

目 Data Dictionary Codebook

^ Collapse all instruments

#	Variable / Field Name	Field Label Field Note	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instr	ument: Screening form (scr	eening_form) 🛂 Enabled as survey	^ Collapse
1	record_id	Study ID	text
2	ts_0	Timestamp for the screening form	text (datetime_dmy), Required Field Annotation: @HIDDEN @NOW_UTC
3	inclusion_yn	Do you intend to make a report on a patient who has a presumptive or lab-proven diagnosis of COVID-19 and has a current or past medical history of an invasive malignancy? Invasive malignancy is defined as any solid tumor other than in situ cancers (stage 0), and any hematologic malignancies other than precursor hematologic neoplasms (e.g., MGUS or monoclonal B lymphocytosis of undetermined significance).	yesno, Required 1 Yes 0 No
4	exclude Show the field ONLY if: [inclusion_yn] = '0'	We're sorry, but this survey is is intended to report on patients with COVID-19 and cancer. Non-melanoma skin cancer, in situ cancers, and premalignant conditions are excluded. Please click the button to exit the survey.	radio, Required x Exit the survey Stop actions on x
5	previous_report Show the field ONLY if: [inclusion_yn] = '1'	Have you previously reported this patient to this or any other registry?	radio, Required 1 No 2 This registry 3 Another registry
6	this_registry Show the field ONLY if: [previous_report] = '2'	If you have additional follow-up information to add to an existing report, you should return to that report and update the content.	descriptive
7	registry_other Show the field ONLY if: [previous_report] = '3'	Please feel free to fill out the survey. In order to help us avoid duplication with other complementary efforts, please optionally list the names of the other registries that you have reported to.	text
8	ccc19 Show the field ONLY if: [inclusion_yn] = '1'	Are you reporting on behalf on an institution participating in the CCC19 consortium?	yesno, Required 1 Yes 0 No
9	ccc19_exclude Show the field ONLY if: [ccc19] = '0'	We're sorry, but this survey is currently open only to respondents who are at a CCC19 participating institution. The attached FAQ provides some details about getting involved as a participating institution. If you would like your site to get involved, please contact us through the CCC19 website.	descriptive, Required
10	ccc19_exclude_2 Show the field ONLY if: [ccc19] = '0'	Please click the button below to exit the survey.	radio, Required x Exit the survey Stop actions on x
11	ccc19_institution Show the field ONLY if: [ccc19] = '1'	Please identify the participating institution.	dropdown (autocomplete), Required 181 Albert Einstein Cancer Center 101 Aurora Health Care 1- 118 Banner MD Anderson Cancer Center 158 Baptist Cancer Center (Memphis, TN) 196 Baptist Healthcare System (IN/KY) 1- 109 Barrow Neurological Institute 109 163 Baylor College of Medicine 39-6 BC Cancer 162 Beth Israel Deaconess Medical Center (BIDMC) 192 Boston Medical Center 139 Brown University 167 Cancer Treatment Centers of America (CTCA) 392 Centre Hospitalier de l'Université de Montréal (CHUM)

140- 2	Centro Médico ABC
102	City of Hope
103	Cleveland Clinic
133	Columbia University/New York Presbyterian
188	Cook County Hospital
104	Dana-Farber Cancer Institute (DFCI)
105	Duke University
143	Einstein Medical Center
106	Emory University/Winship Cancer Institute
107	Fred Hutchinson Cancer Research Center/University of Washington/Seattle Cancer Care Alliance
1- 101	Geisinger Health System
1- 104	Georgetown Lombardi Comprehensive Cancer Center at Georgetown University
1- 110	George Washington University
138	Gundersen Health System
395	Hamilton Health Sciences
1- 103	Harold C. Simmons Comprehensive Cancer Cent at the University of Texas Southwestern Medical Center
144	Hartford HealthCare Cancer Institute
1- 114	HCA Houston Healthcare
189	Henry Ford Cancer Institute
394	Hôpital Pierre-Le Gardeur
140- 3	Hospital General de México
140- 4	Hospital Regional de Alta Especialidad de Ixtalapuca
151	Houston Methodist Cancer Center
168	Huntsman Cancer Institute
146	Inova Schar Cancer Institute
140- 1	Instituto Nacional de Cancerología
108	Intermountain Healthcare
109	Johns Hopkins University
177	Kaiser Permanente Northwest
152	Karmanos Cancer Institute
193	Lewis Cancer & Research Pavilion @ St. Joseph's/Candler
178	Loma Linda University Cancer Center
155	Loyola University Medical Center
142	LSU Health Sciences Center
190	Markey Cancer Center at the University of Kentuc
110	Massachusetts General Hospital (MGH)
111	Mayo Clinic
112	Mays Cancer Center at UT Health San Antonio
391	McGill University Health Centre
113	MD Anderson Cancer Center
1- 116	MD Anderson Cancer Center at Cooper
131	Medical University of South Carolina/Hollings Cancer Center

182	Memorial Sloan-Kettering Cancer Center (MSKCC)
197	Michigan Center of Medical Research
172	Missouri Baptist Cancer Center
137	Moffitt Cancer Center
176	Mount Auburn Hospital
160	Mount Carmel Health System
114	Mount Sinai/Tisch Cancer Institute
115	Northwell Health
1- 107	Northwest Medical Specialties
116	Northwestern University/Lurie Cancer Center
147	NYU Langone Health/Perlmutter Cancer Center
1- 115	O'Neal Comprehensive Cancer Center at UAB
154	Oregon Health & Sciences University/Knight Canc Institute (OHSU)
199	Parkview Cancer Institute/Parkview Research Center
149	Penn State Cancer Institute
198	Penn State Health St. Joseph Cancer Center
1- 120	Providence Cancer Institute
1- 119	Roger Williams Medical Center
150	Roswell Park Comprehensive Cancer Center
179	Rush University Medical Center
117	Rutgers Cancer Institute of New Jersey
393	Segal Cancer Centre, Jewish General Hospital,
185	McGill University Sidney Kimmel Cancer Center at Thomas Jefferson
140	University SCAL Lookh Consul Care
140	SSM Health Cancer Care
183	Stamford Hospital
118	Stanford University
134	St. Elizabeth Healthcare
195	Sutter Health Ohio State University Company America Conserve
119	Ohio State University Comprehensive Cancer Center
1- 102	Tallahassee Memorial Healthcare
180	ThedaCare Cancer Care
173	Thompson Cancer Survival Center
1- 113	Tripler Army Medical Center
159	Tufts Medical Center
187	UCLA Jonsson Comprehensive Cancer Center
136	University Hospitals, Cleveland
120	University of California, Davis
121	University of California, San Diego (UCSD)
135	University of California, San Francisco (UCSF)
141	University of Chicago
166	University of Cincinnati Cancer Center
148	University of Colorado Cancer Center
122	University of Connecticut
	University of Florida Health Cancer Center
161	y
161 156	University of Hawaii Cancer Center

			165	University of Iowa Holden Comprehensive Cancer Center
			123	University of Kansas
			1- 105	University of Louisville James Graham Brown Cancer Center
			124	University of Maryland
			125	University of Miami/Sylvester Comprehensive Cancer Center
			153	University of Michigan/Rogel Cancer Center
			126	University of Minnesota
			1- 106	University of Mississippi Medical Center
			184	University of Nebraska Medical Center/Buffett Cancer Center
			127	University of North Carolina/Lineberger Comprehensive Cancer Center
			132	University of Rochester Medical Center
			174	University of Wisconsin Carbone Cancer Center
			1100	UPMC Western Maryland
			128	Vanderbilt University Medical Center/Vanderbilt- Ingram Cancer Center
			1- 111	Vidant Medical Center, East Carolina University
			191	Virginia Mason Cancer Institute
			186	Virtua Health
			157	Wake Forest Baptist Comprehensive Cancer Center
			129	Washington University in St. Louis/Siteman Cancer Center
			164	Weill Cornell Medicine/Meyer Cancer Center
			170	WellSpan Health
			194	Wentworth-Douglass Hospital
			130	West Cancer Center
			171	Willis-Knighton Cancer Center
			145 9999	Yale New Haven Health/Smilow Cancer Hospital TEST
12	Ainsing of vonest	Leathing are particularly and desired the COVID 10 illness or		
12	timing_of_report	Is this survey being filled out during the COVID-19 illness, or retrospectively? Unless you know that the patient has either recovered		Required uring the illness
	Show the field ONLY if: [ccc19] = 1	from COVID-19 (with or without complications) or died from COVID-19, you should select "during the COVID-19 illness". If you know that the patient is deceased, you should select "after the course of illness		ter the course of illness (retrospectively)
		(retrospectively)".		
13	dx_year	What year was the patient diagnosed with COVID-19 in?		Required
	Show the field ONLY if: [ccc19] = 1		2019	
	[200.3]		2020	2020
4.	and 40 days	Hardran and the safe of COMP 40 ft		
14	covid_19_dx_interval	How long ago was the patient's COVID-19 diagnosis (to the best of your knowledge)?		Required Vithin the past week
	Show the field ONLY if: [ccc19] = 1		\vdash	Vithin the past 1 to 2 weeks
			\vdash	Vithin the past 2 to 4 weeks
			\vdash	Vithin the past 4 to 8 weeks
				Vithin the past 8 to 12 weeks
			\vdash	Vithin the past 3 to 6 months
			\vdash	More than 6 months ago
			\vdash	Vithin the past 6 to 9 months
			\vdash	Vithin the past 9 to 12 months
			\vdash	Nore than 12 months ago
			++	Jnknown
			Field A	nnotation: @HIDECHOICE = '7'

15	hcw_screen Show the field ONLY if: [ccc19] = '0' hcw_exclude	Are you a healthcare provider or entering data on a healthcare provider's behalf? This survey is currently open only to healthcare professionals or those	yesno 1 Yes 0 No Field Annotation: @HIDDEN			
	Show the field ONLY if: [hcw_screen] = '0'	entering data on behalf of a healthcare professional. If you are a patient or care partner looking to enter data about yourself or someone you know, please know we are currently working on strategies to reach out to you. If you would like to learn more about patient involvement in CCC19, check our website - we will update our website as we develop more ways for patients to get involved. Thank you for your patience! Please click the button below to exit the survey.	Field	x Exit the survey Field Annotation: @HIDDEN Stop actions on x		
17	location	Are you based in any of the listed countries or regions?	radio)		
	Show the field ONLY if: [ccc19] = '0'		1	United States or the U.S. terri	itories	
	[(((19] - 0		EU	European Union (EU)		
			11	Argentina		
			39	Canada		
			140 224			
			83	United Kingdom Germany		
			107	-		
			197	,		
			0	No - I am not based in any of	those countries or	
				regions		
			Field	Annotation: @HIDECHOICE = '8	33,107,197' @HIDDEN	
18	intl_stop	We're sorry, but the IRB does not allow us to collect data from your	radio)		
	Show the field ONLY if:	country at this time. However, we are actively looking into adding international participation on a country-by-country basis. Please visit	x E	exit the survey		
	[location] = '0'	our website for more information; you will be redirected there once you end the survey by clicking the button.	Field Stop			
19	screening_form_complete	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete			
Instru	ument: Patient Demographic	S (patient_demographics)	12-		∧ Collapse	
20	ts_1	Timestamp for the patient demographics form		datetime_dmy), Required Annotation: @HIDDEN @NOW	_UTC	
21	local_id	This field will only hold metadata for those sites using local REDCap instances and exporting to this database. It holds the local database record_id field.	text (integer) Field Annotation: @HIDDEN			
22	patient_id Show the field ONLY if: [ccc19] = '1'	Please enter your local unique patient identifier here (no PHI!). If this is a test case, please enter "9999".	text (integer, Min: 1), Required			
23	age	Section Header: Patient Demographics - mandatory This section asks about patient information at the time of the COVID-19 diagnosis or during the first known encounter		o, Required		
		for COVID-19 as available for data entry.	-	Younger than 18		
		Age at COVID-19 diagnosis (years)	-	18-29		
				30-39		
			l	40-49		
				50-59 60-69		
				70-79		
			-	80-89		
			-	Older than 90		
				DEPRECATED (was unknown)		
			-	Unknown		
			<u> </u>	Annotation: @HIDECHOICE = 1'	10'	

	I				
24	peds_contact	We have interest in collecting additional information about pediatric	descr	iptive	
	Show the field ONLY if:	patients, but these more specific details would require PHI and are thus currently out of scope. You may learn more about this effort by visiting			
	[age] = '1'	the CCC19 website (clicking this link will open a new window).			
25	age_exact		text (integer, Min: 18, Max: 89)		
	Show the field ONLY if:	number between 18-89, as ages outside of this range are considered			
	[age] = '2' or [age] = '3' or [age] =	PHI)			
	'4' or [age] = '5' or [age] = '6' or [a ge] = '7' or [age] = '8'				
26	gender	Gender		down, Required	
				emale	
				Male	
			2 C	Other	
			3 P	refer not to say	
			Field	Annotation: SNOMED: 263495000	
27	country_of_patient_residen	Country of patient residence		down (autocomplete), Required	
			1	United States of America (USA)	
			Х		
			2	Afghanistan	
			3	Albania	
			4	Algeria	
			5	American Samoa	
			6	Andorra	
			7	Angola	
			8	Anguilla	
			9	Antarctica	
			10	Antigua and Barbuda	
			11	Argentina	
			12	Armenia	
			13	Aruba	
			14	Australia	
			15	Austria	
			16	Azerbaijan	
			17	Bahamas	
			18	Bahrain	
			19	Bangladesh	
			20	Barbados	
			21	Belarus	
			22	Belgium	
			23	Belize	
			24	Benin	
			25	Bermuda	
			26	Bhutan	
			27	Bolivia	
			28	Bosnia and Herzegovina	
			29	Botswana	
			30	Bouvet Island	
			31	Brazil	
			32	British Indian Ocean Territory	
			33	Brunei Darussalam	
			34	Bulgaria	
			35	Burkina Faso	
				Burundi	
			36		
			37	Cambodia	
			38	Cameroon	
			39	Canada	
•	•	•			

40	Cape Verde
41	Cayman Islands
42	Central African Republic
43	Chad
44	Chile
45	China
46	Christmas Island
47	Cocos (Keeling Islands)
48	Colombia
49	Comoros
50	Congo
51	Cook Islands
52	Costa Rica
53	Cote D'Ivoire (Ivory Coast)
54	Croatia (Hrvatska
55	Cuba
56	Cyprus
57	Czech Republic
58	Denmark
59	Djibouti
60	Dominica
61	Dominican Republic
62	East Timor
63	Ecuador
64	Egypt
65	El Salvador
66	Equatorial Guinea
67	Eritrea
68	Estonia
69	Ethiopia
70	Falkland Islands (Malvinas)
71	Faroe Islands
72	Fiji
73	Finland
74	France
77	French Guiana
78	French Polynesia
79	French Southern Territories
80	Gabon
81	Gambia
82	Georgia
83	Germany
84	Ghana
85	Gibraltar
86	Greece
87	Greenland
88	Grenada
89	Guadeloupe
90	Guam
90	Guatemala
92	Guinea Piccau
93 94	Guinea-Bissau
	Guyana

96	Heard and McDonald Islands
97	Honduras
98	Hong Kong
99	Hungary
100	Iceland
101	India
102	Indonesia
103	Iran
104	Iraq
105	Ireland
106	Israel
107	Italy
108	Jamaica
109	Japan
110	Jordan
111	Kazakhstan
112	Kenya
113	Kiribati
114	Korea (North)
115	Korea (South)
116	Kuwait
117	Kyrgyzstan
118	Laos
119	Latvia
120	Lebanon
121	Lesotho
122	Liberia
123	Libya
124	Liechtenstein
125	Lithuania
126	Luxembourg
127	Macau
128	Macedonia
129	Madagascar
130	Malawi
131	Malaysia
132	Maldives
133	Mali
134	Malta
135	Marshall Islands
136	Martinique
137	Mauritania
138	Mauritius
139	Mayotte
140	Mexico
141	Micronesia
142	Moldova
143	Monaco
144	Mongolia
145	Montserrat
146	Morocco
147	l Mozambique
147 148	Mozambique Myanmar

150	Nauru
151	Nepal
152	Netherlands
153	Netherlands Antilles
154	New Caledonia
155	New Zealand
156	Nicaragua
157	Niger
158	Nigeria
159	Niue
160	Norfolk Island
161	Northern Mariana Islands
162	Norway
163	Oman
164	Pakistan
165	Palau
166	Panama
167	Papua New Guinea
168	Paraguay
169	Peru
170	Philippines
171	Pitcairn
172	Poland
173	Portugal
174	Puerto Rico
175	Qatar
176	Reunion
177	Romania
177	Russian Federation
179	Rwanda
180	Saint Kitts and Nevis
181	Saint Lucia
182	Saint Vincent and The Grenadines
183	Samoa
184	San Marino
185	Sao Tome and Principe
186	Saudi Arabia
187	
	Senegal Seychelles
188	*
189	Sierra Leone
190	Singapore Slovak Papublic
191	Slovak Republic
192	Slovenia
193	Solomon Islands
194	Somalia
195	South Africa
196	S. Georgia and S. Sandwich Isls.
197	Spain
198	Sri Lanka
199	St. Helena
200	St. Pierre and Miquelon
201	Sudan
	· ·
202	Suriname

