify influenza type	dropdown 	1	A/H3N2
2	A/H1N1pdm09
3	A/H5N1
4	A, not typed
5	B
6	Other	
192	[influenza_type_other] Show the field ONLY if: [influenza_type] = '6'	Specify other influenza type	text
193	[coronavirus]	Coronavirus	dropdown 	0	Negative
1	Yes - Confirmed
2	Yes - Probable
-1	Not tested	 Question number: RH
194	[coronavirus_type] Show the field ONLY if: [coronavirus]='1' or [coronavirus]='2'	Specify coronavirus type	dropdown 	1	Novel CoV
2	MERS CoV
3	Other CoV	
195	[coronavirus_type_other] Show the field ONLY if: [coronavirus_type]='3'	Specify other coronavirus type	text
196	[rsv]	RSV	dropdown 	0	Negative
1	Yes - Confirmed
2	Yes - Probable
-1	Not tested	 Question number: RH
197	[adenovirus]	Adenovirus	dropdown 	0	Negative
1	Yes - Confirmed
2	Yes - Probable
-1	Not tested	 Question number: RH
198	[enterovirus]	Enterovirus	dropdown 	0	Negative
1	Yes - Confirmed
2	Yes - Probable
-1	Not tested	 Question number: RH

199	[bacteria]	Bacteria	dropdown
			0 Negative
			1 Yes - Confirmed
			2 Yes - Probable
			-1 Not tested
			Question number: RH
200	[bacteria_type] Show the field ONLY if: [bacteria]='1' or [bacteria]='2'	Specify bacteria type	checkbox
			1 bacteria_type___1 Streptococcus pneumoniae
			2 bacteria_type___2 Staphylococcus aureus
			3 bacteria_type___3 Group A streptococcus
			4 bacteria_type___4 Escherichia coli
			5 bacteria_type___5 Klebsiella pneumoniae
			6 bacteria_type___6 Other
201	[bacteria_type_other] Show the field ONLY if: [bacteria_type(6)] = '1'	Specify other bacteria type	text
202	[bacteria_location] Show the field ONLY if: [bacteria]='1' or [bacteria]='2'	Specify location(s)	checkbox
			1 bacteria_location___1 Blood
			2 bacteria_location___2 Lower respiratory tract
			3 bacteria_location___3 Urine
			4 bacteria_location___4 Bone or joint
			5 bacteria_location___5 CNS
			6 bacteria_location___6 Other
203	[bacteria_location_other] Show the field ONLY if: [bacteria_location(6)] = '1'	Specify other location(s)	text
204	[other_infect_respiratory]	Other infectious respiratory diagnosis	dropdown
			0 Negative
			1 Yes - Confirmed
			2 Yes - Probable
			-1 Not tested
			Question number: RH
205	[other_infect_respiratory_type] Show the field ONLY if: [other_infect_respiratory]='1' or [other_infect_respiratory]='2'	Specify other infectious respiratory diagnosis	text
206	[pneumonia]	Physician diagnosis of pneumonia	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
207	[non_infective]	NONE OF THE ABOVE: Suspected Non-infective	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH

208	[abo_type]	Section Header: *OTHER INFORMATION AT ADMISSION/ASSESSMENT* ABO blood type	dropdown A | A B | B AB | AB O | O -1 | Don't know
209	[rh_factor]	Rh factor	dropdown 0 | Absent 1 | Present -1 | Unknown
210	[home_meds]	Home medications	checkbox 1 | home_meds___1 | ACE inhibitor 2 | home_meds___2 | Angiotensin receptor blocker 3 | home_meds___3 | Steroids 4 | home_meds___4 | Other immunosuppressive medication 5 | home_meds___5 | NSAIDs 6 | home_meds___6 | Other 7 | home_meds___7 | ACE inhibitor or Angiotensin receptor blocker 0 | home_meds___0 | None
211	[home_meds_other] Show the field ONLY if: [home_meds(6)]='1'	Specify other home medications	text
212	[bcg]	Has the patient received BCG vaccine?	radio 0 | No 1 | Yes -1 | Don't know Custom alignment: RH Question number: RH
213	[first_symptom_date]	Section Header: *SYMPTOMS AT ADMISSION/ASSESSMENT* Onset date of first/earliest symptom	text (date_ymd)
214	[first_symptom_none]		checkbox 0 | first_symptom_none___0 | Asymptomatic
215	[cough]	Cough	dropdown 0 | No 1 | Yes 2 | Yes, with sputum production 3 | Yes, bloody sputum/haemoptysis
216	[days_cough] Show the field ONLY if: [cough]='1' or [cough]='2' or [cough]='3'	Days with cough	text
217	[days_cough_unk] Show the field ONLY if: [cough]='1' or [cough]='2' or [cough]='3'		checkbox -1 | days_cough_unk___1 | Don't know

218	[difficulty_breathing]	Difficulty breathing	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH
219	[diff_breathing_specify] Show the field ONLY if: [difficulty_breathing]=1	Difficulty of breathing_severity	radio
			1 Slight
			2 Moderate
			3 Severe
			Custom alignment: RH
220	[highest_temp]	Highest temperature recorded on admission/assessment	text
221	[highest_temp_unit]		radio
			C &#8451
			F &#8457
			Custom alignment: RH
222	[fever]	Fever	radio
			0 No
			1 Yes,
			-1 Don't know
			Custom alignment: RH
223	[days_fever] Show the field ONLY if: [fever]='1'	Days with Fever	text
224	[days_fever_unk]		checkbox
			-1 days_fever_unk___1 Don't know
225	[fatigue]	Fatigue	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
226	[myalgia]	Myalgia (general aches and pains)	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
227	[runny_nose]	Runny nose	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH

228	[sore_throat]	Sore throat	radio
			0 | No
			1 | Yes
			-1 | Don't know
			Custom alignment: RH Question number: RH
229	[loss_taste_smell]	Loss of taste/smell sense	radio
			0 | No
			1 | Yes
			-1 | Don't know
			Custom alignment: RH Question number: RH
230	[loss_taste_smell_specify] Show the field ONLY if: [loss_taste_smell]='1'	Specify loss of taste/smell sense	dropdown
			1 | Only smell
			2 | Only taste
			3 | Both smell and taste
			-1 | Don't know
231	[nosebleed]	Nosebleed	radio
			0 | No
			1 | Yes
			-1 | Don't know
			Custom alignment: RH Question number: RH
232	[ear_pain]	Ear pain	radio
			0 | No
			1 | Yes
			-1 | Don't know
			Custom alignment: RH Question number: RH
233	[wheezing]	Wheezing	radio
			0 | No
			1 | Yes
			-1 | Don't know
			Custom alignment: RH Question number: RH
234	[chest_pain]	Chest pain	radio
			0 | No
			1 | Yes
			-1 | Don't know
			Custom alignment: RH Question number: RH
235	[joint_pain]	Joint pain	radio
			0 | No
			1 | Yes
			-1 | Don't know
			Custom alignment: RH Question number: RH

236	[headache]	Headache	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
237	[seizure]	Seizures	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
238	[alter_consciousness]	Altered consciousness/confusion	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
239	[abdominal_pain]	Abdominal pain	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
240	[diarrhea]	Diarrhea	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
241	[nausea]	Nausea/vomiting	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
242	[conjunctivitis]	Conjunctivitis	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
243	[rash]	Skin rash	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH

244	[chills]	Chills/ Shaking/ Sweat	radio

			0	No
			1	Yes
			-1	Don't know

Custom alignment: RH

245	[loss_appetite]	Loss of appetite/ Reduced appetite	radio

			0	No
			1	Yes,
			-1	Don't know

Custom alignment: RH

246	[weight_loss]	Weight loss	radio

			0	No
			1	Yes
			-1	Don't know

Custom alignment: RH

247	[sensitive_skin]	Skin sensitivity	radio

			0	No
			1	Yes
			-1	Don't know

Custom alignment: RH

248	[hair_loss]	Hair loss	radio

			0	No
			1	Yes
			-1	Don't know

Custom alignment: RH

249	[depression_anxiety]	Depression/Anxiety	radio

			0	No
			1	Yes
			-1	Don't know

Custom alignment: RH

250	[insomnia]	Insomnia	radio

			0	No
			1	Yes
			-1	Don't know

Custom alignment: RH

251	[sinus_pain]	Sinus pain/congestion	radio

			0	No
			1	Yes
			-1	Don't know

Custom alignment: RH

252	[dizziness]	Dizziness/ Vertigo	radio

			0	No
			1	Yes
			-1	Don't know

Custom alignment: RH

253	[eye_pain]	Eye pain/ Blurred vision	radio
			0 — No 1 — Yes -1 — Don't know Custom alignment: RH
254	[asymptomatic]	Asymptomatic	radio
			0 — No 1 — Yes -1 — Don't know Custom alignment: RH Question number: RH
255	[symp_other]	Other symptoms	text
256	[outcome]	Section Header: *OUTCOME* Outcome	dropdown
			0 — Discharged alive 1 — Hospitalization 2 — Transfer to another facility 3 — Death 4 — Palliative discharge 5 — Not hospitalized -1 — Don't know
257	[outcome_transfer] Show the field ONLY if: [outcome]='2'	Transfer facility name	text
258	[outcome_date]	Outcome date	text (date_ymd), Identifier
259	[outcome_self_care] Show the field ONLY if: [outcome]<>'3'	Ability to self-care at discharge versus before illness	dropdown
			0 — Same as before illness 1 — Worse 2 — Better -1 — Don't know
260	[repeat_hosp] Show the field ONLY if: [outcome]<>'3'	Repeat hospital visit within 30 days?	radio
			0 — No 1 — Yes -1 — Don't know Custom alignment: RH Question number: RH
261	[repeat_hosp_date] Show the field ONLY if: [repeat_hosp]='1'	Date of repeat hospital visit	text (date_ymd)
262	[repeat_hosp_reason] Show the field ONLY if: [repeat_hosp]='1'	Reason for repeat hospital visit	text
263	[assessment_complete]	Section Header: *Form Status* Complete?	dropdown
			0 — Incomplete 1 — Unverified 2 — Complete

Instrument: Complications (complications)

| 264 | [viral_pneumonitis] | Section Header: *COMPLICATIONS - health conditions experienced during or after COVID-19 infection*

Viral pneumonitis | radio

| 0 | No |
| 1 | Yes |
-1	Don't know	 Custom alignment: RH Question number: RH
265	[pneumonia_bact]	Bacterial pneumonia	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
266	[ards]	Acute respiratory distress syndrome (ARDS)	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
267	[ards_specify] Show the field ONLY if: [ards]='1'	Specify ARDS severity	dropdown | 1	Mild
2	Moderate
3	Severe
4	Unknown	
268	[pneumothorax]	Pneumothorax	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
269	[pleural_effusion]	Pleural effusion	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
270	[cop]	Cryptogenic organizing pneumonia (COP)	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
271	[bronchiolitis]	Bronchiolitis	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH

272	[menin_enceph]	Meningitis / Encephalitis	radio
			0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
273	[comp_seizure]	Seizure	radio
			0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
274	[comp_stroke]	Stroke / Cerebrovascular accident	radio
			0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
275	[chf]	Congestive heart failure	radio
			0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
276	[chf_lvef] Show the field ONLY if: [chf]='1'	Specify left ventricular ejection fraction status	radio
			1 Normal 2 Decreased -1 Unknown
277	[chf_decrease] Show the field ONLY if: [chf_lvef]='2'	Specify % decrease *%*	text
278	[cardiac_inflam]	Cardiac inflammation	radio
			0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
279	[cardiac_inflam_type] Show the field ONLY if: [cardiac_inflam]='1'	Specify type(s) of cardiac inflammation	checkbox
			1 cardiac_inflam_type___1 Endocarditis 2 cardiac_inflam_type___2 Myocarditis 3 cardiac_inflam_type___3 Pericarditis
280	[cardiac_arrhyth]	Cardiac arrhythmia	radio
			0 No 1 Yes -1 Don't know Custom alignment: RH

