Dear data custodian,

In this document you can find the COVID-19 core dataset, which is a list of variables that has been agreed upon by a global task force to be the common denominator across the different data initiatives focussing on COVID-19 in people with MS.

The dictionary is also a guideline for the transformation of your source data to the COVID-19 in MS core dataset format.
Important to keep in mind: the **variable ID** and the **label** (the value between brackets in the 3rd and 4th column) should be identical in your dataset that is going to be imported into our platform. During your data collection this is not necessary, but make sure that you do the right transformations before you import your data into the platform.

The title of the variables/questions may differ in some cases (patient/clinicians) so both options are given in the "title" field. This is only a guideline, not a mandatory formulation.

Thanks again for your participation in this initiative! #DataSavesLives

COVID-19 Incidence

Title	Variable_ID	Data Type	Options Label (Value)	Do you collect this variable? Y/N	Comments Please elaborate on the original ID (=name of the variables) as well as the original format
Date of Visit/Reporting (This date refers to (last) date of COVID19 reporting. It serves to assess how up-to-date the COVID19 information is.)	**covid19_date_reporting**	Date **(YYYY-MM-DD)**			
COVID-19 Symptoms	**covid19_has_symptoms**	Single choice	YES (**yes**) NO (**no**)		

What COVID19 symptoms did/does the patient/ do you have?					
Fever	**covid19_sympt_fever**	Single choice	YES (**yes**) NO (**no**)		
Dry Cough	**covid19_sympt_dry_cough**	Single choice	YES (**yes**) NO (**no**)		
Fatigue	**covid19_sympt_fatigue**	Single choice	YES (**yes**) NO (**no**)		
Pain (joint,bone,muscle)	**covid19_sympt_pain**	Single choice	YES (**yes**) NO (**no**)		
Sore Throat	**covid19_sympt_sore_throat**	Single choice	YES (**yes**) NO (**no**)		
Shortness of breath	**covid19_sympt_shortness_breath**	Single choice	YES (**yes**) NO (**no**)		
Nasal congestion	**covid19_sympt_nasal_congestion**	Single choice	YES (**yes**) NO (**no**)		
Chills	**covid19_sympt_chills**	Single choice	YES (**yes**) NO (**no**)		
Loss of smell or taste	**covid19_sympt_loss_smell_taste**	Single choice	YES (**yes**) NO (**no**)		
Pneumonia	**covid19_sympt_pneumonia**	Single choice	YES (**yes**)		

			NO (**no**)		
Do you suspect the patient has or had COVID-19? Do you suspect that you have/had COVID-19?	**covid19_suspected_case**	Single choice	YES (**yes**) NO (**no**)		
Did you recommend self-isolation for the patient? Have you been recommended to self-isolate?	**covid19_self_isolation**	Single choice	YES (**yes**) NO (**no**)		
I'm self-isolated anyways:	**covid19_self_isolation_by_self_patient**	Single choice	YES (**yes**) NO (**no**)		
Isolation start date	**covid19_self_isolation_date**	Date (**YYYY-MM-DD**)			
Duration of self-isolation (in days)	**covid19_self_isolation_duration**	Number			
Was the COVID-19 case confirmed by a lab test? Have you been tested positive for COVID-19?	**covid19_confirmed_case**	Single choice	YES (**yes**) NO (**no**)		

Date of lab test confirmation	**covid19_date_lab_test**	Date **(YYYY-MM-DD)**			
What is the country in which the patients' first COVID-19 (suspicious) symptoms occurred? If the patient does not have or had any (suspicious symptoms), please select the country of residence? What is the country in which your first COVID-19 (suspicious) symptoms occurred? If you do not have or had any (suspicious symptoms), please select your country of residence?	**covid19_country**	Single choice	COUNTRY NAME		
Date of COVID-19 symptom onset When have you had the first COVID-19 symptoms?	**covid19_date_suspected_onset**	Date **(YYYY-MM-DD)**			