			204	Swaziland
			205	Sweden
			206	Switzerland
			207	Syria
			208	Taiwan
			209	Tajikistan
			210	Tanzania
			211	Thailand
				Togo
				Tokelau
				Tonga
				Trinidad and Tobago
				Tunisia
				Turkey
				Turkmenistan
				Turks and Caicos Islands
				Tuvalu
			221	
			-	Ukraine
			223	United Arab Emirates
			224	United Kingdom (Britain / UK)
			225	US Minor Outlying Islands
			226	Uruguay
			227	Uzbekistan
			228	Vanuatu
			229	Vatican City State (Holy See)
			230	Venezuela
			231	Viet Nam
			232	Virgin Islands (British)
			-	Virgin Islands (US)
			-	Wallis and Futuna Islands
				Western Sahara
				Yemen
				Yugoslavia
			_	Zaire
			-	Zambia
			-	Zimbabwe
			240	Zimbabwe
			Field .	Annotation: SNOMED: 223369002
28	state_of_patient_residence	State or territory of patient residence	dropo	down (autocomplete), Required
	Show the field ONLY if:		AL	Alabama (AL)
	[country_of_patient_residen] = '1'		AK	Alaska (AK)
			ΑZ	Arizona (AZ)
			AR	Arkansas (AR)
			CA	California (CA)
			СО	Colorado (CO)
			СТ	Connecticut (CT)
			DE	Delaware (DE)
			FL	Florida (FL)
			GA	Georgia (GA)
			HI	Hawaii (HI)
			ID	Idaho (ID)
			IL	Illinois (IL)
			IN	
				Indiana (IN)
			IA	lowa (IA)

			KS	Kansas (KS)
			KY	Kentucky (KY)
			LA	Louisiana (LA)
			ME	Maine (ME)
			MD	Maryland (MD)
			MA	Massachusetts (MA)
			МІ	Michigan (MI)
			MN	Minnesota (MN)
			MS	Mississippi (MS)
			МО	Missouri (MO)
			MT	Montana (MT)
			NE	Nebraska (NE)
			NV	Nevada (NV)
			NH	New Hampshire (NH)
			NJ	New Jersey (NJ)
			NM	New Mexico (NM)
			NY	New York (NY)
			NC	North Carolina (NC)
			ND	North Dakota (ND)
			ОН	Ohio (OH)
			ОК	Oklahoma (OK)
			OR	Oregon (OR)
			PA	Pennsylvania (PA)
			RI	Rhode Island (RI)
			SC	South Carolina (SC)
			SD	South Dakota (SD)
			TN	Tennessee (TN)
			TX	Texas (TX)
			UT	Utah (UT)
			VT	Vermont (VT)
			VA	Virginia (VA)
			WA	Washington (WA)
				West Virginia (WV)
			WI	Wisconsin (WI)
			WY	Wyoming (WY)
			DC	District of Columbia (DC)
			AS	American Samoa (AS)
			GU	Guam (GU)
			MP	Northern Mariana Islands (MP)
			PR	Puerto Rico (PR)
			VI	U.S. Virgin Islands (VI)
29	city	What is the name of the city where the patient is receiving medical care? Optional, but will help with avoiding duplicate reports.	text	- 1
30	facility	What is the name of the healthcare facility where the patient is presenting? Optional, but will help with avoiding duplicate reports. If the facility is a satellite to a larger center, please specify in this field.	text	
31	more_demographics Show the field ONLY if:	Section Header: Patient demographics - optional This section asks about patient information at the time of the COVID-19 diagnosis or during the first known encounter for COVID-19 as available for data entry.		es
	[ccc19] = '0'	Would you like to answer additional demographic questions? This is optional but will really help us understand the granular details better.	0 N	lo

32	race	Patient-reported race (check all that apply if patient identifies with	chec	kbox		
		more than one race)	100		_5 American Indian/Alaska Native	
			202 9	8- race2028	_9 Asian	
			207 8	6- race2076	_8 Native Hawaiian or Other Pacific Islander	
			205 5	4- race2054	_5 Black or African American	
			210 3	6- race2106	_3 White	
			213 1	1- race2131	_1 Other	
			UNI	<pre> raceunk</pre>	Unknown / Not Reported	
			Field	Annotation: Val	ue Set: 2.16.840.1.114222.4.11.6065	
33	ethnicity	Patient-reported ethnicity	radio		Latina	
			213	-	nic or Latino	
			UNI	<u> </u>	Not Reported	
			OINI	. OTIKITOWIT7	not reported	
				om alignment: R Annotation: Val	H ue Set: 2.16.840.1.114222.4.11.837	
34	urban_rural	What type of area does the patient primarily reside in?	radio			
			1	Urban (city)		
			2	Suburban (town	n, suburbs)	
			3	Rural (country)		
			99	Other Unknown		
			ш			
35	insurance	What is the patient's insurance status? Check all that apply; this should be the insurance status at the time of COVID-19 diagnosis.	chec 0	kbox insurance0	Not insured	
	Show the field ONLY if: [more_demographics] = '1' or [ccc	, and the second	1	insurance1	Private insurance/managed care	
	19] = '1' or [country_of_patient_re		2	insurance2	Medicaid	
	siden] = '1'		3	insurance3	Medicare	
			4	insurance4	Other government	
			99	insurance99	Unknown	
36	hcw	Is the patient a healthcare worker?	radio)		
		·	0	No		
			1	Yes		
			99	Unknown		
37	hcw_info	We are currently developing a separate survey to collect more		riptive		
	Show the field ONLY if: [hcw] = '1'	information on healthcare workers with cancer who have suspected or confirmed COVID-19. You may learn more about this effort by visiting the CCC19 website (clicking this link will open a new window).	Field	Annotation: @F	IDDEN	
38	ecog_status	ECOG performance status prior to infection Please record the ECOG	radio	, Required		
		performance status closest to the time of infection. If the patient has not had an encounter with the medical system within 3 months of the	0	- - - - - - - - - -		
		COVID-19 diagnosis, you should choose "No ECOG PS recorded within 3	4	activities withou		
		months prior to COVID-19 diagnosis".			physically strenuous activity but I able to carry out work of a light or	
			Ш		e, e.g., light house work, office work	
			2	-	and capable of all self-care but unable work activities. Up and about more king hours	
			3	3: Capable of or	nly limited self-care. Confined to bed nan 50% of waking hours	
			4		isabled. Cannot carry on any self-care.	
			88	-	corded within the 3 months prior to	
			99	Unknown		
Ь	l				4	

		I				
39	smoking_status	Smoking status	radio		t smoker	
			_			
			2		smoker, NOS smoker, quit less than 1 year ago	
			2a			
			-	Former		
			2c	, , ,		
			2d			
			3	Never smoker		
			99	9 Unknown		
40	smoking_product	Types of inhaled smoking products. Check all that apply.	chec	kbox		
	Show the field ONLY if:		722	496004	smoking_product722496004	Cigarettes
	[smoking_status] = '1' or [smokin		722	497008	smoking_product722497008	Cigars
	g_status] = '2a'		722	498003	smoking_product722498003	e-Cigarettes
			722	495000		Hookah
					<u> </u>	pipe
			OTH	1	smoking_productoth	Other
			UNI	<	smoking_productunk	Unknown
			F: 11			C) ()
			Field Annotation: Variable:SNOMED 698101006; Value set:SNOMED			
41	smoking_product_oth_specify	Please specify type of other smoking products Do not record any PHI in	notes			
	Show the field ONLY if:	this field. As a reminder, this includes all elements of dates other than	notes			
	[smoking_product(OTH)] = '1'	year.				
42	height	Patient height, please specify units. If you know BMI, please skip this field and enter it below. If patient has not had any recent heights taken,	text	text		
		ok to use values up to 12 months prior to COVID-19 diagnosis.				
43	weight	Patient weight, please specify units. If you know BMI, please skip this field and enter it below. If patient has not had any recent weights taken, ok to use values up to 3 months prior to COVID-19 diagnosis.	text			
44	bmi	Patient body mass index (BMI) in kg/m2 Note: please do not enter BSA here.	text ((numbe	r, Min: 5)	
45	surg_med_hx_header	Surgical and Medical History	desc	riptive		
46	recent_surgery	Has the patient had a surgery of any kind in the past year? This should	radio)		
		include but not be limited to cancer surgeries.	0	No		
			1	Yes		
			99	Unknov	vn	
47	surgery_timing	What is the timing of the most recent surgery, relative to the date of	radio)		
77	Show the field ONLY if:	COVID-19 diagnosis?	1		n the past month prior to COVID-	19 diagnosis
	[recent_surgery] = '1'		2 Within the past 1 to 3 months prior diagnosis		· · · · · · · · · · · · · · · · · · ·	
					· · · · · · · · · · · · · · · · · · ·	
			3 Within the past 3 to 12 months prior to 0 diagnosis			COVID-19
			88	AFTE	R COVID-19 diagnosis	
			UNI	_		
48	details_surgery	Additional details Do not record any PHI in this field. As a reminder, this	note	<u> </u>		
-,0	Show the field ONLY if:	includes all elements of dates other than year.	11010	_		
	[recent_surgery] = '1'					
<u> </u>	<u> </u>	I	<u> </u>			

49	concomitant_meds	Concomitant medications being taken at time of presentation with	checkbox		
	_	COVID-19. These would typically be the medications that the patient	H02	concomitant_medsh02	Systemic corti
		was taking as an outpatient at or around the time of COVID-19 diagnosis, unless they were already hospitalized and on additional	L04A	concomitant_medsl04a	Immunosupp
		medications for other reasons. Check all that apply.	RXCUI- 2393	concomitant_medsrxcui_2393	Chloroquine
			RXCUI- 5521	concomitant_medsrxcui_5521	Hydroxychloro (Plaquenil)
			RXCUI- 612865	concomitant_medsrxcui_612865	Tocilizumab
			C09A	concomitant_medsc09a	ACE inhibitors
			C09C	concomitant_medsc09c	Angiotensin re (ARBs)
			ATC- C10AA	concomitant_medsatc_c10aa	Statins
			J01	concomitant_medsj01	Antibiotics
			RXCUI- 18631	concomitant_medsrxcui_18631	Azithromycin (Pak)
			HO- 44995	concomitant_medsho_44995	Anti-virals
			ATC- J05AR10	concomitant_medsatc_j05ar10	Lopinavir/Rito
			RXCUI- 260101	concomitant_medsrxcui_260101	Oseltamivir (T
			N02BE01	concomitant_medsn02be01	Tylenol (paracetamol/
			M01A	concomitant_medsm01a	Ibuprofen, na NSAIDs
			N02BA	concomitant_medsn02ba	Aspirin
			B01AC	concomitant_medsb01ac	Antiplatelet ag aspirin
			A10BA02	concomitant_medsa10ba02	Metformin
			A11CC	concomitant_medsa11cc	Vitamin D
			B01A	concomitant_medsb01a	Anticoagulatio
			C07A	concomitant_medsc07a	Beta blockers
			OTH	concomitant_medsoth	Other
			UNK	concomitant_medsunk	Unknown
			NONE	concomitant_medsnone	None
			Field Anno	gnment: LH tation: Terminology: ATC, RxNorm THEABOVE='NONE' @HIDECHOICE='C	07A,RXCUI-
50	steroid_specific_2	Steroid dosing, in prednisone dose equivalents Note: 3 mg of	radio		
	Show the field ONLY if:	dexamethasone is equivalent to 20 mg of prednisone, so any dose of dexamethasone of more than 3 mg/day (21 mg/week) would be	-	g/day or below [low dose]	
	[concomitant_meds(H02)] = '1'	equivalant to more than 20 mg of prednisone/day.	1a 10 mg	g/day or below [low dose]	
			1b More	than 10 mg/day up to 20 mg/day	
			2 More	than 20 mg/day but less than 1mg/kg	g/day
			3 Equal to or greater than 1 mg/kg/day		
			99 Unkn	own	
			Field Anno	tation: @HIDECHOICE='1'	

51	immuno_type	Please specify which immunosuppressant(s). Check all that apply.	checkbox			
	Show the field ONLY if:			immuno_typel04ad01	Cyclospo	orine
	[concomitant_meds(L04A)] = '1'		L04AD02	immuno_typel04ad02	Tacrolim	us (Prograf)
			L04AA10	immuno_typel04aa10	Sirolimu	S
			L04AA18	immuno_typel04aa18	Everolim	ius
			L04AX01		Azathiop (Imuran)	
			L04AA06		Mycophe mofetil (enolate CellCept)
			L01BB02	- 31	Mercapt MP)	opurine (6-
			L04AA33	immuno_typel04aa33	Vedolizu	mab
			L01BA01	immuno_typel01ba01	Methotr	exate
			L01AA01	immuno_typel01aa01	Cyclopho	osphamide
			L04AB04	immuno_typel04ab04	Adalimu	mab
			L01XE18	immuno_typel01xe18	Ruxolitin	iib (Jakafi)
			L01XE57	immuno_typel01xe57	Fedratin	ib (Inrebic)
			OTH	immuno_typeoth	Other	
			UNK	immuno_typeunk	Unknow	n
				tation: Terminologies: ATC DICE='L04AA18,L04AA33,L04	AB04,L0	1XE57'
52	immuno_oth_more Show the field ONLY if:	Please specify what other immunosuppressants Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes			
	[immuno_type(OTH)] = '1'	-				
53	aspirin_dose	Aspirin dosing	radio	3	(al a i)	1
	Show the field ONLY if: [concomitant_meds(N02BA)] = '1'		26245900	-	mg/uay)	
	[concommant_meas(rvo2b/vj]		26182900. 26166500			1
			20100300	o olikilowii		J
54	bl_anticoag_type	Which anticoagulants were used? Check all that apply.	Field Annot	ation: Terminology: SNOME	D	
3.	Show the field ONLY if:	The analog guardeness and a content of the content	B01AA	bl_anticoag_typeb01aa	Vitan	nin K
	[concomitant_meds(B01A)] = '1'				anta; warf	gonists (e.g., arin)
			B01AB	bl_anticoag_typeb01ab	weig (e.g.,	molecular ht heparin enoxaparin enox])
			B01AB01	bl_anticoag_typeb01ab0	01 Unfra hepa	actionated Irin
			B01AE	bl_anticoag_typeb01ae	inhib argat dabig	et thrombin itors (e.g., troban, gatran daxa])
			B01AF	bl_anticoag_typeb01af	inhib apixa [Eliqu	uis], oxaban
			B01AX05	bl_anticoag_typeb01ax0	5 Fond	laparinux
			UNK	bl_anticoag_typeunk	Unkr	nown
			ОТН	bl_anticoag_typeoth	Othe	r
				tation: Terminology: ATC DICE='B01AX05'		

55	bl_anticoag_reason	Why were anticoagulants being used?	radio	
	Show the field ONLY if:		3602	71000 Prophylaxis
	[concomitant_meds(B01A)] = '1'		26220	02000 Therapeutic dosing
			2616	65006 Unknown
			Field A	Annotation: Terminology: SNOMED
56	bl_anticoag_type_oth_specify	Please specify what other anticoagulants Do not record any PHI in this	notes	
	Show the field ONLY if: [bl_anticoag_type(OTH)] = '1'	field. As a reminder, this includes all elements of dates other than year.		
	meds other	Please specify what other medications Do not record any PHI in this	notes	
	Show the field ONLY if: [concomitant_meds(OTH)] = '1'	field. As a reminder, this includes all elements of dates other than year.		
	gcsf	Did the patient receive G-CSF within two weeks of the COVID-19	radio	
50	800	diagnosis?	0	No
			1	Yes, Prophylactic G-CSF use (within 1-3 days of completion of chemo)
			2	Yes, Therapeutic G-CSF use (later than 1-3 days after
			2	chemo or during a neutropenic hospitalization)
			OTH	Other
			UNK	Unknown
59	gcsf_oth_specify	Please specify what other G-CSF Do not record any PHI in this field. As a	notes	
	Show the field ONLY if:	reminder, this includes all elements of date other than year.	notes	
	[gcsf] = 'OTH'			
60	additional_meds	Additional details about medications that the patient may have been taking (e.g., specific drug names; if taking NSAIDs or corticosteroids, how long, how much; etc.) If it is easy to copy a full medication list from your EMR, please do so here. Do not record any PHI in this field. As a reminder, this includes all elements of date other than year.	notes	
61	care way		radio	
01	sars_vax	Did the patient receive a SARS-CoV-2 vaccine?		No
			-	/es
			-	Jnknown
			99 0	DIKHOWII
62	sars_vax_which	Which of the following SARS-CoV-2 vaccines did the patient receive? If the vaccination given does not fit into any of the categories (e.g., they		Required
	Show the field ONLY if: [sars_vax] = '1'	started with Johnson & Johnson and then switched to Pfizer) please	 	AstraZeneca vaccine (one dose only)
	[3813_V8X] = 1	select Other and describe the dosing in the free text.		AstraZeneca vaccine (both doses)
			<u> </u>	ohnson & Johnson vaccine (one dose)
			4b J	ohnson & Johnson vaccine (more than one dose)
			2a N	Moderna mRNA vaccine (one dose only)
			2b N	Moderna mRNA vaccine (both initial doses)
			2c N	Moderna mRNA vaccine (both doses + booster)
			3a F	Pfizer mRNA vaccine (one dose only)
			3b F	Pfizer mRNA vaccine (both initial doses)
			3c F	Pfizer mRNA vaccine (both doses + booster)
			88 0	Other
			99 L	Jnknown
63	sars_vax_other	Please specify what other SARS-CoV-2 vaccine Do not record any PHI in	notes	
	Show the field ONLY if: [sars_vax_which] = '88'	this field. As a reminder, this includes all elements of date other than year.		
	sars_vax_when	How long after the FIRST dose of vaccine was COVID-19 diagnosed?	radio.	Required
	Show the field ONLY if:			ess than 4 weeks
	[sars_vax] = '1'		2 4	to 8 weeks
			-	B to 12 weeks
			-	More than 12 weeks
				N/A - patient was vaccinated AFTER the COVID-19
			-	diagnosis Unknown