281	[cardiac_arrhyth_type] Show the field ONLY if: [cardiac_arrhyth]='1'	Specify type(s) of cardiac arrhythmia	checkbox

			1	cardiac_arrhyth_type___1	AF
			2	cardiac_arrhyth_type___2	VT/VF
			3	cardiac_arrhyth_type___3	Other

282	[cardiac_arrhyth_type_other] Show the field ONLY if: [cardiac_arrhyth_type(3)] = '1'	Specify other type(s) of cardiac arrhythmia	text

283	[cardiac_ischaemia]	Cardiac ischaemia	radio

			0	No
			1	Yes
			-1	Don't know

Custom alignment: RH

284	[cardiac_ischaemia_type] Show the field ONLY if: [cardiac_ischaemia]='1'	Specify type of cardiac ischaemia	checkbox

			1	cardiac_ischaemia_type___1	STEMI
			2	cardiac_ischaemia_type___2	NSTEMI
			3	cardiac_ischaemia_type___3	Cath
			4	cardiac_ischaemia_type___4	Stent

285	[cardiac_arrest]	Cardiac arrest	radio

			0	No
			1	Yes
			-1	Don't know

Custom alignment: RH
Question number: RH

286	[coag_disorder]	Coagulation disorder / Disseminated intravascular coagulation	radio

			0	No
			1	Yes
			-1	Don't know

Custom alignment: RH
Question number: RH

287	[anemia]	Anemia	radio

			0	No
			1	Yes
			-1	Don't know

Custom alignment: RH
Question number: RH

288	[rhabdo_myo]	Rhabdomyolysis / Myositis	radio

			0	No
			1	Yes
			-1	Don't know

Custom alignment: RH
Question number: RH

289	[ari_arf]	Acute renal injury/ Acute renal failure	radio

			0	No
			1	Yes
			-1	Don't know

Custom alignment: RH
Question number: RH

290	[gastro_haemo]	Gastrointestinal haemorrhage	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
291	[pancreatitis]	Pancreatitis	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
292	[liver_dysf]	Liver dysfunction	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
293	[hyperglycemia]	Hyperglycemia	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
294	[hypoglycemia]	Hypoglycemia	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
295	[inflam_syndrom]	Inflammatory syndrome/Kawasaki disease like	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
296	[comp_other]	Other complications	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
297	[comp_other_desc] Show the field ONLY if: [comp_other]='1'	Please specify other complication(s)	text
298	[complications_complete]	Section Header: *Form Status* Complete?	dropdown
			0 Incomplete
			1 Unverified
			2 Complete

Instrument: **Laboratory Results** (laboratory_results)		
299	[lab_date] Section Header: *LABORATORY RESULTS (complete one form on hospital admission and one form on admission to ICU, if applicable)* Date of assessment	text (date_ymd)
300	[lab_haemoglobin] Haemoglobin	radio 0 | No 1 | Yes -1 | Don't know Custom alignment: RH Question number: RH
301	[lab_haemoglobin_result] Show the field ONLY if: [lab_haemoglobin]='1' Haemoglobin result	text
302	[lab_haemoglobin_unit] Show the field ONLY if: [lab_haemoglobin]='1'	radio g_L | g/L g_dL | g/dL Question number: RH
303	[lab_wbc] WBC count	radio 0 | No 1 | Yes -1 | Don't know Custom alignment: RH Question number: RH
304	[lab_wbc_result] Show the field ONLY if: [lab_wbc]='1' WBC count result	text
305	[lab_wbc_unit] Show the field ONLY if: [lab_wbc]='1'	radio x109L | x10⁹/L x103L | x10³/L
306	[lab_lymphocyte] Lymphocyte count	radio 0 | No 1 | Yes -1 | Don't know Custom alignment: RH Question number: RH
307	[lab_lymphocyte_result] Show the field ONLY if: [lab_lymphocyte]='1' Lymphocyte count result *cells/&#xb5L*	text
308	[lab_neutrophil] Neutrophil count	radio 0 | No 1 | Yes -1 | Don't know Custom alignment: RH Question number: RH
309	[lab_neutrophil_result] Show the field ONLY if: [lab_neutrophil]='1' Neutrophil count result *cells/&#xb5L*	text