COVID-19 Severity

Title	Variable_ID	Data Type	Options Label (Value)	Do you collect this variable? Y/N	Comments Please elaborate on the original ID (=name of the variables) as well as the original format
Admission in Hospital because of COVID-19 (suspicious) infection?	**covid19_admission_hospital**	Single choice	YES (**yes**) NO (**no**)		
Admission date	**covid19_admission_hospital_date**	Date (**YYYY-MM-DD**)			
Discharge date	**covid19_admission_hospital_release**	Date (**YYYY-MM-DD**)			
Stay in ICU because of COVID-19 (suspicious) infection?	**covid19_icu_stay**	Single choice	YES (**yes**) NO (**no**)		
Still in ICU?	**covid19_still_icu_stay**	Single choice	YES (**yes**) NO (**no**)		
Current number of days in ICU (in days)	**covid19_icu_current_duration**	Number			
Total number of days in ICU (in days)	**covid19_icu_total_duration**	Number			
Ventilation needed during hospital stay? Have you been given assistance to breath because of COVID-19	**covid19_ventilation**	Single choice	YES (**yes**) NO (**no**)		

(suspicious) infection?					
Non-invasive? (clinicians only)	**covid19_ventilation_non_invasive**	Single choice	YES (**yes**) NO (**no**)		
Invasive? (clinicians only)	**covid19_ventilation_invasive**	Single choice	YES (**yes**) NO (**no**)		
Did the patient receive ECMO because of COVID-19 (suspicious) infection? (clinicians only)	**covid19_ecmo**	Single choice	YES (**yes**) NO (**no**)		
Has the patient recovered from the (suspected) COVID-19 infection? Have you recovered yet from the COVID-19?	**covid19_outcome_recovered**	Single choice	YES (**yes**) NO (**no**) NOT APPLICABLE (**not_applicable**)		
Did the patient die because of the (suspected) COVID-19 infection?	**covid19_outcome_death**	Single choice	YES (**yes**) NO (**no**)		
Date of death	**covid19_outcome_death_date**	Date (**YYYY-MM-DD**)			

Demographics

Title	Variable_ID	Data Type	Options Label (Value)	Do you collect this variable? Y/N	Comments Please elaborate on the original ID (=name of the variables) as well as the original format
Age (years)	**age_years**	Number			
Sex	**Sex**	Single choice	MALE (**male**) FEMALE (**female**) NON-BINARY (**non-binary**)		
Currently pregnant	**Pregnancy**	Single choice	YES (**yes**) NO (**no**)		
Current Smoker	**current_smoker**	Single choice	YES (**yes**) NO (**no**)		
Former Smoker	**former_smoker**	Single choice	YES (**yes**) NO (**no**)		
Height (in cm)	**Height**	Number			
Weight (in kg)	**Weight**	Number			
Is the patient's profession in healthcare?	**is_healthcare_profession**	Single choice	YES (**yes**) NO (**no**)		

Are you a healthcare professional?					

MS history and severity

Title	Variable_ID	Data Type	Options Label (Value)	Do you collect this variable? Y/N	Comments Please elaborate on the original ID (=name of the variables) as well as the original format
MS Type	**ms_type**	Single choice	CIS (**CIS**) RRMS (**RRMS**) SPMS (**SPMS**) PPMS (**PPMS**) Not sure (**not_sure**)		
MS onset When did you have the	**ms_onset_date**	Date (**YYYY-MM-DD**)			

first signs of MS?					
MS diagnosis When were you formally diagnosed with MS?	**ms_diagnosis_date**	Date **(YYYY-MM-DD)**			
Date of evaluation	**edss_date_diagnosis**	Date **(YYYY-MM-DD)**			
Value PDSS value	**edss_value**	Number	Values: **[0.0, 10.0]**		
LABORATORY RESULTS (clinicians only)					
Last White Blood Cell Count before COVID-19					
value	**last_white_blood_cell**	Number			
unit	**last_white_blood_cell_unit**	Text			
Last Lymphocyte Cell Count before COVID-19					
value	**last_lympho_cell**	Number			
unit	**last_lympho_cell_unit**	Text			
Last B Cell Count before COVID-19					
value	**last_b_cell**	Number			
unit	**last_b_cell_unit**	Text			