65	influenza_vax	Did the patient have an influenza vaccine in the season which they contracted SARS-CoV-2?	radio 0 No 1 Yes		
			99 Unknov	wn	
66	bcg_vax	Has the patient ever had a BCG vaccine?	radio 0 No 1 Yes 99 Unknow	wn :tion: @HIDDEN	
67	blood_type	Patient ABO blood type	radio A A B B AB AB O O 99 Unkno		
68	blood_type_rh	Patient RH blood type	radio 165747007 165746003 99 Field Annota		
69	comorbid_header	Comorbidities In this section, please report on any pre-existing conditions other than cancer that were present prior to the COVID-19 illness.	descriptive		
70	significant_comorbidities	Significant comorbidities (other than cancer). Check all that apply. If you do not know specific diagnoses, ok to choose the "NOS" categories (e.g., Pulmonary disease, NOS).Immune suppression is defined as	checkbox 38013005	significant_comorbidities38013005	Immune definitio
		outpatient use of prednisone (10mg/d or greater), use of chemotherapy, use of nonsteroidal immunosuppressive agents for	62479008	significant_comorbidities62479008	HIV +/- A
		solid organ transplant or for an autoimmune disease.	19829001	significant_comorbidities19829001	Pulmona
			195967001	significant_comorbidities195967001	Asthma
			13645005	significant_comorbidities13645005	COPD/E
			78275009	significant_comorbidities78275009	Obstruct (OSA)
			84004001	significant_comorbidities84004001	Radiatio
			427046006	significant_comorbidities427046006	ICI pneu
			56265001 38341003	significant_comorbidities56265001 significant_comorbidities38341003	Cardiova Hyperte
			55822004	significant_comorbidities55822004	pressure
			53741008	significant_comorbidities53741008	Coronar
			42343007	significant_comorbidities42343007	(CAD) Congest (CHF) ind HFrEF
			698247007	significant_comorbidities698247007	Cardiac
			49436004	significant_comorbidities49436004	Atrial f b
			400047006	significant_comorbidities400047006	Peripher (PVD/PA
			275526006	significant_comorbidities275526006	History of accident
			59282003	significant_comorbidities59282003	Pulmona
			128053003	significant_comorbidities128053003	Deep ve (DVT)
			90708001	significant_comorbidities90708001	Renal di:
			723190009	significant_comorbidities723190009	Chronic

			46177005 236435004	significant_comorbidities46177005 significant_comorbidities236435004	End-stag (ESRD), n ESRD, on
			235856003	significant_comorbidities235856003	Liver dise
			19943007	significant_comorbidities19943007	Cirrhosis
			OTH-x	significant_comorbiditiesoth_x	Other or
			52448006	significant_comorbidities52448006	Dementi
			7200002	significant_comorbidities7200002	Alcoholis
			73211009	significant_comorbidities73211009	Diabetes
			190388001	significant_comorbidities190388001	Diabetes complica
			237602007	significant_comorbidities237602007	Metaboli
			414916001	significant_comorbidities414916001	Obesity
			238136002	significant_comorbidities238136002	Morbid o BMI > 35 related h
			444316004	significant_comorbidities444316004	Seasonal
			24526004	significant_comorbidities24526004	Inflamma (IBD)
			85828009	significant_comorbidities85828009	Rheumat disease
			234336002	significant_comorbidities234336002	History o transplar stem cell
			313039003	significant_comorbidities313039003	History o transplar
			ОТН	significant_comorbiditiesoth	Other
			UNK	significant_comorbiditiesunk	Unknowr
			NONE	significant_comorbiditiesnone	None
				tion: Terminology: SNOMED HEABOVE='NONE'	
71	hiv_cd4	What is the patient's CD4+ T-cell count?	text (number	r, Min: 0)	
	Show the field ONLY if: [significant_comorbidities(624790 08)] = '1'				
72	hiv_vl Show the field ONLY if: [significant_comorbidities(624790 08)] = '1'	What is the patient's viral load, in copies/mL?	text (number	r, Min: 0)	
73	ibd Show the field ONLY if: [significant_comorbidities(245260 04)] = '1'	Please consider reporting this patient to the Secure-IBD Registry as well.	descriptive		
74	please_specify Show the field ONLY if: [significant_comorbidities(OTH)] = '1' or [significant_comorbidities (OTH-x)] = '1'	Please specify what other significant comorbidities Do not record any PHI in this field. As a reminder, this includes all elements of date other than year.	notes		
75	o2_requirement	Does the patient have a baseline chronic O2 requirement?	l 	tient requires chronic supplemental O2 ient does not require supplemental O2 vn	
76	comorbid_no	Number of comorbid conditions requiring active therapy.	radio 0 0 1 1 2 2 3 3 4 4 or mo 99 Unknow		

77	additional_comorbid	Additional comments about comorbidities. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes	÷		
78	comments_form_1	Section Header: Free text entry (optional)	notes	;		
		Comments Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.				
79	patient_demographics_complete	Section Header: Form Status	drop	down		
		Complete?	0 1	ncomplete		
			1 L	Inverified		
			2 (omplete		
Instru	ument: COVID-19 details (covi	d19_details) 🗗 Enabled as survey				^ Collapse
80	ts_2	Timestamp for the COVID-19 details form		datetime_dmy), Required Annotation: @HIDDEN @	NOW_UTC	
81	c19_workup_why	Section Header: COVID-19 Details - Mandatory Diagnostic Information	radio			
		Why did the patient come to be evaluated for SARS-CoV-2 or COVID-19?	1	Symptoms		
			2	Screening prior to a pro	cedure	
			3	Screening prior to a sys	temic anti-cancer	treatment
			4	Screening due to a high exposure)	-risk situation (e.g	., known
			OTH	Other		
			UNF	Unknown		
			Field	Annotation: @HIDDEN DI	PRECATED	_
82	c19_workup_why_2	Why did the patient come to be evaluated for SARS-CoV-2 or COVID-19?	checl	box, Required		
		Check all that apply.	1	c19_workup_why_2	Symptoms	
			2	c19_workup_why_22	Screening price procedure	or to a
			3	c19_workup_why_23	Screening prior systemic anti- treatment	
			4	c19_workup_why_24	Screening due risk situation known exposi	(e.g.,
			5	c19_workup_why_2!	Screening req public health (e.g., prior to home placem	reasons nursing
			OTH	c19_workup_why_2c	th Other	
			UNF	c19_workup_why_2u	nk Unknown	
83	workup_oth_specify Show the field ONLY if: [c19_workup_why] = 'OTH'	Please specify what other reason for COVID-19 evaluation Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes	;	•	
	[2.12].10.110P_111.JJ					

presentation? Check all that apply. 367391008 symptoms_367391008 Fatigue/Malaise 38661006 symptoms_386661006 Fever 49727002 symptoms_49727002 Cough 248595008 symptoms_248595008 Productive cough for the cough for the cough symptoms_248595008 productive cough for the cough symptoms_267036007 Dyspnea (S08/DOE) Symptoms_68962001 Symptoms_68962001 Symptoms_57676002 Myalgias (muscle pains, body ache 57676002 symptoms_57676002 Arthralgias (joint pains) 162397003 symptoms_25064002 Headache 419284004 symptoms_25064002 Headache 419284004 symptoms_419284004 Altered mental status (AMS) 44169009 symptoms_419284004 Altered mental status (AMS) 4364001 symptoms_64531003 Rhinorrhea (runi nose) 422587007 symptoms_422587007 Nausea 272044004 symptoms_272044004 Vomiting 62315008 symptoms_2315008 Diarrhea 43364001 symptoms_23215008 Diarrhea 43364001 Symptoms_423587007 Nausea 43364001 Symptoms_43364001 Abdominal discomfort (other than frank 43364001 Symptoms_43364001 Abdominal discomfort (ot		Which symptoms and/or signs were present upon initial	checkbox, Re	equired	
49727002 symptoms49727002 Cough					Fatigue/Malaise
248595008 symptoms_248595008 productive cough (with sputum) 267036007 symptoms_267036007 Dyspnea (sOB/DOE) 68962001 symptoms_68962001 Myalgias (muscle pains, body ache symptoms_57676002 Arthralgias (joint pains) 162397003 symptoms_152397003 Sore throat 25064002 symptoms_25064002 Headache 419284004 symptoms_419284004 Altered mental status (AMS) 44169009 symptoms_419284004 Altered mental status (AMS) 44169009 symptoms_36955009 Loss of sense of smell (anosmia) 36955009 symptoms_64531003 Rhinorrhea (runn nose) 422587007 symptoms_422587007 Nausea 272044004 symptoms_722044004 Vomitting 62315008 symptoms_62315008 Diarrhea 43364001 symptoms_43364001 Abdominal discomfort (othe than frank abdominal pain)			386661006	symptoms386661006	Fever
(with sputum)			49727002	symptoms49727002	Cough
SOB/DOE			248595008	symptoms248595008	Productive cough (with sputum)
pains, body ache 57676002 symptoms_57676002 Arthralgias (joint pains) 162397003 symptoms_162397003 Sore throat 25064002 symptoms_25064002 Headache 419284004 symptoms_419284004 Altered mental status (AMS) 44169009 symptoms_44169009 Loss of sense of smell (anosmia) 36955009 symptoms_64531003 Rhinorrhea (runn nose) 422587007 symptoms_422587007 Nausea 272044004 symptoms_272044004 Vomiting 62315008 symptoms_62315008 Diarrhea 43364001 symptoms_43364001 Abdominal discomfort (othe than frank abdominal pain)			267036007	symptoms267036007	
162397003 symptoms162397003 Sore throat			68962001	symptoms68962001	Myalgias (muscle pains, body aches)
25064002 symptoms25064002 Headache			57676002	symptoms57676002	Arthralgias (joint pains)
419284004 symptoms419284004 Altered mental status (AMS) 44169009 symptoms44169009 Loss of sense of smell (anosmia) 36955009 symptoms36955009 Loss of taste (ageusia) 64531003 symptoms64531003 Rhinorrhea (runn nose) 422587007 symptoms422587007 Nausea 272044004 symptoms272044004 Vomiting 62315008 symptoms62315008 Diarrhea 43364001 symptoms43364001 Abdominal discomfort (othe than frank abdominal pain) 64531003 symptoms43364001 Abdominal discomfort (othe than frank abdominal pain) 64531003 symptoms43364001 Abdominal pain) 64531003 symptoms43364001 Abdominal discomfort (othe than frank abdominal pain) 64531003 symptoms43364001 Abdominal pain) 64531003 symptoms43364001 Abdominal discomfort (othe than frank abdominal pain) 64531003 symptoms43364001 Abdominal pain) 64531003 symptoms43364001 Abdominal discomfort (othe than frank abdominal pain) 64531003 symptoms422587007 Symptoms422587007 64531003 symptoms422587007 Symptoms422587007 64531003 symptoms422587007 Symptoms422587007 Symptoms422587007 64531003 symptoms422587007 Symptom			162397003	symptoms162397003	Sore throat
Status (AMS) 44169009 symptoms_44169009 Loss of sense of smell (anosmia) 36955009 symptoms_36955009 Loss of taste (ageusia) 64531003 symptoms_64531003 Rhinorrhea (runr nose) 422587007 symptoms_422587007 Nausea 272044004 symptoms_272044004 Vomiting 62315008 symptoms_62315008 Diarrhea Addominal discomfort (othe than frank abdominal pain) Abdominal pain)			25064002	symptoms25064002	Headache
Smell (anosmia) 36955009 symptoms_36955009 Loss of taste (ageusia) 64531003 symptoms_64531003 Rhinorrhea (runr nose) 422587007 symptoms_422587007 Nausea 272044004 symptoms_272044004 Vomiting 62315008 symptoms_62315008 Diarrhea A3364001 Symptoms_43364001 Abdominal discomfort (other than frank abdominal pain) Abdominal pain) Abdominal pain) Symptoms_43364001 Abdominal pain) Abdominal pain Abdominal pa			419284004	symptoms419284004	
(ageusia) 64531003 symptoms64531003 Rhinorrhea (runr nose) 422587007 symptoms422587007 Nausea 272044004 symptoms272044004 Vomiting 62315008 symptoms62315008 Diarrhea 43364001 symptoms43364001 Abdominal discomfort (other than frank abdominal pain)			44169009	symptoms44169009	
1			36955009	symptoms36955009	
272044004 symptoms272044004 Vomiting 62315008 symptoms62315008 Diarrhea 43364001 symptoms43364001 Abdominal discomfort (othe than frank abdominal pain)			64531003	symptoms64531003	Rhinorrhea (runny nose)
62315008 symptoms62315008 Diarrhea 43364001 symptoms43364001 Abdominal discomfort (othe than frank abdominal pain)			422587007	symptoms422587007	Nausea
43364001 symptoms43364001 Abdominal discomfort (othe than frank abdominal pain)			272044004	symptoms272044004	Vomiting
discomfort (other than frank abdominal pain)			62315008	symptoms62315008	Diarrhea
21522001 symptoms21522001 Abdominal pain			43364001	symptoms43364001	discomfort (other
			21522001	symptoms21522001	Abdominal pain
166643006 symptoms166643006 LFT abnormalities			166643006	symptoms166643006	LFT abnormalities
301095005 symptoms301095005 Cardiac involvement			301095005	symptoms301095005	
9826008 symptoms9826008 Conjunctivitis			9826008	symptoms9826008	Conjunctivitis
OTH symptomsoth Other			ОТН	symptomsoth	Other
84387000 symptoms84387000 None (patient waasymptomatic)			84387000	symptoms84387000	None (patient was asymptomatic)
UNK symptoms_unk Unknown			UNK	symptomsunk	Unknown
Field Annotation: Terminology: SNOMED @NONEOFTHEABOVE='84387000'					D
85 symptoms_oth_specify Please specify other symptoms. Do not record any PHI in this field. As a notes	85 symptoms oth specify	Please specify other symptoms. Do not record any PHI in this field. As a			
Show the field ONLY if: [symptoms(OTH)] = '1'	Show the field ONLY if:				
86 symptoms_none_why Was the patient tested as part of a pre-treatment or pre-procedure radio		Was the patient tested as part of a pre-treatment or pre-procedure	radio		
Show the field ONLY if: screening program? 0 No		screening program?	0 No		
[symptoms(84387000)] = '1' 1 Yes			1 Yes		
99 Unknown			99 Unknov	vn	
87 covid_19_diagnosis COVID-19 diagnosis Note: if the patient ever had a positive laboratory radio, Required	87 covid_19_diagnosis	COVID-19 diagnosis Note: if the patient ever had a positive laboratory	radio, Requir	red	
result, please choose "laboratory-confirmed". This should be checked 1 Suppected based on symptoms	_	result, please choose "laboratory-confirmed". This should be checked			
even if the positive test is from another facility and you do not have a hard copy of the results. Laboratory results can include PCR, 11 Suspected based on contact with confirmed case			11 Suspec	ted based on contact with	confirmed case
antibodies, or any other test that would be consistent with a current or 2 Suspected based on CXR findings		antibodies, or any other test that would be consistent with a current or	2 Suspec	ted based on CXR findings	
prior SARS-CoV-2 infection. 3 Suspected based on CT scan findings		prior SAKS-COV-2 Intection.	3 Suspec	ted based on CT scan findi	ngs
4 Laboratory-confirmed			4 Labora	tory-confirmed	
99 Unknown			99 Unknov	vn	
	<u> </u>		<u> </u>		