310	[lab_haematocrit]	Haematocrit	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
311	[lab_haematocrit_result] Show the field ONLY if: [lab_haematocrit]='1'	Haematocrit result *%*	text
312	[lab_platelets]	Platelets	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
313	[lab_platelets_result] Show the field ONLY if: [lab_platelets]='1'	Platelets result	text
314	[lab_platelets_unit] Show the field ONLY if: [lab_platelets]='1'		radio
			x109L x10&#8313/L
			x103L x10&#0179/L
315	[lab_aptt]	APTT	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH
316	[lab_aptt_result]	APTT (seconds)	text Custom alignment: RH
317	[lab_aptt_aptr]	APTT/APTR	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
318	[lab_aptt_aptr_result] Show the field ONLY if: [lab_aptt_aptr]='1'	APTT/APTR result	text
319	[lab_pt]	PT	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
320	[lab_pt_result] Show the field ONLY if: [lab_pt]='1'	PT result *seconds*	text

321	[lab_inr]	INR	radio
				0	No	
				1	Yes	
				-1	Don't know	
			Custom alignment: RH Question number: RH
322	[lab_inr_result] Show the field ONLY if: [lab_inr]='1'	INR result	text
323	[lab_alt_sgpt]	ALT/SGPT	radio
				0	No	
				1	Yes	
				-1	Don't know	
			Custom alignment: RH Question number: RH
324	[lab_alt_sgpt_result] Show the field ONLY if: [lab_alt_sgpt]='1'	ALT/SGPT result *U/L*	text
325	[lab_total_bilirubin]	Total bilirubin	radio
				0	No	
				1	Yes	
				-1	Don't know	
			Custom alignment: RH Question number: RH
326	[lab_total_bilirubin_result] Show the field ONLY if: [lab_total_bilirubin]='1'	Total bilirubin result	text
327	[lab_total_bilirubin_unit] Show the field ONLY if: [lab_total_bilirubin]='1'		radio 	umol_l	µmol/L
mg_dl	mg/dL	
328	[lab_ast_sgot]	AST/SGOT	radio
				0	No	
				1	Yes	
				-1	Don't know	
			Custom alignment: RH Question number: RH
329	[lab_ast_sgot_result] Show the field ONLY if: [lab_ast_sgot]='1'	AST/SGOT result *U/L*	text
330	[lab_glucose]	Glucose	radio
				0	No	
				1	Yes	
				-1	Don't know	
			Custom alignment: RH Question number: RH
331	[lab_glucose_result] Show the field ONLY if: [lab_glucose]='1'	Glucose result	text

| 332 | [lab_glucose_unit]

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

| mmol_l | mmol/L |
mg_dl	mg/dL	 Question number: RH
333	[lab_bun]| Blood urea nitrogen (urea)	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
334	[lab_bun_result] Show the field ONLY if: [lab_bun]='1'	Blood urea nitrogen (urea) result	text
335	[lab_bun_unit] Show the field ONLY if: [lab_bun]='1'		radio | mmol_l	mmol/L
mg_dl	mg/dL	 Question number: RH
336	[lab_lactate]	Lactate	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
337	[lab_lactate_result] Show the field ONLY if: [lab_lactate]='1'	Lactate result	text
338	[lab_lactate_unit] Show the field ONLY if: [lab_lactate]='1'		radio | mmol_l	mmol/L
mg_dl	mg/dL	 Question number: RH
339	[lab_creatinine]	Creatinine	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
340	[lab_creatinine_result] Show the field ONLY if: [lab_creatinine]='1'	Creatinine result	text
341	[lab_creatinine_unit] Show the field ONLY if: [lab_creatinine]='1'		radio | umol_l	&#xb5mol/L
mg_dl	mg/dL	
342	[lab_sodium]	Sodium	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH

343	[lab_sodium_result] Show the field ONLY if: [lab_sodium]='1'	Sodium result *mEq/L*	text
344	[lab_potassium]	Potassium	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
345	[lab_potassium_result] Show the field ONLY if: [lab_potassium]='1'	Potassium result *mEq/L*	text
346	[lab_procalcitonin]	Procalcitonin	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
347	[lab_procalcitonin_result] Show the field ONLY if: [lab_procalcitonin]='1'	Procalcitonin result *ng/L*	text
348	[lab_crp]	CRP	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
349	[lab_crp_result] Show the field ONLY if: [lab_crp]='1'	CRP result *mg/L*	text
350	[lab_chest_ct]	Chest CT	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
351	[lab_chest_xray]	Chest X-ray	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
352	[lab_chest_xray_infiltrates] Show the field ONLY if: [lab_chest_xray] = '1'	Infiltrates present on chest X-ray	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH

353	[lab_ecg]	ECG	radio
			0 | No
			1 | Yes
			-1 | Don't know
			Custom alignment: RH Question number: RH
354	[lab_pocus]	POCUS	radio
			0 | No
			1 | Yes
			-1 | Don't know
			Custom alignment: RH Question number: RH
355	[lab_echo]	Echocardiogram	radio
			0 | No
			1 | Yes
			-1 | Don't know
			Custom alignment: RH Question number: RH
356	[lab_ldh]	LDH	radio
			0 | No
			1 | Yes
			-1 | Don't know
			Custom alignment: RH Question number: RH
357	[lab_ldh_result] Show the field ONLY if: [lab_ldh]='1'	LDH result	text
358	[lab_ldh_unit] Show the field ONLY if: [lab_ldh]='1'		radio
			u_l | U/L
			m_l | microkatals/L
			Question number: RH
359	[lab_ddimer]	D-Dimer	radio
			0 | No
			1 | Yes
			-1 | Don't know
			Custom alignment: RH Question number: RH
360	[lab_ddimer_result] Show the field ONLY if: [lab_ddimer]='1'	D-Dimer result	text
361	[lab_fibrinogen]	Fibrinogen	radio
			0 | No
			1 | Yes
			-1 | Don't know
			Custom alignment: RH Question number: RH
362	[lab_fibrinogen_result] Show the field ONLY if: [lab_fibrinogen]='1'	Fibrinogen result	text

| 363 | [lab_fibrinogen_unit]

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

| g_L | g/L |
mg_dL	mg/dL	 Question number: RH
364	[lab_ferritin]	Ferritin	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
365	[lab_ferritin_result] Show the field ONLY if: [lab_ferritin]='1'	Ferritin result *ng/mL*	text
366	[lab_triglycerides]	Triglycerides	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
367	[lab_triglycerides_result] Show the field ONLY if: [lab_triglycerides]='1'	Triglycerides result *mg/dL*	text
368	[lab_il6]	IL-6	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
369	[lab_il6_result] Show the field ONLY if: [lab_il6]='1'	IL-6 result *pg/mL*	text
370	[lab_cd4]	CD4	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
371	[lab_cd4_result] Show the field ONLY if: [lab_cd4]='1'	CD4 result *cells/mm&#0179*	text
372	[lab_cd8]	CD8	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
373	[lab_cd8_result] Show the field ONLY if: [lab_cd8]='1'	CD8 result *cells/mm&#0179*	text