Disease-Modifying Therapy information

Title	Variable_ID	Data Type	Options Label (Value)	Do you collect this variable? Y/N	Comments Please elaborate on the original ID (=name of the variables) as well as the original format
Disease-Modifying Therapy (DMT) current usage	**current_dmt**	Single choice	YES (**yes**) NO, but was in the past (**no**) NEVER TREATED (**never_treated**)		
Type of last/current DMT What is the name of the current/last disease modifying therapy you are/were taking?	**type_dmt**	Single choice	Interferons (**interferons**) Glatiramer (**glatiramer**) Natalizumab (**natalizumab**) Fingolimod (**fingolimod**)		**Comment** from MSDA/QMENTA: you can change the names of the DMT's, the options the patients/clinicians have in your survey. However, the labels (values in bold between brackets) should be the same in order to be able to do the import into the platform. For example, you may offer several interferon options to the user but they all are saved as "interferons" in your import file for the platform.

			Dimethyl fumarate (**dimethyl_fumarate**)		
			Teriflunomide (**teriflunomide**)		
			Alemtuzumab (**alemtuzumab**)		
			Ocrelizumab (**ocrelizumab**)		
			Cladribine (**cladribine**)		
			Siponimod (**siponimod**)		
			Rituximab (**rituximab**)		
Other/Comment Any comments concerning the question above about your current/last disease modifying therapy	**type_dmt_other**	Text			
Start Date	**dmt_start_date**	Date (**YYYY-MM-DD**)			

Date of last dose	**dmt_end_date**	Date **(YYYY-MM-DD)**			
Stop date	**dmt_stop_date**	Date **(YYYY-MM-DD)**			
Reason for stop/discontinuation	**dmt_stop_reason**	Multiple choice	Adverse event/side effect (**adverse_event**) Pregnancy (planning) (**pregnancy**) Lack of efficacy (**lack_efficacy**) Patient's decision (**patient_decision**) Onset of COVID (**onset_covid**)		
Glucocorticoid during the past 2 months Have you received a glucocorticoid in the last 2 months?	**dmt_glucocorticoid**	Single choice	YES (**yes**) NO (**no**)		

Start date	**dmt_glucocorticoid_start_date**	Date **(YYYY-MM-DD)**			
Stop date	**dmt_glucocorticoid_stop_date**	Date **(YYYY-MM-DD)**			
Dosage					
value	**dmt_glucocorticoid_dosage_value**	Number			
unit	**dmt_glucocorticoid_dosage_unit**	Text			

Comorbidities

Title	Variable_ID	Data Type	Options Label (Value)	Do you collect this variable? Y/N	Comments Please elaborate on the original ID (=name of the variables) as well as the original format
Comorbidities	**has_comorbidities**	Single choice	YES (**yes**) NO (**no**)		
Cardiovascular disease	**com_cardiovascular_disease**	Single choice	YES (**yes**) NO (**no**)		
Hypertension	**com_hypertension**	Single choice	YES (**yes**) NO (**no**)		
Diabetes	**com_diabetes**	Single choice	YES (**yes**) NO (**no**)		

Chronic liver disease	**com_chronic_liver_disease**	Single choice	YES (**yes**) NO (**no**)	
Chronic kidney disease	**com_chronic_kidney_disease**	Single choice	YES (**yes**) NO (**no**)	
Chronic neurological and neuromuscular disease	**com_neurological_neuromuscular**	Single choice	YES (**yes**) NO (**no**)	
Chronic lung disease	**com_lung_disease**	Single choice	YES (**yes**) NO (**no**)	
Immunodeficiency disease	**com_immunodeficiency**	Single choice	YES (**yes**) NO (**no**)	
Malignancy	**com_malignancy**	Single choice	YES (**yes**) NO (**no**)	
Other	**com_other**	Text		