88	covid_19_lab_type	What was the type of laboratory confirmation? Check all that apply		ox, Required	1
	Show the field ONLY if:		94746-	-5 covid_19_lab_type94746_5	PCR
	[covid_19_diagnosis] = '4'		94558-	-4 covid_19_lab_type94558_4	Antigen test (ELISA)
			94762-	-2 covid_19_lab_type94762_2	Serology (antibodies to SARS-CoV-2)
			LA1469	98- covid_19_lab_typela14698_7	Other
			LA4489	9-6 covid_19_lab_typela4489_6	Unknown
			Field Ar	nnotation: Vocabulary: LOINC	
89	covid_19_dx_imaging	Please describe the imaging abnormalities. Do not record any PHI in	notes		
	Show the field ONLY if: [covid_19_diagnosis] = '2' or [covid_19_diagnosis] = '3'	this field. As a reminder, this includes all elements of dates other than year.			
90	neg_test	Did the patient have a negative laboratory test despite having	radio, R	Required	
	Show the field ONLY if:	symptoms or signs supportive of the COVID-19 diagnosis?	1 Ye	25	
	[covid_19_diagnosis] = '1' or [covi		2 No	0	
	d_19_diagnosis] = '11' or [covid_1 9_diagnosis] = '2' or [covid_19_dia		99 Ur	nknown	
	gnosis] = '3' or [covid_19_diagnosis] = '99'				
91	covid_19_test_more	Please provide additional details, including the type of COVID-19 test.	notes		
	Show the field ONLY if:	Do not record any PHI in this field. As a reminder, this includes all			
	[neg_test] = '1' or [covid_19_diagn osis] = '4'	elements of dates other than year.			
92	additional_sx	Additional comments about COVID-19 symptoms and diagnosis. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
93	severity_of_covid_19_v2	Section Header: Initial Severity and Course of Illness	radio, R	Required	
		Initial severity of COVID-19 Note 1: this is probably the most important	1 Mi	ild (no hospitalization required)	
		single piece of information that we are gathering, please try not to answer "unknown" if at all possible. Note 2: if hospitalization or ICU	2 M	oderate (hospitalization indicated)	
		admission were indicated but the patient was not actually admitted,	3 Se	evere (ICU admission indicated)	
		you should still select that box. For example, for a patient who arrives at the ED with critical hypoxia that would ordinarily indicate a need for	99 Ur	nknown	
		mechanical ventilation, but is transitioned to home hospice	L		
		immediately, you should still select the severe checkbox. Note 3: if the			
		patient is diagnosed while in the hospital and is asymptomatic (e.g., as screening prior to nursing home placement), answer this question as if			
		they were presenting as an outpatient.			
94	cytokine_yn	Did the patient experience a cytokine storm or cytokine release	radio		
	Show the field ONLY if:	syndrome that was specifically documented in the patient's chart?	0 No	0	
	[severity_of_covid_19_v2] = '2' or		1 Ye		
	[severity_of_covid_19_v2] = '3'			nknown	
			99 01	INTOWIT	
0.5	hara status			nnotation: @HIDDEN	
95	hosp_status	Was the patient ever hospitalized during their course of illness? If the patient was hospitalized more than once, please report on the index		Required	
		hospitalization and make a note in the comments about the other	0 No		
		hospitalization(s).		es - admitted to floor	
			2 Ye	es - admitted to floor and then transfe	erred to the ICU
			3 Ye	es - admitted directly to the ICU	
			99 Ur	nknown	
96	dx_hosp_interval	How many days elapsed between the COVID-19 diagnosis and the first	text (int	teger)	
	Show the field ONLY if:	hospital admission? If the patient was hospitalized on the same day as			
	[hosp_status] = '1' or [hosp_statu	their diagnosis, enter 0 here. If they were hospitalized before the COVID-19 diagnosis (e.g., iatrogenic COVID-19), enter a negative			
	s] = '2' or [hosp_status] = '3'	number corresponding to how many days they were in the hospital			
		before diagnosis. If you do not know the answer, enter 9999 here.			

97	code_status_admit	What was the patient's code status at the time of admission	radio
	Show the field ONLY if:		1 Full code
	[hosp_status] = 1 or [hosp_status] = 2 or [hosp_status] = 3		2 DNR only
	2 01 [11039_3tata3] 3		3 DNI only
			4 DNR/DNI
			99 Unknown
98	code_status_change	Did the patient's code status change during the hospitalization?	radio
50	Show the field ONLY if:	bid the patient's code status change daring the hospitalization:	0 No
	[hosp_status] = 1 or [hosp_status]		1 Yes
	= 2 or [hosp_status] = 3		
			99 Unknown
99	code_status_change_what	What did the code status change to?	radio
	Show the field ONLY if:		1 Full code
	[code_status_change] = 1		2 DNR only
			3 DNI only
			4 DNR/DNI
			88 Other
			99 Unknown
100	code_status_change_why	Briefly describe why the code status was changed. Do not record any PHI in this field. As a reminder, this includes all elements of dates other	notes
	Show the field ONLY if: [code_status_change] = 1	than year.	
4.04		Manager History and the standard for the	
101	palliative_yn	Was a palliative care consultant or team involved in the care of the patient during this admission?	radio
	Show the field ONLY if:	parter au mg ans au masiam	
	[hosp_status] = 1 or [hosp_status] = 2 or [hosp_status] = 3		1 Yes
	[p]		99 Unknown
102	hosp_los	If known, how long was the length of stay, in days? If the patient is still	text (integer, Min: 1)
	Show the field ONLY if:	hospitalized, enter 9999 here.	
	[hosp_status] = '1'		
103	hosp_los_2	If known, how long was the length of stay prior to transfer to the ICU, in	text (integer, Min: 1)
	Show the field ONLY if:	days?	
	[hosp_status] = '2'		
104	icu_los	If known, how long was the ICU length of stay, in days? If the patient is still in the ICU, enter 9999 here.	text (integer, Min: 1)
	Show the field ONLY if:	Still III the ICO, effice 3333 field.	
	[hosp_status] = '2' or [hosp_statu s] = '3'		
105	current_status	What is the patient's current location?	radio, Required
		That is the patients can enclosed on	Outpatient - new COVID-19 diagnosis
	Show the field ONLY if: [timing_of_report] = '1'		2 Outpatient - follow up
	. 0= = 1 -		 '
			3 ER - new COVID-19 diagnosis
			4 ER - Follow up
			5 Hospitalized (non-ICU) - new admit
			6 Hospitalized (non-ICU) - continued
			7 ICU - new admit
			8 ICU - continued
			9 None - patient is deceased
106	days_to_death_2	Approximately how many days elapsed between COVID-19 diagnosis	text (integer, Min: 0), Required
100	-	and death? If this information is unknown to you, please enter 9999	text (integer, iviiii. 0), kequired
	Show the field ONLY if: [current_status] = '9'	here.	
107	cause_of_death	To the best of your knowledge, what was the proximal cause of death?	radio, Required
,		12 2.2 2.5 c. your minerage, while was the proximal cause of death:	1 COVID-19
	Show the field ONLY if: [current_status] = '9'		2 Cancer
			
			3 Both
			88 Other
			99 Unknown
108	deceased_reason	Please provide additional details about the proximal cause of death. Do	notes, Required
	Show the field ONLY if:	not record any PHI in this field. As a reminder, this includes all	
	[current_status] = '9'	elements of dates other than year.	

	I	T				_
109	c19_complications_systemic	Section Header: Complications Systemic complications occurring during the COVID-10 illness. Check all	checkbox, Re		0005	Dload
		Systemic complications occurring during the COVID-19 illness. Check all that apply. If there were no systemic complications, please check	50960005 67406007	c19_complications_systemic5096 c19_complications_systemic6740		Bleed Dissei
		"None".				intrav coagu (DIC)
			57653000	c19_complications_systemic5765	53000	Multic failure
			91302008	c19_complications_systemic9130	2008	Sepsis
			238147009	c19_complications_systemic2381	47009	Other
			NONE	c19_complications_systemicnone	e	None
			UNK	c19_complications_systemicunk		Unkno
				tion: Terminology: SNOMED HEABOVE='NONE'		
110	c19_bleeding	Please specify the type of bleeding. Check all that apply.	checkbox			
	Show the field ONLY if: [c19_complications_systemic(509 60005)] = '1'		112648003	c19_bleeding112648003	Major bleedi (requir multip RBCs transft or ICU admit)	ing le usions
			73099002	c19_bleeding73099002	Non-m but cli releva bleed	nically
			127563002	c19_bleeding127563002	Minor (witho transfi need)	ut
			230690007- Major	c19_bleeding230690007_major	CNS hemorextens	Υ '
			230690007- Minor	c19_bleeding230690007_minor	CNS hemor	T
			OTH	c19_bleedingoth	Other	
			UNK	c19_bleedingunk	Unkno	wn
			Field Annotat	tion: Terminology: SNOMED-modified	d	
111	c19_bleeding_oth_specify Show the field ONLY if: [c19_bleeding(OTH)] = '1'	Please specify further details about bleeding. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes	a a		
112	dic_certainty	How definite was the DIC diagnosis?	radio			
	Show the field ONLY if:		1 Definite			
	[c19_complications_systemic(674 06007)] = '1'		2 Suspect	red		
	00007)] = 1		99 Unknov	vn		
113	dic_treatment	Which of the following were used to treat the DIC?	radio			
	Show the field ONLY if:		346447007	Plasma (FFP)		
	[c19_complications_systemic(674 06007)] = '1'		256401009	Cryoprecipitate		
			NONE	None		
			UNK	Unknown		
			OTH	Other		
			Field Annotat	tion: Terminology: SNOMED @HIDDE	N	
114	dic_more Show the field ONLY if: [c19_complications_systemic(674 06007)] = '1'	Please provide further details about DIC, including clinical manifestations and treatment. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes			
115	c19_comp_systemic_specify Show the field ONLY if: [c19_complications_systemic(238 147009)] = '1'	Please specify other systemic complications. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes			
	/4 .	1				

116	o2_requirement_c19	Did the patient require supplemental O2 during the course of illness?		Require No	ed		
			1 Y	'es			
			99 L	Jnknow	n		
117	o2_policy	Was there an institutional policy in place to refuse intubation for	radio				
	Show the field ONLY if:	patients with metastatic cancer, at the time when this patient required	0 N	٧o			
	[o2_requirement_c19] = '1'	supplemental O2?	1 Y	'es			
			99 L	Jnknow	n		
118	c19_complications_pulm	Pulmonary complications occurring during the COVID-19 illness. Check	checkl	box, Rec	nuired		
	<u>-</u>	all that apply. If there were no pulmonary complications, please check				ns_pulm409622000	Respirato
		"None". Note: the distinction between pneumonia and pneumonitis can often be very subtle and subjective. Radiology notes may say					failure
		pneumonitis and clinical notes may say pneumonia. Please use your			-	ns_pulm205237003	Pneumor
		best judgment.	23360	04007	c19_complication	ns_pulm233604007	Pneumor
			67782	2005	c19_complication	ns_pulm67782005	Acute respirato distress syndrom (ARDS)
			59282	2003	c19_complication	ns_pulm59282003	Pulmona embolism (PE)
			6004	6008	c19_complicatior	ns_pulm60046008	Pleural effusion
			31268	82007	c19_complication	ns_pulm312682007	Empyema
			50043	3002	c19_complication	ns_pulm50043002	Other
			NON	E	c19_complication	ns_pulmnone	None
			UNK		c19_complication	ns_pulmunk	Unknown
				Annotati	on: Terminology:	SNOMED	
119	resp_failure_tx	Which of the following supplemental O2 interventions did the patient	radio				
	Show the field ONLY if:	require? Select the most invasive intervention required during the		Nasal ca	nnula or face ma	sk with standard O2	
	[c19_complications_pulm(409622	course of illness.	2 F	ligh-flov	v nasal cannula o	or blow-by	
	000)] = '1' or [o2_requirement_c1 9] = '1'		3 N	Non-reb	reather		
	21 1		4 (PAP			
			5 E	BiPAP			
			6 lı	ntubatio	on		
			99 L	Jnknow	n		
120	withdrawal_yn	Was there an active decision to withdraw care?	radio				
120	Show the field ONLY if:	was there are accession to withdraw care:		٧o	\exists		
	[resp_failure_tx] = '6'		-	'es			
			-	Jnknow	n		
121	withdrawal_who	Who was involved in the decision to withdraw care? Please check all	checkl				
121	_	that apply	1		awal_who1	Patient	
	Show the field ONLY if: [withdrawal_yn] = '1'		2		awal_who2	Spouse or significant	other
	-		3		awal_who3	Child	
			4		awal_who3 awal_who4	Parent	
			5		awal_who5	Other family	
			6		awal_who6	Friend	
			7		awal_who7	Primary managing hematologist/oncolog	gist
			8	withdr	awal_who8	Hospitalist/Intensivist	:
			9	withdr	awal_who9	Palliative care clinicia	n
			ОТН	withdr	awal_whooth	Other	
				1			
<u> </u>			Field A	Annotati	on: @HIDECHOIC	IE='6'	

122	berlin_yn	Were the Berlin criteria formally assessed?	radio				
	Show the field ONLY if:		0 No	0			
	[c19_complications_pulm(677820		1 Ye	es			
	05)] = '1'		99 Un	nknown	/Unsure		
400	1 1: 0						
123	berlin_2	Berlin criteria.The Berlin criteria are based on a decreased PaO2/FiO2 ratio:-mild ARDS: 201 - 300 mmHg (≤ 39.9 kPa)-moderate ARDS: 101 -	radio				
	Show the field ONLY if:	200 mmHg (≤ 26.6 kPa)-severe ARDS: ≤ 100 mmHg (≤ 13.3 kPa)Note	1 Mi				
	[berlin_yn] = '1'	that the Berlin definition requires a minimum positive end expiratory	2 Mc	oderate	<u>. </u>		
		pressure (PEEP) of 5 cmH2O for consideration of the PaO2/FiO2 ratio. This degree of PEEP may be delivered noninvasively with CPAP to	3 Se	evere			
		diagnose mild ARDS. Click this link to access a calculator for PaO2/FiO2	99 Un	nknown			
		ratio (opens a new window)			_		
124	c19_comp_pulm_specify	Please specify other pulmonary complications. Do not record any PHI	notes				
	Show the field ONLY if:	in this field. As a reminder, this includes all elements of dates other than year.					
	[c19_complications_pulm(500430 02)] = '1'						
125	c19_complications_card	Cardiovascular complications occurring during the COVID-19 illness.	checkbo	ox, Reqι	uired		
		Check all that apply. If there were no cardiovascular complications, please check "None".	450070	003 с	19_complications_card45007003	Hypotens	
		please their Note .	222980	006 c	19_complications_card22298006	Myocardi infarction	
			414545	5008 c	19_complications_card414545008	Other car	
			494360	004 6	19_complications_card49436004	Atrial fibr	
			719080		19_complications_card71908006	Ventricula	
			60004	7007 -	40	fibrillation	
			698247		19_complications_card698247007	Other car arrhythm	
			858980	001 c	19_complications_card85898001	Cardiomy	
			423430	007 c	19_complications_card42343007	Congestive heart fails (CHF)	
			592820	003 с	19_complications_card59282003	Pulmona embolism	
			128053	3003 c	19_complications_card128053003	Deep ven thrombos (DVT)	
			275517	7008 c	19_complications_card275517008	Superficial venous thrombos (SVT)	
			230690	0007 c	19_complications_card230690007	Cerebrova accident (stroke)	
			414086	6009 c	19_complications_card414086009	Thrombo NOS	
			496010	007 с	19_complications_card49601007	Other	
			NONE	С	19_complications_cardnone	None	
			UNK	c	19_complications_cardunk	Unknown	
			Field An	nnotatio	n: Terminology: SNOMED		
126	sepsis_pressors	Did the patient require pressors?	radio				
120		Did the patient require pressors:	0 No	0	٦		
	Show the field ONLY if: [c19_complications_card(4500700		-		1		
	3)] = '1'		1 Ye:		4		
			99 Un	nknown			
127	c19_comp_card_specify	Please specify other cardiac complications. Do not record any PHI in	notes				
	Show the field ONLY if:	this field. As a reminder, this includes all elements of dates other than					
	[c19_complications_card(4960100 7)] = '1' or [c19_complications_car d(414545008)] = '1' or [c19_compl	year.					
	d(414545008)] = '1' or [c19_compl ications_card(698247007)] = '1'						

128	c19_complications_gi	Gastrointestinal complications occurring during the COVID-19 illness.	checkbox, Re	equired		
		Check all that apply. If there were no GI complications, please check "None".		c19_complications_gi42704400	he	ute epatic jury
			389026000	c19_complications_gi38902600	00 As	cites
			81060008	c19_complications_gi81060008		owel ostruction
			56905009	c19_complications_gi56905009		owel erforation
			710572000	c19_complications_gi71057200	00 Ile	us
			48661000	c19_complications_gi48661000) Pe	ritonitis
			53619000	c19_complications_gi53619000) Ot	:her
			NONE	c19_complications_ginone	No	one
			UNK	c19_complications_giunk	Ur	nknown
				tion: Terminology: SNOMED CE='48661000'		
129	c19_comp_gi_specify Show the field ONLY if: [c19_complications_gi(53619000)] = '1'	Please specify other GI complications. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes			
130	c19_complications_other	Other complications occurring during the COVID-19 illness. Check all	checkbox, Re	equired		
		that apply. If there were no other complications, please check "None".	14669001	c19_complications_other1466	9001	Acute kidney injury
			91175000	c19_complications_other9117	5000	Seizure
			372070002	c19_complications_other3720		Gangre
			414086009	c19_complications_other4140	86009	Thromo
			362965005	c19_complications_other3629	55005	Other
			NONE	c19_complications_othernone		None
			UNK	c19_complications_otherunk		Unknov
			Field Annota '372070002,4	tion: Terminology: SNOMED @HID 414086009'	ECHOI	CE =
131	c19_complications_oth_specify	Please specify other complications. Do not record any PHI in this field.	notes			
	Show the field ONLY if: [c19_complications_other(362965 005)] = '1'	As a reminder, this includes all elements of dates other than year.				
132	current_status_v2	Section Header: Clinical Status	radio, Requir	red		
	Show the field ONLY if:	Current COVID-19 status Fully recovered means that the patient has	1 Fully re	covered		
	[timing_of_report] = '1' and ([curr ent status] = '1' or [current statu	returned to their baseline functional status and repeat SARS-CoV-2 testing, if obtained, is negative. If they are on medications to treat	1b Recove	red with complications		
	s] = '2' or [current_status] = '3' or	sequelae or have functional compromise (e.g., impaired pulmonary	2 Ongoin	g infection		
	[current_status] = '4' or [current_s tatus] = '5' or [current_status] =	function) but are not considered to have active infection, they should be considered to have recovered with complications.	3 Died			
	'6' or [current_status] = '7' or [current_status] = '8')	·	99 Unknow	wn		
133	current_status_retro	Final COVID-19 status Fully recovered means that the patient has	radio, Requir			
	Show the field ONLY if:	returned to their baseline functional status and repeat SARS-CoV-2 testing, if obtained, is negative. If they are on medications to treat	1 Fully recovered			
	timing_of_report] = '2' sequelae or have functional compromise (e.g., impaired pulmo	sequelae or have functional compromise (e.g., impaired pulmonary		red with complications		
		function) but are not considered to have active infection, they should be considered to have recovered with complications.	3 Died			
		be considered to have recovered with complications.	99 Unknow	wn		
134	days_to_death Show the field ONLY if: [current_status_retro] = '3' or [cur rent_status_v2] = '3'	Approximately how many days elapsed between COVID-19 diagnosis and death? If this information is unknown to you, please enter 9999 here.	text (integer,	Min: 0), Required		