374	[lab_cd4_cd8]	CD4/CD8 ratio	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
375	[lab_cd4_cd8_result] Show the field ONLY if: [lab_cd4_cd8]='1'	CD4/CD8 ratio result	text
376	[lab_nt_probnp]	NT_proBNP	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
377	[lab_nt_probnp_result] Show the field ONLY if: [lab_nt_probnp]='1'	NT_proBNP result *pg/mL*	text
378	[lab_bnp]	BNP	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
379	[lab_bnp_result] Show the field ONLY if: [lab_bnp]='1'	BNP result	text
380	[lab_bnp_unit] Show the field ONLY if: [lab_bnp]='1'		radio
			pg_ml pg/mL
			ng_l ng/L
			Question number: RH
381	[lab_troponin]	Troponin	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH Question number: RH
382	[lab_troponin_result] Show the field ONLY if: [lab_troponin]='1'	Troponin result	text
383	[lab_troponin_unit] Show the field ONLY if: [lab_troponin]='1'		radio
			hsTnT hsTnT
			hsTnI hsTnI
			TnT TnT
			TnI TnI
			Question number: RH
384	[laboratory_results_complete]	Section Header: *Form Status* Complete?	dropdown
			0 Incomplete
			1 Unverified
			2 Complete

Instrument: **Treatment** (treatment)		
385	[treat_hospital]	Treating hospital	text
386	[icu_hd]	Section Header: *TREATMENT: At ANY time during hospitalisation, did the patient receive/undergo:* ICU or High Dependency Unit admission	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
387	[icu_admis] Show the field ONLY if: [icu_hd]='1'	If yes, date of ICU admission	text (date_ymd)
388	[icu_disch] Show the field ONLY if: [icu_hd]='1'	If yes, date of ICU discharge	text (date_ymd)
389	[prone_vent]	Prone ventilation	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
390	[inhaled_no]	Inhaled nitric oxide	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
391	[trach]	Tracheostomy inserted	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
392	[extracorp]	Extracorporeal support	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH
393	[dialysis]	Renal replacement therapy (RRT) or dialysis	radio 0 No 1 Yes -1 Don't know Custom alignment: RH Question number: RH

394	[inotrop_vasopress]	Inotropes/vasopressors	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH
			Question number: RH
395	[inotrop_vasopress_start] Show the field ONLY if: [inotrop_vasopress]='1'	Inotropes/vasopressors start date	text (date_ymd)
396	[inotrop_vasopress_end] Show the field ONLY if: [inotrop_vasopress]='1'	Inotropes/vasopressors end date	text (date_ymd)
397	[other_intervention]	Other intervention or procedure	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH
			Question number: RH
398	[other_intervention_desc] Show the field ONLY if: [other_intervention]='1'	Please sepcify other intervention or procedure	text
399	[antiviral]	Section Header: *MEDICATION* Antiviral agent	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH
			Question number: RH
400	[antiviral_ribavirin] Show the field ONLY if: [antiviral]='1'	Ribavirin	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH
			Question number: RH
401	[antiviral_lopin_riton] Show the field ONLY if: [antiviral]='1'	Lopinavir/Ritonavir	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH
			Question number: RH
402	[antiviral_interf_a] Show the field ONLY if: [antiviral]='1'	Interferon alpha	radio
			0 No
			1 Yes
			-1 Don't know
			Custom alignment: RH
			Question number: RH

| 403 | [antiviral_interf_b]

Show the field ONLY if:
[antiviral]='1' | Interferon beta | radio

| 0 | No |
| 1 | Yes |
-1	Don't know	 Custom alignment: RH Question number: RH
404	[antiviral_neur_inhibitor] Show the field ONLY if: [antiviral]='1'	Neuraminidase inhibitor	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
405	[antiviral_other] Show the field ONLY if: [antiviral]='1'	Other antiviral agent	text | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
406	[antiviral_other_name] Show the field ONLY if: [antiviral_other]='1'	Specify other antiviral agent	text
407	[antibiotic_azithro]	Azithromycin (Zithromax)	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
408	[antibiotic_other]	Any other antibiotic	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
409	[antibiotic_other_name] Show the field ONLY if: [antibiotic_other]='1'	Specify other antibiotic	text Question number: RH
410	[cort]	Corticosteroid	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
411	[cort_route] Show the field ONLY if: [cort]='1'	Specify route	descriptive

| 412 | [cort_oral]

Show the field ONLY if:
[cort]='1' | Oral corticosteroids | radio

| 0 | No |
| 1 | Yes |
-1	Don't know	 Custom alignment: RH Question number: RH
413	[cort_iv] Show the field ONLY if: [cort]='1'	IV corticosteroids	radio 	0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
414	[cort_inhal] Show the field ONLY if: [cort]='1'	Inhaled corticosteroids	radio 	0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
415	[cort_type] Show the field ONLY if: [cort]='1'	Specify corticosteroid type	checkbox | 1	cort_type___1	Methylprednisone
2	cort_type___2	Prednisone
3	cort_type___3	Prednisolone
4	cort_type___4	Hydrocortisone
5	cort_type___5	Other	
416	[cort_type_other] Show the field ONLY if: [cort_type(5)] = '1'	Specify other corticosteroid type	text
417	[cort_dose] Show the field ONLY if: [cort]='1'	Specify corticosteroid dose	text
418	[antifungal]	Antifungal agent	radio 	0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
419	[colchicine]	Colchicine	radio 	0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
420	[chloroq]	Chloroquine (Aralen)	radio 	0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH

| 421 | [hydroxychloroq] | Hydroxycholorquine | radio

| 0 | No |
| 1 | Yes |
-1	Don't know	 Custom alignment: RH Question number: RH
422	[tocil]	Tocilizumab (Actemra)	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
423	[kineret]	Kineret (Anakinra)	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
424	[ivig]	IVIG	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
425	[plasma]	Plasma	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH Question number: RH
426	[othercovid_therapy]	Other COVID-19 therapy	radio | 0	No
1	Yes
-1	Don't know	 Custom alignment: RH
427	[othercovid_therapy_type] Show the field ONLY if: [othercovid_therapy]='1'	Specify other COVID-19 therapy	text
428	[treatment_complete]	Section Header: *Form Status* Complete?	dropdown | 0	Incomplete
1	Unverified
2	Complete	

Instrument: DNA Sample (dna_sample)

429	[dna_number]	DNA number (lab use only)	text
430	[lims_id]	LIMS ID	text

431	[dna_sequenced_site]	Sequencing site	radio
			1 Toronto 2 Montreal 3 Vancouver Custom alignment: RH
432	[dna_received_date]	Date sample was received	text (date_ymd)
433	[dna_sequenced_date]	Date sample was sequenced	text (date_ymd)
434	[hla]	HLA typing	radio
			0 No 1 Yes Custom alignment: RH
435	[hla_optitype_a1] Show the field ONLY if: [hla]=1	HLA Optitype A1	text
436	[hla_optitype_a2] Show the field ONLY if: [hla]=1	HLA Optitype A2	text Custom alignment: RH
437	[hla_optitype_b1] Show the field ONLY if: [hla]=1	HLA Optitype B1	text Custom alignment: RH
438	[hla_optitype_b2] Show the field ONLY if: [hla]=1	HLA Optitype B2	text Custom alignment: RH
439	[hla_optitype_c1] Show the field ONLY if: [hla]=1	HLA Optitype C1	text Custom alignment: RH
440	[hla_optitype_c2] Show the field ONLY if: [hla]=1	HLA Optitype C2	text Custom alignment: RH
441	[hla_optitype_reads] Show the field ONLY if: [hla]=1	HLA Optitype Reads	text Custom alignment: RH
442	[hla_optitype_obj] Show the field ONLY if: [hla]=1	HLA Optitype Objective	text Custom alignment: RH
443	[dna_sample_complete]	Section Header: *Form Status* Complete?	dropdown
			0 Incomplete 1 Unverified 2 Complete