135	cause_of_death_2	To the best of your knowledge, what was the proximal cause of death?		Required
	Show the field ONLY if:		1 C	OVID-19
	[current_status_v2] = '3' or [curre nt_status_retro] = '3'		2 C	ancer
	ni_status_retroj = 3		3 B	oth
			88 O	ther
			99 U	nknown
136	deceased_reason_retro	Please provide additional details about the proximal cause of death. Do	notes,	Required
	Show the field ONLY if:	not record any PHI in this field. As a reminder, this includes all		
	[current_status_v2] = '3' or [curre	elements of dates other than year.		
	nt_status_retro] = '3'			
137	current_status_clinical	Current clinical status		Required
	Show the field ONLY if:		0	Outpatient - No symptoms
	[current_status_v2] = '2'		1	Outpatient - Mild symptoms
			2	Outpatient - Moderate symptoms
			3	Outpatient - Severe symptoms
			4	Inpatient - Near Recovery
			5	Inpatient - Moderately ill
			6	Inpatient - Severely ill
			7	Critical (ICU) - Severely ill, not requiring ventilator
				support
			8	Critical (ICU) - Severely ill, intubated
			OTH	Other
			99	Unknown
138	current_status_clinical_specify	Please specify other current clinical status Do not record any PHI in this	notes,	Required
	Show the field ONLY if:	field. As a reminder, this includes all elements of dates other than year.		
	[current_status_clinical] = 'OTH'			
139	worst_status_clinical	Worst clinical status. Report the worst clinical presentation during the	radio, I	Required
	Show the field ONLY if:	COVID-19 illness or the current clinical status if this is the only known	0	Outpatient - No symptoms
	[timing_of_report] = '2'	status. If the patient died, this should be the highest level of care that they received prior to the time of death.	1	Outpatient - Mild symptoms
			2	Outpatient - Moderate symptoms
			3	Outpatient - Severe symptoms
			5	Inpatient - Moderately ill
			6	Inpatient - Severely ill
			-	Critical (ICU) - Severely ill, did not require ventilator
				support
			8	Critical (ICU) - Severely ill, intubated
			OTH	Other
			99	Unknown
140	worst_status_clinical_specify	Please specify worst clinical status Do not record any PHI in this field.	notes	Required
	Show the field ONLY if:	As a reminder, this includes all elements of dates other than year.		- 4
	[worst_status_clinical] = 'OTH'			
		1		

	Show the field ONLY if: [current_status_v2] = '1b' or [curr		0	complications_severity0	NIa aa	
	[current_status_v2] = '1b' or [curr			complications_severityo	NO CO	mplications
	ent_status_v2] = '2' or [current_st atus_retro] = '1b'		1	complications_severity1	(mimi	complications mal symptoms complications)
			2	complications_severity2	Mode comp (mode symp	rate lications
			3	complications_severity3	(symp substa the pa functi disabl	lications
			OTH	complications_severityoth	Other	
			99	complications_severity99	Unkno	own
:	complications_severity_oth_speci fy Show the field ONLY if: [complications_severity(OTH)] = '1'	Please specify other current severity of COVID-19 complications Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes,	Required		
143	worst_complications_severity	Worst severity of COVID-19 complications. Check all that apply.	checkb	oox, Required		
	Show the field ONLY if: [timing_of_report] = '2' and [curre nt_status_retro] != '3'		0	worst_complications_severity_	_0	None (patient was asymptomatic)
			1	worst_complications_severity_	_1	Mild complications (mimimal symptoms from complications)
			2	worst_complications_severity_	2	Moderate complications (moderate symptoms from complications)
			w	worst_complications_severity_	_ ω	Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning)
			OTH	worst_complications_severity_	_oth	Other
			99	worst_complications_severity_	99	Unknown
:	worst_complications_severity_spe cify Show the field ONLY if: [worst_complications_severity(OT H)] = '1'	Please specify other worst severity of COVID-19 complications Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes,	Required		
145	consider_returning Show the field ONLY if: [current_status_v2] = '2'	Please consider returning to add a new form once final status has been determined. In order to do this, click on the button named "Survey Queue" in the top right-hand corner of the screen. This will open a window where you can choose "Get link to my survey queue". Use this link to return to the survey at any time to add additional updated information.	descrip	otive		
146	covid_19_more	Section Header: COVID-19 Details - Optional	yesno			
	Show the field ONLY if: [ccc19] = '0'	Would you like to answer additional COVID-19 detail questions? This is optional but will really help us understand the granular details better.	1 Ye 0 No	- 		

147	mortality	If it has been at least 30 days from the presumptive or laboratory-	radio	o, Required
	Show the field ONLY if:	proven COVID-19 diagnosis, was the patient alive 30 days after	1	Yes
	[covid_19_dx_interval] != '1' and [c	I diagnosis?		No
	ovid_19_dx_interval] != '2' and [co		0	
	vid_19_dx_interval] != '3'		88	N/A - it has been fewer than 30 days since COVID-19 diagnosis
			99	Unknown
148	mortality_90	If it has been at least 90 days (~3 months) from the presumptive or	radio	o, Required
	Show the field ONLY if:	laboratory-proven COVID-19 diagnosis, was the patient alive 90 days	1	Yes
	[covid_19_dx_interval] != '1' and [c	after diagnosis?	0	No
	ovid_19_dx_interval] != '2' and [co vid_19_dx_interval] != '3' and [covi		88	N/A - it has been fewer than 90 days since COVID-19
	d_19_dx_interval] != '4' and [covid _19_dx_interval] != '5' and [mortal		99	diagnosis Unknown
	ity] != '0'			
149	mortality_180	If it has been at least 180 days (~6 months) from the presumptive or laboratory-proven COVID-19 diagnosis, was the patient alive 180 days		o, Required
	Show the field ONLY if:	after diagnosis?	1	Yes
	[covid_19_dx_interval] != '1' and [c ovid_19_dx_interval] != '2' and [co	-	0	No
	vid_19_dx_interval] != '3' and [covi		88	N/A - it has been fewer than 180 days since COVID-19 diagnosis
	d_19_dx_interval] != '4' and [covid _19_dx_interval] != '5' and [covid_		99	Unknown
	19_dx_interval] != '6' and [mortali ty] != '0' and [mortality_90] != '0'			
150	labs	Section Header: Baseline laboratory values at the time of or closest to the date of the	radio	
		COVID-19 diagnosis If the laboratory value (e.g., IL-6 level) was not available at the time of presentation, please enter the earliest known result, if known.	1	At the time of initial COVID-19 diagnosis
		At what time point were labs drawn? This information is important to build predictive models of disease severity based on lab values. Your answer should be based on common labs (CBC, CMP, BNP, etc.) - not necessarily send-out labs that were drawn later in the course of COVID-	2a	At the time of a change in clinical status (hospitalization)
			2b	At the time of a change in clinical status (other than hospitalization)
		19 illness.	3	Labs were not drawn or are not available for review
			OTH	
			UN	
151	labs ath specific	Diago coocifuubat other time point labourer drawn Do not record	L	1
151	labs_oth_specify Show the field ONLY if: [labs] = 'OTH'	Please specify what other time point labs were drawn Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	note	5
152	wbc_range	Section Header: CBC values at presentation	radio	o (Matrix)
	Show the field ONLY if:	Total WBC count	LO	Low
	[labs] != '3'		WN	L Normal
			НІ	High
			NT	Not tested
			99	Unknown
			_	
153	alc_range	Absolute lymphocyte count (ALC) - less than 1500/uL should be considered low		o (Matrix)
	Show the field ONLY if: [labs] != '3'	considered fow	LO	Low
	[ian9] :- 5		WN	
			HI	High
			NT	Not tested
			99	Unknown
			Field low	Annotation: less than 1500/uL should be considered
154	anc_range	Absolute neutrophil count (ANC)	radio) (Matrix)
	Show the field ONLY if:		LO	Low
	[labs] != '3'		WN	L Normal
			н	High
			NT	Not tested
			99	Unknown
			Field	Appetation loss than 1000/ul should be asset to
			low	Annotation: less than 1000/uL should be considered

155	aec_range	Absolute eosinophil count (AEC)	radio (Matrix)
	Show the field ONLY if:		LO Low
	[labs] != '3'		WNL Normal
			HI High
			NT Not tested
			99 Unknown
156	hgb_range	Hemoglobin	radio (Matrix)
	Show the field ONLY if:		LO Low
	[labs] != '3'		WNL Normal
			HI High
			NT Not tested
			99 Unknown
457		Districts	
157	plt_range	Platelets	radio (Matrix)
	Show the field ONLY if: [labs] != '3'		
	[labs] :- 3		WNL Normal
			HI High
			NT Not tested
			99 Unknown
158	wbc_numeric	Total WBC count in 10^9/L	text (number, Min: 0, Max: 1000)
	Show the field ONLY if:		
	[wbc_range] = 'LO' or [wbc_range] = 'HI'		
159	alc	Absolute lymphocyte count per uL	text (number, Min: 0)
	Show the field ONLY if:		
	[alc_range] = 'LO' or [alc_range] = 'HI'		
160		Abaalista pasturahil assat assist	tout (avealog Mia O)
160	anc	Absolute neutrophil count per uL	text (number, Min: 0)
	Show the field ONLY if: [anc_range] = 'LO' or [anc_range]		
	= 'HI'		
161	aec	Absolute eosinophil count per uL	text (number, Min: 0)
	Show the field ONLY if:		
	[aec_range] = 'LO' or [aec_range] = 'HI'		
162	hgb	Hemoglobin level in g/dL	text (number, Min: 0)
	Show the field ONLY if:		
	[hgb_range] = 'LO' or [hgb_range] = 'HI'		
162		Platelet count, 10^3/uL	toxt (number Min; 0)
163	plt	Flatelet Coulit, 10°5/UL	text (number, Min: 0)
	Show the field ONLY if: [plt_range] = 'LO' or [plt_range] =		
	'HI'		
164	creat	Section Header: Other lab values at presentation	radio (Matrix)
	Show the field ONLY if:	Creatinine	0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
			<u> </u>
			Field Annotation: SNOMED: 1032061000000108
165	tbili	Total bilirubin	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
			<u> </u>

	_		
166	ast	AST	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
167	alt	ALT	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
168	ldh	LDH	radio (Matrix)
			0 Normal
	Show the field ONLY if: [labs] != '3'		1 Abnormal
	[]		
			NT Not tested
			99 Unknown
			Field Annotation: SNOMED: 250644007
169	tni	Troponin I (TnI)	radio (Matrix)
109		ποροιιιττ (τιτι)	0 Normal
	Show the field ONLY if: [labs] != '3'		
	[[1003] :- 3		1 Abnormal
			NT Not tested
			99 Unknown
170	hs_trop	High-sensitivity troponin	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
171	bnp	BNP	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
172	crp	CRP	radio (Matrix)
.,_		\[\frac{1}{2} \cdot \cd	0 Normal
	Show the field ONLY if: [labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
173	il6	IL-6	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
174	nt	PT	radio (Matrix)
174		<u>'</u> ''	0 Normal
	Show the field ONLY if: [labs] != '3'		
	[.000].		1 Abnormal
			NT Not tested
L			99 Unknown
175	aptt	аРТТ	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
			J. J

	T	T :	T
176	fibrinogen	Fibrinogen	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
			S CHARGAN
			Field Annotation: SNOMED: 71636003
177	ddimer	D-Dimer	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
			Field Annotation: SNOMED: 1019221000000107
178	other_lab	Other (free text will open for more details below)	radio (Matrix)
	Show the field ONLY if:		0 Normal
	[labs] != '3'		1 Abnormal
			NT Not tested
			99 Unknown
			99 OTIKTOWIT
179	creat_numeric	Please provide measured creatinine level in mg/dL	text (number, Min: 0)
	Show the field ONLY if:		
	[creat] = '1'		
180	tbili_numeric	Please provide measured total bilirubin value in mg/dL	text
	Show the field ONLY if:		
	[tbili] = '1'		
181	ast_numeric	Please provide measured AST/SGOT value in units/L	text (number, Min: 32)
	Show the field ONLY if:		
	[ast] = '1'		
182	alt_numeric	Please provide measured ALT/SGPT value in units/L	text (number, Min: 32)
	Show the field ONLY if:	·	
	[alt] = '1'		
183	pt_numeric	Please report measured PT value in seconds. If above the maximum	text (number)
	Show the field ONLY if:	range, enter "999".	
	[pt] = '1'		
184	aptt_numeric	Please report measured aPTT value in seconds. If above the maximum	text (number, Min: 0)
	Show the field ONLY if:	range, enter "999".	
	[aptt] = '1'		
185	fibrinogen_numeric	Please report measured fibrinogen value in mg/dL (conventional units).	text
	Show the field ONLY if:		
	[fibrinogen] = '1'		
186	ddimer_numeric	Please report measured D-Dimer value along with units, which often	text
	Show the field ONLY if:	differ between labs.	
	[ddimer] = '1'		
187	Idh_numeric	Please report measured LDH value along with units, which often differ	text
,	_	between labs.	
	Show the field ONLY if: [ldh] = '1'		
188	tni_numeric	Please report measured Tnl value in ng/mL. Only record values greater	text (number, Min: 0)
100		than or equal to 0.05 ng/mL.	teac (number, with o)
	Show the field ONLY if: [tni] = '1'	, , ,	
100		Diago report measured high association to the interest of	tout (number Min 0.05)
189	hs_trop_numeric	Please report measured high sensitivity troponin value in pg/mL.	text (number, Min: 0.05)
	Show the field ONLY if:		
4.5.	[hs_trop] = '1'		
190	bnp_numeric	Please report measured BNP value in pg/mL.	text (number, Min: 0)
	Show the field ONLY if:		
	[bnp] = '1'		
191	crp_numeric	Please provide measured CRP value along with units, which often differ	text
	Show the field ONLY if:	between labs.	
	[crp] = '1'		

192	il6_numeric	Please report measured IL-6 value in pg/mL	text (number	· Min· 1 8)	
132	Show the field ONLY if:	Thease report measured in a value in pg/min	text (Humber	, 14	
	[il6] = '1'				
193	other_lab_more	Please provide more details including numeric values, if you are able.	notes		
	Show the field ONLY if: [other_lab] = '1'	Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.			
194	coinfection_yn	Section Header: Co-infections	radio		
		Was another co-infection suspected within two weeks prior or up to two weeks after the COVID-19 diagnosis?	0 No		
		two weeks after the COVID-13 diagnosis:	1 Yes		
			99 Unknov	vn	
195	coinfection	Were there other co-infections diagnosed? Check all that apply.	checkbox		
	Show the field ONLY if:	Terminology: SNOMED	49872002	coinfection49872002	Viral, NOS
	[coinfection_yn] = '1'		407479009	coinfection407479009	Influenza A
			407480007	coinfection407480007	Influenza B
			84101006	coinfection84101006	Ordinary coronavirus
			1838001	coinfection1838001	Rhinovirus
			6415009	coinfection6415009	RSV
			409822003	coinfection409822003	Bacterial infection, NOS
			8745002	coinfection8745002	Gram-positive bacteria
			233607000	coinfection233607000	Pneumococcal pneumonia
			81325006	coinfection81325006	Gram-negative bacteria
			414561005	coinfection414561005	Fungal, NOS
			2429008	coinfection2429008	Aspergillus culture-confirmed
			709601002	coinfection709601002	Aspergillus suspected (galactomannan positive)
			442376007	coinfection442376007	Tests are pending
			ОТН	coinfectionoth	Other
			UNK	coinfectionunk	Unknown
			NONE	coinfectionnone	None
				tion: Terminology: SNOMED E='407480007,84101006,64	
196	coinfection_other Show the field ONLY if: [coinfection_yn] = '1'	Please specify what co-infections were diagnosed, including the organism(s) if you know it. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		

197	coinfection_site		checkbox			
	Show the field ONLY if:		49596003	coinfection_site49596003	Abdomen/GI	
	[coinfection_yn] = '1'		122489005	coinfection_site122489005	Bladder/GU (e.g., urinary tract infection [UTI])	
		431193003	coinfection_site431193003	Bloodstream (e.g., bacteremia, fungemia, viremia)		
			111253001	coinfection_site111253001	Bone (e.g., osteomyelitis)	
			113257007	coinfection_site113257007	Cardiovascular	
		128601007	coinfection_site128601007	Pulmonary (i.e., pneumonia, sinusitis, etc.)		
			108365000	coinfection_site108365000	Skin and soft tissue	
			ОТН	coinfection_siteoth	Other (will trigger a free text to specify)	
		UNK	coinfection_siteunk	Unknown		
			Field Annotat	tion: SNOMED-CT		
198	coinfection_site_more Show the field ONLY if: [coinfection_site(OTH)] = '1'	Please specify what other sites were affected by co-infection. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes			

199	covid_19_treatment	Section Header: COVID-19 Treatment	checkbox		
		COVID-19 treatment, including pre-existing drugs that were continued during the COVID-19 diagnosis. Check all that apply.	B01A	covid_19_treatmentb01a	Antico
			B01AC	covid_19_treatmentb01ac	Antipla than a
			HO-44995	covid_19_treatmentho_44995	Antivir
			N02BA	covid_19_treatmentn02ba	Aspirir
			ATC-J05AE08	covid_19_treatmentatc_j05ae08	Atazar
			RXCUI-18631	covid_19_treatmentrxcui_18631	Azithro
			DB-15718	covid_19_treatmentdb_15718	Bamla
			Bam-Et	covid_19_treatmentbam_et	Bamla
			REGEN-COV2	covid_19_treatmentregen_cov2	Casiriv
			RXCUI-2393	covid_19_treatmentrxcui_2393	Chloro
			RXCUI-5521	covid_19_treatmentrxcui_5521	Hydro: (Plaqu
			HO-45861	covid_19_treatmentho_45861	JAK inh for add
			ATC-J05AR10	covid_19_treatmentatc_j05ar10	Lopina
			RXCUI-260101	covid_19_treatmentrxcui_260101	Oselta
			B05AX03	covid_19_treatmentb05ax03	Plasma individ
			OMOP4873974	covid_19_treatmentomop4873974	Remde
			ATC-C10AA	covid_19_treatmentatc_c10aa	Statins
			HO-45523	covid_19_treatmentho_45523	Systen (will produced details
			ATC-L04AB	covid_19_treatmentatc_l04ab	TNF all
			RXCUI-612865	covid_19_treatmentrxcui_612865	Tociliz
			ATC-L04AC	covid_19_treatmentatc_l04ac	Other inhibit additio
			233573008	covid_19_treatment233573008	Extrac oxygei
			714749008	covid_19_treatment714749008	Contin replac (CRRT)
			ОТН	covid_19_treatmentoth	Other
			UNK	covid_19_treatmentunk	Unkno
			NONE	covid_19_treatmentnone	None
			oth_plasma	covid_19_treatmentoth_plasma	DEPRE
				MOP/RxNorm/SNOMED oth_plasma,ATC-J05AE08,ATC-L04AB,ATC]-
200	dx_cp_interval Show the field ONLY if: [covid_19_treatment(B05AX03)] = '1'	How many days elapsed between the COVID-19 diagnosis and the first convalescent plasma infusion? If the patient was infused on the same day as their diagnosis, enter 0 here. If you do not know the answer, enter 9999 here.	text (integer)		
201	c19_aspirin_dose	Aspirin dosing	radio		
	Show the field ONLY if:		262459003 Lov	v dose (less than 200 mg/day)	
	[covid_19_treatment(N02BA)] = '1'		261829003 Ful	l dose	
			261665006 Un	known	
			Field Annotation:	Terminology: SNOMED	

202	steroid_type	Steroid type. Check all that apply.	checkbox			
202	Show the field ONLY if: [covid_19_treatment(HO-45523)]	Sector type. Check an that apply.	H02AB02 steroid_typeh02ab02 Dexamethasone (Decadron)			
	= '1'		H02AB09 steroid_typeh02ab09 Hydrocortisone (Cortef)			
			H02AB04 steroid_typeh02ab04 Methylprednisolone (Solumedrol)			
			H02AB06 steroid_typeh02ab06 Prednisolone			
			H02AB07 steroid_typeh02ab07 Prednisone			
			Field Annotation: Terminology: ATC			
203	steroid_specific	Steroid dosing, in prednisone dose equivalents Note: 3 mg of	radio			
	Show the field ONLY if:	dexamethasone is equivalent to 20 mg of prednisone, so any dose of dexamethasone of more than 3 mg/day (21 mg/week) would be	1 20 mg/day or below [low dose]			
	[covid_19_treatment(HO-45523)] = '1'	equivalant to more than 20 mg of prednisone/day.	1a 10 mg/day or below [low dose]			
			1b More than 10 mg/day up to 20 mg/day			
			2 More than 20 mg/day but less than 1mg/kg/day			
			3 Equal to or greater than 1 mg/kg/day			
			99 Unknown			
			Field Annotation: @HIDECHOICE='1'			
204	steroid_more	Please provide more details: prednisone dose equivalents (e.g., 1 mg/kg) and duration of steroid therapy. Do not record any PHI in this	notes			
	Show the field ONLY if: [covid_19_treatment(HO-45523)] = '1'	field. As a reminder, this includes all elements of dates other than year.				
205	covid_19_tx_interleukin	Interleukin inhibitor treatment other than tocilizumab. Check all that	checkbox			
	Show the field ONLY if:	apply.	L04AC14 covid_19_tx_interleukinl04ac14 Sarilumab			
	[covid_19_treatment(ATC-L04AC)] = '1'		OTH covid_19_tx_interleukinoth Other			
			Field Annotation: Field:ATC L04AC; Values:ATC @HIDDEN			
206	jak	JAK inhibitor treatment. Check all that apply.	checkbox			
	Show the field ONLY if:		L01XE18 jakl01xe18 Ruxolitinib (Jakafi)			
	[covid_19_treatment(HO-45861)] = '1'		L04AA44 jakl04aa44 Upadacitinib			
	_ 1		L04AA37 jakl04aa37 Baracitinib (Olumiant)			
			OTH jakoth Other			
			Field Annotation: Terminologies: ATC, RxNorm @HIDECHOICE='L04AA44'			

207	c19_anticoag_reason	Has the patient received any dose or type of anticoagulants at any time	checkbo	v	
207		during the COVID-19 diagnosis? Check all that apply. (Examples: unfractionated heparin, LMWH, fondaparinux, direct thrombin inhibitor, Vitamin K antagonist, or DOAC) ATE: arterial thromboembolism; VTE: venous thromboembolism	1	x c19_anticoag_reason1	Prophylactic use (without the presence of a VTE either as an inpatient or outpatient)
			2	c19_anticoag_reason2	DEPRECATED
			2a	c19_anticoag_reason2a	Therapeutic use (for known VTE diagnosis)
			2b	c19_anticoag_reason2b	Therapeutic use (for known ATE diagnosis)
			2c	c19_anticoag_reason2c	Therapeutic use in the absence of any thrombosis (e.g., for prevention of stroke in atrial fibrillation)
			3	c19_anticoag_reason3	For DIC during hospitalization
			NONE	c19_anticoag_reasonnone	None (patient did not receive any anticoagulants)
			UNK	c19_anticoag_reasonunk	Unknown
			ОТН	c19_anticoag_reasonoth	Other
			Field An	notation: @HIDECHOICE='2'	
208	covid_19_tx_tnf	Tumor necrosis factor alpha (TNF-α) inhibitor treatment. Check all that	checkbo	x	
	Show the field ONLY if:	apply.	L04AB0	on covid_19_tx_tnfl04ab01	Etanercept
	[covid_19_treatment(ATC-L04AB)] = '1'		OTH	covid_19_tx_tnfoth	Other
			Field An	notation: Field:ATC L04AB; Valu	es:ATC @HIDDEN
209	c19_anticoag_reason_oth_specify Show the field ONLY if: [c19_anticoag_reason(OTH)] = '1'	Please specify the type and indication of other anticoagulants Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
210	c19_anticoag_type	Which anticoagulants were used? Check all that apply.	checkbo	Х	
	Show the field ONLY if: [c19_anticoag_reason(1)] = '1' or [c19_anticoag_reason(2a)] = '1' or		B01AA	c19_anticoag_typeb01aa	Vitamin K antagonists (e.g., warfarin)
	[c19_anticoag_reason(2b)] = '1' or [c19_anticoag_reason(2c)] = '1' or [c19_anticoag_reason(3)] = '1' or [c19_anticoag_reason(OTH)] = '1'		B01AB	c19_anticoag_typeb01al	Low-molecular weight heparin (e.g., enoxaparin [Lovenox])
			B01AB0	01 c19_anticoag_typeb01al	001 Unfractionated heparin
			B01AE	c19_anticoag_typeb01ad	e Direct thrombin inhibitors (e.g., argatroban, dabigatran [Pradaxa])
			B01AF	c19_anticoag_typeb01af	Direct factor Xa inhibitors (e.g., apixaban [Eliquis], rivaroxaban [Xarelto])
			B01AX0	c19_anticoag_typeb01ax	c05 Fondaparinux
			UNK	c19_anticoag_typeunk	Unknown
			ОТН	c19_anticoag_typeoth	Other
			Field An	notation: Terminology: ATC	,
211	c19_anticoag_type_oth_specify Show the field ONLY if: [c19_anticoag_type(OTH)] = '1'	Please specify what other anticoagulants Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		

212	covid_19_treatment_trial	Was any COVID-19 treatment given as part of a clinical trial?	radio 0 No 1 Yes 99 Unknown		
213	covid_19_trial_tx	COVID-19 clinical trial treatment. Check all that apply. If you do not know which drug(s) were given on clinical trial, please check	checkbox, Requi		
	Show the field ONLY if: [covid_19_treatment_trial] = '1'	"Unknown". If you are not able to disclose drug names due to	DB-15718	covid_19_trial_txdb_15718	Bamlani
		institutional restrictions, please check "Other".	Bam-Et	covid_19_trial_txbam_et	Bamlani
			REGEN-COV2	covid_19_trial_txregen_cov2	Casirivir
			RXCUI-5521	covid_19_trial_txrxcui_5521	Hydroxy (Plaquer
			HO-44995	covid_19_trial_txho_44995	Anti-vira
			ATC-J05AR10	covid_19_trial_txatc_j05ar10	Lopinav
			OMOP4873974	covid_19_trial_txomop4873974	Remdes
			RXCUI-18631	covid_19_trial_txrxcui_18631	Azithron (Zithron
			HO-45523	covid_19_trial_txho_45523	Systemi
			L04AC08	covid_19_trial_txl04ac08	Canakin
			L04AC16	covid_19_trial_txl04ac16	Guselku
			L04AC14	covid_19_trial_txl04ac14	Sarilum
			L04AC07	covid_19_trial_txl04ac07	Tocilizur
			L04AB02	covid_19_trial_txl04ab02	Inflixima
			B05AX03	covid_19_trial_txb05ax03	Plasma individu
					plasma)
			OTH	covid_19_trial_txoth	Other
			UNK	covid_19_trial_txunk	Unknow
				: Terminologies: MOP/RxNorm @HIDECHOICE = 'OTH 95,ATC-J05AR10,L04AC08,L04AC16,L0	
214	dx_cp_interval_2 Show the field ONLY if: [covid_19_trial_tx(B05AX03)] = '1' and [covid_19_treatment(B05AX0 3)] = '0'	How many days elapsed between the COVID-19 diagnosis and the first convalescent plasma infusion? If the patient was infused on the same day as their diagnosis, enter 0 here. If you do not know the answer, enter 9999 here.	text (integer)		
215	covid_19_trial_more	Please specify what other clinical trial treatment. (Note: some	notes		
	Show the field ONLY if: [covid_19_trial_tx(OTH)] = '1'	institutions have restrictions on sharing of this information, please check with your institutional official if you have any questions.) Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.			
216	additional_tx	Additional COVID-19 treatment comments, e.g. specific doses. Please provide further information here. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
217	prbc	Did the patient receive any PRBC transfusions?	radio		
	r :=	The second secon	0 No		
			1 Yes		
			99 Unknown		
218	comments_form_2	Section Header: Free text entry (optional)	notes		
210	comments_torm_z	Comments Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	riotes		
219	covid19_details_complete	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete		
Instru	 ument: Cancer details (cancer_	_details)	<u> </u>	^ C	ollapse
220	ts_3	Timestamp for the cancer details form	text (datetime_d Field Annotation	my), Required : @HIDDEN @NOW_UTC	_
221	cancer_type	Section Header: Cancer-specific data - Mandatory		complete), Required	
1	caeci_type	Cancer type. If the patient has multiple primaries, please report on the		gnant Solid Neoplasm, NOS	
		cancer that was most recently treated.		nocortical Carcinoma	
				nocortical Carcillottia	

C9291	Anal Cancer
C9330	Appendix Cancer
C4436	Bile Duct Cancer (Cholangiocarcinoma)
C4912	Bladder Cancer
C9312	Bone cancer, NOS
C5111	Brain Cancer - benign (e.g., meningioma)
C132067	Brain Cancer - low-grade glioma
C3059	Brain Cancer - high-grade glioma (e.g., GBM)
C4627	Brain (CNS) Cancer, NOS
C4872	Breast Cancer
C9039	Cervical Cancer
C4910	Colon Cancer
C2955	Colon/Rectum Cancer
C3513	Esophagus Cancer
C4817	Ewing Sarcoma
C3867	Fallopian Tube Cancer
C3844	Gallbladder Cancer
C3708	Germ Cell Tumor
C3868	GIST
C4013	Head and Neck Cancer
C4819	Invasive Cutaneous SCC (do not record localized SCC)
C2921	Invasive Cutaneous BCC (do not record localized BCC)
C3234	Mesothelioma
C4039	III Defined/Cancer of Unknown Primary
C3099	Liver Cancer (HCC)
C4878	Lung Cancer, NOS
C3224	Melanoma
C9231	Merkel Cell
C3871	Nasopharyngeal Carcinoma
C3270	Neuroblastoma
C3809	Neuroendocrine tumor (NET) or Carcinoid
C2926	Non Small Cell Lung Cancer (NSCLC)
C9145	Osteosarcoma
C7431	Ovarian Cancer
C3850	Pancreatic Cancer
C4906	Parathyroid Cancer
C9061	Penis Cancer
C3538	Peritoneum Cancer
C3555	Placenta Cancer (incl. Choriocarcinoma)
C4863	Prostate Cancer
C9382	Rectum and Rectosigmoid Cancer
C9385	Renal Kidney Cancer (RCC)
C7355	Renal Pelvis Cancer
C7541	Retinoblastoma
C3359	Rhabdomyosarcoma
C6389	Scrotum Cancer
C4917	Small Cell Lung Cancer
C7724	Small Intestine Cancer
C7724 C9306	Soft Tissue Sarcoma, NOS
C4911	
	Stomach (Gastric) Cancer Testis Cancer
C9063	Testis Cancer Thymus Cancer
C3411	Thymus Cancer

			C7558	Uterus (Endometrial) Cancer	
			C3917	Vagina Cancer	
			C8538	Vascular Sarcoma, NOS	
			C4866	Vulva Cancer	
			C3267	Wilms Tumor	
			C27134	Malignant Hematologic Neoplasm, NOS	
			C9300	Acute Leukemia	
			C3171	Acute myeloid leukemia (AML)	
			C3167	Acute lymphoblastic leukemia (ALL)	
			C4345	Myeloproliferative neoplasm (MPN)	
			C3174	Chronic myeloid leukemia (CML)	
			C3247	Myelodysplastic syndrome (MDS)	
			C9244		
				Aggressive lymphoma	
			C9357	Hodgkin lymphoma	
			C3211	Non-Hodgkin lymphoma (NHL)	
			C3457	B-cell non-Hodgkin lymphoma	
			C8851	Diffuse large B-cell lymphoma (DLBCL)	
			C4337	Mantle cell lymphoma (MCL)	
			C2912	Burkitt lymphoma	
			C8504	Indolent lymphoma	
			C3209	Follicular lymphoma	
			C3163	Chronic lymphocytic leukemia (CLL)	
			C4341	Marginal zone lymphoma	
			C4665	Plasma cell dyscrasia	
			C3242	Multiple myeloma	
			C3819	AL amyloidosis	
			C27908	T-cell and NK-cell neoplasm	
			C9308	Lymphoproliferative disorder	
			C3106	Histiocyte disorder	
			ОТН	Other	
			OTH_H	Other Heme	
			OTH_S	Other Solid Tumor	
				otation: LOINC:63929-4; Terminology: NCIT	
222	cancer_type_oth	Please specify cancer type	text		
	Show the field ONLY if: [cancer_type] = 'OTH' or [cancer_t ype] = 'C132146' or [cancer_type] = 'OTH_H' or [cancer_type] = 'OTH _S' or [cancer_type] = 'C27134'				
223	acute_leukemia_more Show the field ONLY if: [cancer_type] = 'C9300'	This code is not preferred because it is non-specific. If the patient has a myeloid-lineage acute leukemia (AML, APL, AMML, etc) please go back and select acute myeloid leukemia. If the patient has a plasma cell leukemia, please go back and select plasma cell dyscrasia. Otherwise, please enter the specific details below in the additional cancer details.	descriptive		
224	lung_nos_more	This code should only be used if you do not know the histology of the	descriptive		
	Show the field ONLY if: [cancer_type] = 'C4878'	lung cancer (e.g., the patient was treated without a confirmatory biopsy) or if the histology overlaps. If you know that the cancer is NSCLC (e.g., adenocarcinoma, squamous cell carcinoma, large cell carcinoma) please go back and select that choice. If you know that the cancer is a low-grade neuroendocrine tumor (i.e., carcinoid), please go back and select carcinoid/NET. If you know that the cancer is a highgrade neuroendocrine tumor (i.e., small cell lung cancer), please go back and select SCLC. Otherwise, please enter the specific histology below in the additional cancer details.			
225	teravolt Show the field ONLY if: [cancer_type] = 'C4878' or [cancer_type] = 'C2926' or [cancer_type] = 'C4917' or [cancer_type] = 'C341 1'	Please consider donating data to the TERAVOLT (Thoracic cancERs international coVid 19 cOLlaboraTion) registry, as well. In order to do this, unless you are already part of a member institution, you will need to reach out to Prof. Jennifer Whisenant j.whisenant@vumc.org	descriptive		

	Γ			
226	multiple_ca	Does the patient have multiple malignancies? This includes multiple active malignancies as well as historic cancers.	radio, Req	uired
		active manghancies as well as mistoric cancers.	0 No	
			1 Yes	
			99 Unkr	own
227	multiple_ca_quant	How many malignancies? If you do not know the exact number, enter	radio, Req	uired
	Show the field ONLY if:	the number that you are aware of (e.g., if you know there are at least three separate malignancies, enter three).	2 Two	
	[multiple_ca] = '1'	= '1'	3 Three	
			4 Four	
			5 Five o	r more
228	cancer_type_2	Cancer type of second malignancy. If the patient has more than two	dropdown	(autocomplete), Required
	Show the field ONLY if:	malignancies, please select the second-most recently diagnosed cancer	C132146	Malignant Solid Neoplasm, NOS
	[multiple_ca] = '1'	TIVDE. II UNKNOWN OF UNCLEAR, DIEASE SDECITY IN THE TREE TEXT DOX DEIOW. I	C9325	Adrenocortical Carcinoma
			C9291	Anal Cancer
			C9330	Appendix Cancer
			C4436	Bile Duct Cancer (Cholangiocarcinoma)
			C4912	Bladder Cancer
			C9312	Bone cancer, NOS
			C5111	Brain Cancer - benign (e.g., meningioma)
			C132067	Brain Cancer - low-grade glioma
			C3059	Brain Cancer - high-grade glioma (e.g., GBM)
			C4627	Brain (CNS) Cancer, NOS
			C4027	Breast Cancer
			C4872	Cervical Cancer
			C4910	
				Colon Cancer
			C2955	Colon/Rectum Cancer
			C3513	Esophagus Cancer
			C4817	Ewing Sarcoma
			C3867	Fallopian Tube Cancer
			C3844	Gallbladder Cancer
			C3708	Germ Cell Tumor
			C3868	GIST
			C4013	Head and Neck Cancer
			C4819	Invasive Cutaneous SCC (do not record localized SCC)
			C2921	Invasive Cutaneous BCC (do not record localized BCC)
			C3234	Mesothelioma
			C4039	Ill Defined/Cancer of Unknown Primary
			C3099	Liver Cancer (HCC)
			C4878	Lung Cancer, NOS
			C3224	Melanoma
			C9231	Merkel Cell
			C3871	Nasopharyngeal Carcinoma
			C3270	Neuroblastoma
			C3809	Neuroendocrine tumor (NET) or Carcinoid
			C2926	Non Small Cell Lung Cancer (NSCLC)
				C9145
			C7431	Ovarian Cancer
			C3850	Pancreatic Cancer
			C4906	Parathyroid Cancer
			C9061	Penis Cancer
			C3538	Peritoneum Cancer
			C3555	Placenta Cancer (incl. Choriocarcinoma)
			C4863	Prostate Cancer
			C4803	Rectum and Rectosigmoid Cancer
		1		The state of the s

	l			
			C9385	Renal Kidney Cancer (RCC)
			C7355	Renal Pelvis Cancer
			C7541	Retinoblastoma
			C3359	Rhabdomyosarcoma
			C6389	Scrotum Cancer
			C4917	Small Cell Lung Cancer
			C7724	Small Intestine Cancer
			C9306	Soft Tissue Sarcoma, NOS
			C4911	Stomach (Gastric) Cancer
			C9063	Testis Cancer
			C3411	Thymus Cancer
			C4815	Thyroid Cancer
			C7558	Uterus (Endometrial) Cancer
			C3917	Vagina Cancer
			C8538	Vascular Sarcoma, NOS
			C4866	Vulva Cancer
			C3267	Wilms Tumor
			C27134	Malignant Hematologic Neoplasm, NOS
			C9300	Acute Leukemia
			C3171	Acute myeloid leukemia (AML)
			C3167	Acute lymphoblastic leukemia (ALL)
			C4345	Myeloproliferative neoplasm (MPN)
			C3174	Chronic myeloid leukemia (CML)
			C3247	Myelodysplastic syndrome (MDS)
			C9244	Aggressive lymphoma
			C9357	Hodgkin lymphoma
			C3211	Non-Hodgkin lymphoma (NHL)
			C3457	B-cell non-Hodgkin lymphoma
			C8851	Diffuse large B-cell lymphoma (DLBCL)
			C4337	Mantle cell lymphoma (MCL)
			C2912	Burkitt lymphoma
			C8504	Indolent lymphoma
			C3209	Follicular lymphoma
			C3163	Chronic lymphocytic leukemia (CLL)
			C4341	Marginal zone lymphoma
			-	
			C4665	Plasma cell dyscrasia
			C3242	Multiple myeloma
			C3819	AL amyloidosis
			C27908	T-cell and NK-cell neoplasm
			C9308	Lymphoproliferative disorder
			C3106	Histiocyte disorder
			OTH	Other
			OTH_H	Other Heme
			OTH_S	Other Solid Tumor
				tation: LOINC:63929-4; Terminology: NCIT DICE = 'OTH'
29	cancer_type_oth_2	Please specify cancer type	text	
	Show the field ONLY if: [cancer_type_2] = 'OTH' or [cancer_type_2] = 'C132146' or [cancer_type_2] = 'OTH_H' or [cancer_type_2] = 'OTH_S' or [cancer_type_2] =			
30	'C27134'	Cancer type of third malignancy. If the nations has more than three	drondown	(autocomplete) Required
30		Cancer type of third malignancy. If the patient has more than three malignancies, please select the third-most recently diagnosed cancer type. If unknown or unclear, please specify in the free text box below.		(autocomplete), Required Malignant Solid Neoplasm, NOS

[multiple_ca_quant] = '3' or [multiple_ca_quant] = '4' or [multiple_ca_quant] = '5'

C9291	Anal Cancer
C9330	Appendix Cancer
C4436	Bile Duct Cancer (Cholangiocarcinoma)
C4912	Bladder Cancer
C9312	Bone cancer, NOS
C5111	Brain Cancer - benign (e.g., meningioma)
C132067	Brain Cancer - low-grade glioma
C3059	Brain Cancer - high-grade glioma (e.g., GBM)
C4627	Brain (CNS) Cancer, NOS
C4872	Breast Cancer
C4872	Cervical Cancer
C4910	Colon Cancer
C2955	Colon/Rectum Cancer
C3513	Esophagus Cancer
C4817	Ewing Sarcoma
C3867	Fallopian Tube Cancer
C3844	Gallbladder Cancer
C3708	Germ Cell Tumor
C3868	GIST
C4013	Head and Neck Cancer
C4819	Invasive Cutaneous SCC (do not record localized SCC)
C2921	Invasive Cutaneous BCC (do not record localized BCC)
C3234	Mesothelioma
C4039	III Defined/Cancer of Unknown Primary
C3099	Liver Cancer (HCC)
C4878	Lung Cancer, NOS
C3224	Melanoma
C9231	Merkel Cell
C3871	Nasopharyngeal Carcinoma
C3270	Neuroblastoma
C3809	Neuroendocrine tumor (NET) or Carcinoid
C2926	Non Small Cell Lung Cancer (NSCLC)
C9145	Osteosarcoma
C7431	Ovarian Cancer
C3850	Pancreatic Cancer
C4906	Parathyroid Cancer
C9061	Penis Cancer
C3538	Peritoneum Cancer
C3555	Placenta Cancer (incl. Choriocarcinoma)
C4863	Prostate Cancer
C9382	Rectum and Rectosigmoid Cancer
C9385	Renal Kidney Cancer (RCC)
C7355	Renal Pelvis Cancer
C7541	Retinoblastoma
C3359	Rhabdomyosarcoma
C6389	Scrotum Cancer
C4917	Small Cell Lung Cancer
C7724	Small Intestine Cancer
C9306	Soft Tissue Sarcoma, NOS
C4911	Stomach (Gastric) Cancer
C9063 C3411	Testis Cancer Thymus Cancer
C4815	Thyroid Cancer

			C7558	Uterus (Endometrial) Cancer
			C3917	Vagina Cancer
			C8538	Vascular Sarcoma, NOS
			C4866	Vulva Cancer
			C3267	Wilms Tumor
			C27134	Malignant Hematologic Neoplasm, NOS
			C9300	Acute Leukemia
			C3171	Acute myeloid leukemia (AML)
			C3167	Acute lymphoblastic leukemia (ALL)
			C4345	Myeloproliferative neoplasm (MPN)
			C3174	Chronic myeloid leukemia (CML)
			C3247	Myelodysplastic syndrome (MDS)
			C9244	Aggressive lymphoma
			C9357	Hodgkin lymphoma
			C3211	Non-Hodgkin lymphoma (NHL)
			C3457	B-cell non-Hodgkin lymphoma
			C8851	Diffuse large B-cell lymphoma (DLBCL)
			C4337	Mantle cell lymphoma (MCL)
			C2912	Burkitt lymphoma
			C8504	Indolent lymphoma
			C3209	Follicular lymphoma
			C3163	Chronic lymphocytic leukemia (CLL)
			C4341	Marginal zone lymphoma
			C4665	Plasma cell dyscrasia
			C3242	Multiple myeloma
			C3819	AL amyloidosis
			C27908	T-cell and NK-cell neoplasm
			C9308	Lymphoproliferative disorder
			C3106	Histiocyte disorder
			OTH_H	Other Heme
			OTH_S	Other Solid Tumor
			0111_3	Other solid furtion
			Field Anno	tation: LOINC:63929-4; Terminology: NCIT
231	cancer_type_oth_3 Show the field ONLY if: [cancer_type_3] = 'C132146' or [c ancer_type_3] = 'OTH_H' or [canc er_type_3] = 'OTH_S' or [cancer_ty pe_3] = 'C27134'	Please specify cancer type	text	
232	cancer_type_4	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer		(autocomplete), Required
	Show the field ONLY if:	type. If unknown or unclear, please specify in the free text box below.		Malignant Solid Neoplasm, NOS
	[multiple_ca_quant] = '4' or [multi ple_ca_quant] = '5'		C9325	Adrenocortical Carcinoma
			C9291	Anal Cancer
			C9330	Appendix Cancer
			C4436	Bile Duct Cancer (Cholangiocarcinoma)
			C4912	Bladder Cancer
			C9312	Bone cancer, NOS
			C5111	Brain Cancer - benign (e.g., meningioma)
			C132067	Brain Cancer - low-grade glioma
			C3059	Brain Cancer - high-grade glioma (e.g., GBN
			C4627	Brain (CNS) Cancer, NOS
			C4872	Breast Cancer
			C9039	Cervical Cancer
			C4910	Colon Cancer
			C4910 C2955	Colon Cancer Colon/Rectum Cancer

C4817	Ewing Sarcoma
C3867	Fallopian Tube Cancer
C3844	Gallbladder Cancer
C3708	Germ Cell Tumor
C3868	GIST
C4013	Head and Neck Cancer
C4819	Invasive Cutaneous SCC (do not record localize SCC)
C2921	Invasive Cutaneous BCC (do not record localized BCC)
C3234	Mesothelioma
C4039	III Defined/Cancer of Unknown Primary
C3099	Liver Cancer (HCC)
C4878	Lung Cancer, NOS
C3224	Melanoma
C9231	Merkel Cell
C3871	Nasopharyngeal Carcinoma
C3270	Neuroblastoma
C3809	Neuroendocrine tumor (NET) or Carcinoid
C2926	Non Small Cell Lung Cancer (NSCLC)
C9145	Osteosarcoma
C7431	Ovarian Cancer
C3850	Pancreatic Cancer
C4906	Parathyroid Cancer
C9061	Penis Cancer
C3538	Peritoneum Cancer
C3555	Placenta Cancer (incl. Choriocarcinoma)
C4863	Prostate Cancer
C9382	Rectum and Rectosigmoid Cancer
C9385	Renal Kidney Cancer (RCC)
C7355	Renal Pelvis Cancer
C7541	Retinoblastoma
C3359	Rhabdomyosarcoma
C6389	Scrotum Cancer
C4917	Small Cell Lung Cancer
C7724	Small Intestine Cancer
C9306	Soft Tissue Sarcoma, NOS
C4911	Stomach (Gastric) Cancer
C9063	Testis Cancer
C3411	Thymus Cancer
C4815	Thyroid Cancer
C7558	Uterus (Endometrial) Cancer
C3917	Vagina Cancer
C8538	Vascular Sarcoma, NOS
C4866	Vulva Cancer
C3267	Wilms Tumor
C27134	Malignant Hematologic Neoplasm, NOS
	Acute Leukemia
C9300 C3171	
	Acute myeloid leukemia (AML)
C3167	Acute lymphoblastic leukemia (ALL)
C4345	Myeloproliferative neoplasm (MPN)
C3174	Chronic myeloid leukemia (CML)
C3247	Myelodysplastic syndrome (MDS)
C9244	Aggressive lymphoma

I			C2211	Nan Hadakia kumaka maa (NIIII)
			C3211	Non-Hodgkin lymphoma (NHL)
			C3457	B-cell non-Hodgkin lymphoma
			C8851	Diffuse large B-cell lymphoma (DLBCL)
			C4337	Mantle cell lymphoma (MCL)
			C2912	Burkitt lymphoma
			C8504	Indolent lymphoma
			C3209	Follicular lymphoma
			C3163	Chronic lymphocytic leukemia (CLL)
			C4341	Marginal zone lymphoma
			C4665	Plasma cell dyscrasia
			C3242	Multiple myeloma
			C3819	AL amyloidosis
			C27908	T-cell and NK-cell neoplasm
			C9308	Lymphoproliferative disorder
			C3106	Histiocyte disorder
			OTH_H	Other Heme
			OTH_S	Other Solid Tumor
			Field Anno	tation: LOINC:63929-4; Terminology: NCIT
233	cancer_type_oth_4	Please specify cancer type	text	
	Show the field ONLY if:			
	[cancer_type_4] = 'C132146' or [c ancer_type_4] = 'OTH_H' or [canc			
	er_type_4] = 'OTH_S' or [cancer_ty pe_4] = 'C27134'			
234	cancer_type_5	Cancer type of fifth malignancy. If the patient has more than five	drondown	(autocomplete), Required
25.	Show the field ONLY if: [multiple_ca_quant] = '5'	malignancies, please select the fifth-most recently diagnosed cancer	C132146	Malignant Solid Neoplasm, NOS
		I Type It Unknown or Unclear, please specify in the tree text box below. I	C9325	Adrenocortical Carcinoma
			C9291	Anal Cancer
			C9330	Appendix Cancer
			C4436	Bile Duct Cancer (Cholangiocarcinoma)
			C4912	Bladder Cancer
			C9312	Bone cancer, NOS
			C5111	Brain Cancer - benign (e.g., meningioma)
				Brain Cancer - low-grade glioma
			C3059	Brain Cancer - high-grade glioma (e.g., GBM)
			C4627	Brain (CNS) Cancer, NOS
			C4872	Breast Cancer
			C9039	Cervical Cancer
			C4910	Colon Cancer
ļ			C-13.10	colon cancer
			C2955	Colon/Rectum Cancer
			C2955	Colon/Rectum Cancer
			C3513	Esophagus Cancer
			C3513 C4817	Esophagus Cancer Ewing Sarcoma
			C3513 C4817 C3867	Esophagus Cancer Ewing Sarcoma Fallopian Tube Cancer
			C3513 C4817 C3867 C3844	Esophagus Cancer Ewing Sarcoma Fallopian Tube Cancer Gallbladder Cancer
			C3513 C4817 C3867 C3844 C3708	Esophagus Cancer Ewing Sarcoma Fallopian Tube Cancer Gallbladder Cancer Germ Cell Tumor
			C3513 C4817 C3867 C3844 C3708 C3868	Esophagus Cancer Ewing Sarcoma Fallopian Tube Cancer Gallbladder Cancer Germ Cell Tumor GIST
			C3513 C4817 C3867 C3844 C3708 C3868 C4013	Esophagus Cancer Ewing Sarcoma Fallopian Tube Cancer Gallbladder Cancer Germ Cell Tumor GIST Head and Neck Cancer
			C3513 C4817 C3867 C3844 C3708 C3868 C4013 C4819	Esophagus Cancer Ewing Sarcoma Fallopian Tube Cancer Gallbladder Cancer Germ Cell Tumor GIST Head and Neck Cancer Invasive Cutaneous SCC (do not record localized SCC)
			C3513 C4817 C3867 C3844 C3708 C3868 C4013	Esophagus Cancer Ewing Sarcoma Fallopian Tube Cancer Gallbladder Cancer Germ Cell Tumor GIST Head and Neck Cancer Invasive Cutaneous SCC (do not record localized
			C3513 C4817 C3867 C3844 C3708 C3868 C4013 C4819	Esophagus Cancer Ewing Sarcoma Fallopian Tube Cancer Gallbladder Cancer Germ Cell Tumor GIST Head and Neck Cancer Invasive Cutaneous SCC (do not record localized SCC) Invasive Cutaneous BCC (do not record
			C3513 C4817 C3867 C3844 C3708 C3868 C4013 C4819 C2921	Esophagus Cancer Ewing Sarcoma Fallopian Tube Cancer Gallbladder Cancer Germ Cell Tumor GIST Head and Neck Cancer Invasive Cutaneous SCC (do not record localized SCC) Invasive Cutaneous BCC (do not record localized BCC)
			C3513 C4817 C3867 C3844 C3708 C3868 C4013 C4819 C2921 C3234	Esophagus Cancer Ewing Sarcoma Fallopian Tube Cancer Gallbladder Cancer Germ Cell Tumor GIST Head and Neck Cancer Invasive Cutaneous SCC (do not record localized SCC) Invasive Cutaneous BCC (do not record localized BCC) Mesothelioma
			C3513 C4817 C3867 C3844 C3708 C3868 C4013 C4819 C2921 C3234 C4039	Esophagus Cancer Ewing Sarcoma Fallopian Tube Cancer Gallbladder Cancer Germ Cell Tumor GIST Head and Neck Cancer Invasive Cutaneous SCC (do not record localized SCC) Invasive Cutaneous BCC (do not record localized BCC) Mesothelioma III Defined/Cancer of Unknown Primary

C9231	Merkel Cell
C3871	Nasopharyngeal Carcinoma
C3270	Neuroblastoma
C3809	Neuroendocrine tumor (NET) or Carcinoid
C2926	Non Small Cell Lung Cancer (NSCLC)
C9145	Osteosarcoma
C7431	Ovarian Cancer
C3850	Pancreatic Cancer
C4906	Parathyroid Cancer
C9061	Penis Cancer
C3538	Peritoneum Cancer
C3555	Placenta Cancer (incl. Choriocarcinoma)
C4863	Prostate Cancer
C9382	Rectum and Rectosigmoid Cancer
C9385	Renal Kidney Cancer (RCC)
C7355	Renal Pelvis Cancer
C7541	Retinoblastoma
C3359	Rhabdomyosarcoma
C6389	Scrotum Cancer
C4917	Small Cell Lung Cancer
C7724	Small Intestine Cancer
C9306	Soft Tissue Sarcoma, NOS
C4911	Stomach (Gastric) Cancer
C9063	Testis Cancer
C3411	Thymus Cancer
C4815	Thyroid Cancer
C7558	Uterus (Endometrial) Cancer
C3917	Vagina Cancer
C8538	Vascular Sarcoma, NOS
C4866	Vulva Cancer
C3267	Wilms Tumor
C27134	Malignant Hematologic Neoplasm, NOS
C9300	Acute Leukemia
C3171	Acute myeloid leukemia (AML)
C3167	Acute lymphoblastic leukemia (ALL)
C4345	Myeloproliferative neoplasm (MPN)
C3174	Chronic myeloid leukemia (CML)
C3247	Myelodysplastic syndrome (MDS)
C9244	Aggressive lymphoma
C9357	Hodgkin lymphoma
C3211	Non-Hodgkin lymphoma (NHL)
C3457	B-cell non-Hodgkin lymphoma
C8851	Diffuse large B-cell lymphoma (DLBCL)
C4337	Mantle cell lymphoma (MCL)
C2912	Burkitt lymphoma
C8504	Indolent lymphoma
C3209	Follicular lymphoma
C3163	Chronic lymphocytic leukemia (CLL)
C4341	Marginal zone lymphoma
C4665	Plasma cell dyscrasia
C3242	Multiple myeloma
C3819	AL amyloidosis
C27908	T-cell and NK-cell neoplasm
	1

			C3106	Histiocyte disorder		
				,		
			OTH_H Other Heme OTH_S Other Solid Tumor			
			Field Annotation: LOINC:63929-4; Terminology: NCIT			
235	cancer_type_oth_5	Please specify cancer type	text			
	Show the field ONLY if: [cancer_type_5] = 'C132146' or [c ancer_type_5] = 'OTH_H' or [canc er_type_5] = 'OTH_S' or [cancer_ty pe_5] = 'C27134'					
236	multiple_ca_more	Multiple malignancies - further details. Please provide further details,	notes			
	Show the field ONLY if: [multiple_ca] = '1'	including whether the primary cancers were synchronous or metachronous, the types of the multiple primaries, etc. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.				
237	breast_biomarkers	Breast cancer specific: What is the breast cancer phenotype? Check all	checkb	ox		
	Show the field ONLY if: [cancer_type] = 'C4872' or [cancer_ _type_2] = 'C4872' or [cancer_type_4] e_3] = 'C4872' or [cancer_type_4]	that apply. Instructions: Oncology notes: (Medical, Surgical, or Radiation oncology notes): Information obtained from the most recent oncology note would suffice. Ideally, data entry is from the medical oncologist note, but if not available surgical or radiation oncology notes may also have the details of the information. Confirmation with	ER	breast_biomarkerser	Estrogen and/or progesterone-receptor positive (ER or PR positive)	
	= 'C4872' or [cancer_type_5] = 'C4 872'	pathology report is not required (unless the clinic notes fails to comment on both hormone receptors as well as HER2 status).	HER2	breast_biomarkersher2	HER2 overexpressing (HER2 positive)	
		Pathology Reports: If the most recent note is unclear, proceed as follows for assessing pathology reports: For patients with stage IV or metastatic breast cancer, use the receptor information from the most recent biopsy of the metastatic site, if unavailable, can use information	TNBC	breast_biomarkerstnbc	Triple-negative breast cancer (ER, PR, and HER2 negative)	
		from primary surgery or initial diagnostic biopsy. For stages I-III breast	99	breast_biomarkers99	Unknown	
		and/or progesterone receptor (PR). Any estrogen-receptor (ER) or progesterone-receptor (PR) expression above 1% on immunohistochemistry (IHC) is considered positive. HER2 Status: Positive: HER2 is considered positive if described as "overexpressed" or "3+ positive" by IHC or "amplified" by FISH. Of note 0 or 1+ by IHC is considered negative. If IHC is described as 2+, please refer to FISH results or final interpretation for the HER2 results. Positive FISH results (described as positive or amplified) always supersede IHC results, if there are discrepant results between the two.	ults			
238	bcg_intraves_ever	Bladder cancer specific: Has the patient ever received intravesicular	radio			
	Show the field ONLY if:	BCG?	0 N	0		
	[cancer_type] = 'C4912' or [cancer		1 Ye	25		
	_type_2] = 'C4912' or [cancer_typ e_3] = 'C4912' or [cancer_type_4]		99 Uı	nknown		
	= 'C4912' or [cancer_type_5] = 'C4 912'		Field Ar	nnotation: @HIDDEN		
239	gleason	Prostate cancer specific: Gleason Score – Document the highest	radio	modelon. Gribber		
	Show the field ONLY if:	Gleason score (from either biopsy or radical prostatectomy - preferred		eason score 2		
	[cancer_type] = 'C4863' or [cancer	if available). For example, Gleason 4 + 3 would be marked as Gleason 7.	03 GI	leason score 3		
	_type_2] = 'C4863' or [cancer_typ e_3] = 'C4863' or [cancer_type_4]		04 GI	eason score 4		
	= 'C4863' or [cancer_type_5] = 'C4		05 GI	eason score 5		
	863'		06 GI	eason score 6		
			07 GI	eason score 7		
			08 GI	eason score 8		
			09 GI	eason score 9		
			10 GI	eason score 10		
				o needle core biopsy/TURP/p erformed	prostatectomy	
			-	ot applicable: Information no		
				ecord or Gleason Score ssessed		
			Field Annotation: Terminology: NAACCR 3840/3841			

240	gleason_source	· · · · · · · · · · · · · · · · · · ·		radio			
	Show the field ONLY if:	based on?	3840 Prostate biopsy or TURP				
	([cancer_type] = 'C4863' or [cance		3841 Radical prostatectomy				
	r_type_2] = 'C4863' or [cancer_typ e_3] = 'C4863' or [cancer_type_4]		MET	Metastatic site of disease			
	= 'C4863' or [cancer_type_5] = 'C4		UNK	Unknown			
	863') and ([gleason] = '02' or [glea						
	son] = '03' or [gleason] = '04' or [g leason] = '05' or [gleason] = '06' o						
	r [gleason] = '07' or [gleason] = '0						
	8' or [gleason] = '09' or [gleason]						
244	= '10')	S IS AND ALL AND S IS A SECOND	1.				
241	sarcoma_type	Sarcoma specific: What histologic subtype of sarcoma did the patient have, if known?	radio	Lie differentiate de la companie a companie (LIDCV)			
	Show the field ONLY if: ([cancer_type] = 'C9306' or [cance		C6496	Undifferentiated pleomorphic sarcoma (UPS)/ Myxofibrosarcoma			
	r_type_2] = 'C9306' or [cancer_typ e_3] = 'C9306' or [cancer_type_4]		C6340	Uterine leiomyosarcoma			
	= 'C9306' or [cancer_type_5] = 'C9		C3158	Non-uterine Leiomyosarcoma			
	306') or ([cancer_type] = 'C8538' o		C3704	Dedifferentiated liposarcoma			
	r [cancer_type_2] = 'C8538' or [ca ncer_type_3] = 'C8538' or [cancer		C4250	Well differentiated liposarcoma			
	_type_4] = 'C8538' or [cancer_typ		C27781	Myxoid/round cell liposarcoma			
	e_5] = 'C8538')		C3400	Synovial sarcoma			
			C3798	Malignant peripheral nerve sheath tumor			
			C3088	(MPNST) Angiosarcoma			
			C27005				
			C9087	Kaposi sarcoma			
			ОТН	Other			
			UNK	Unknown			
				OHKHOWH			
242	sarcoma_type_more	Please specify other sarcoma subtype. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	text				
	Show the field ONLY if: [sarcoma_type] = 'OTH'	field. As a reminder, this includes all elements of dates other than year.					
243	cancer_status	Cancer status. If the patient has multiple primaries, please report on	radio, R	aguired			
243	cancer_status	the cancer that was most recently treated. This should be cancer status		mission/NED			
		at or around the time that COVID-19 was diagnosed, not at the time		tive disease, responding to treatment			
		that the survey is filled out.	-	· · · · · ·			
				tive disease, stable			
				tive disease, progressing			
			_	tive disease, status unknown or not yet assessed			
			99 Un	known			
244	hospice	Was the patient on hospice prior to the COVID-19 diagnosis?	radio				
	Show the field ONLY if:		0 No				
	[cancer_status] = 4 or [cancer_status] = 5		1 Ye	S			
	[[[]]]		99 Un	known			
245	on_treatment	Is the patient on anti-cancer treatment? That is, was the patient	radio, R	equired			
		receiving any treatments intended to directly or indirectly destroy	1 Yes	s			
		cancer cells in the 3 months prior to COVID-19 diagnosis? This includes systemic therapy, surgery, radiotherapy, and transplant/cellular therapy	0 No				
		(including prior to actual transplant/infusion).	99 Un	known			
246	recent_treatment	When was the most recent anti-cancer treatment, relative to the time	radio, R	equired			
	Show the field ONLY if:	of COVID-19 diagnosis? Anti-cancer treatment means anything	1 Le	ss than 2 weeks prior to COVID-19 diagnosis			
	[on_treatment] = '1'	intended to directly or indirectly destroy cancer cells, including systemic therapy, surgery, radiotherapy, and transplant/cellular	2 Wi	thin 2 to 4 weeks prior to COVID-19 diagnosis			
		therapy.		thin the month to 3 months prior to COVID-19			
			-	ore than 3 months prior to COVID-19 diagnosis			
				eatment was initiated for the first time AFTER the IVID-19 diagnosis			
			99 Un	-			
Ī			Jag Un	INTIOVVII			

	Show the field ONLY if: [what_immunotherapy] = 'OTH'	year.				
252	immuno_other_specify	Please specify what other immunotherapy Do not record any PHI in this field. As a reminder, this includes all elements of dates other than	note			
				Annotation: Terminology: HemOnc ECHOICE='45838'		
			UN	Unknown		
			OTH			
			458 454)-1 (e.g.	
			451	Anti-PD-L1 antibody (e.g., atezolizumak avelumab)),	
	[treatment_modality(694)] = '1'		454	Anti-PD-1 antibody (e.g., nivolumab, pembrolizumab)		
	Show the field ONLY if:		458	Anti-CTLA4 antibody		
251	what_immunotherapy	What immunotherapy?	radio	, Required		
	Show the field ONLY if: [treatment_modality(OTH)] = '1'	reminder, this includes all elements of dates other than year.				
250	tx_modality_oth_specify	Please specify other modalities. Do not record any PHI in this field. As a	note	 ;		
			99	Unknown		
	Show the field ONLY if: [treatment_modality(45215)] = '1'		1	No Yes		
249	intravesicular_bcg	Did the intravesicular therapy include BCG?	radio	No		
		bevacizumab, etc.) should be selected as "Targeted therapy", as should immunomodulators (e.g., lenalidomide) and drugs that target specific cellular proteins (e.g., venetoclax, ibrutinib).	I Field Annotation: Jerminology: Hem()nc			
		(e.g., tyrosine kinase inhibitors). Note that monoclonal antibodies that do not have a direct immunostimulatory effect (e.g., rituximab,	OTH	treatment_modalityoth Other		
		cells). Endocrine (Hormone) therapy: drugs that inhibit, mimic, or replace endocrine processes (e.g., tamoxifen, aromatase inhibitors, octreotide). Targeted therapy: drugs that interfere with specific cellular proteins through blockade (e.g., monoclonal antibode) or disruption		therapy (e		
			1 E2	therapy 15 treatment_modality45215 Intravesic	ular	
		through upregulation of the immune system (e.g., immune checkpoint inhibitors, allogeneic hematopoeitic stem cell transplant, BiTEs, CAR-T-	451	- ;_ 5 ;	t/Cellular	
		etc.). Immunotherapy: drugs or cellular therapy that primarily act	140	treatment_modality695 Radiother 1 treatment_modality14051 Surgery	ару	
		chemotherapy: drugs that have direct toxic effects on the cellular reproduction apparatus (e.g., anthracyclines, taxanes, vinca alkaloids,	605	(Hormone	, 13	
		chemotherapy and surgery. When in doubt, please provide additional details in the free text boxes below. Definitions Cytotoxic	691	treatment_modality691 Endocrine	.,	
	z.i.g . o. p.screatmentq 2	chemotherapy and radiotherapy. If a patient received neoadjuvant chemotherapy followed by surgery, you should check cytotoxic	582	treatment_modality694 Immunotl 29 treatment_modality58229 Targeted to		
	[on_treatment] = '1' or [hx_treatment] = '1' or [hx_treatment] = '2'	therapy, not treatments given in the more distant past. For example, if a patient received concurrent chemoradiation, check cytotoxic	60.4	chemothe		
248	treatment_modality Show the field ONLY if:	Anti-cancer treatment modality. Check all that apply. You should check any modality that was given as part of the most recent course of	685	kbox, Required treatment_modality685 Cytotoxic		
246	Annaharan A. D.			Unknown		
				COVID-19 diagnosis		
				to COVID-19 diagnosis) Treatment was initiated for the first time AFT		
				diagnosis Never (patient never received cancer treatme		
			prior to COVID-19 diagnosis Completed more than 1 year prior to COVID-19			
	[on_treatment] = '0' or [recent_tre atment] = '88'	or [recent_tre systemic therapy, surgery, radiotherapy, and transplant/cellular therapy. 2		diagnosis Completed more than 3 months but less tha	n 1 year	
2-17	Show the field ONLY if:	the time of COVID-19 diagnosis? Anti-cancer treatment means anything intended to directly or indirectly destroy cancer cells, including	1 Completed within 3 months prior to COVID-19			
247	hx_treatment	When was the most recent anti-cancer treatment completed, relative to	radio			

253	what_targeted_tx	Some targeted therapies have postulated antiviral effects. Was the	checkbox
233	Show the field ONLY if: [treatment_modality(58229)] = '1'	patient taking any of these medications? Check all that apply.	L01XE51 what_targeted_txl01xe51 Acalabrutinib (Calquence)
			L01XE06 what_targeted_txl01xe06 Dasatinib (Sprycel)
			L01XE57 what_targeted_txl01xe57 Fedratinib (Inrebic)
			L01XE27 what_targeted_txl01xe27 lbrutinib (Imbruvica)
			L01XE01 what_targeted_txl01xe01 Imatinib (Gleevec)
			L01XE08 what_targeted_txl01xe08 Nilotinib (Tasigna)
			L01XE18 what_targeted_txl01xe18 Ruxolitinib (Jakafi)
			OTH what_targeted_txoth Other
			UNK what_targeted_txunk Unknown
			NONE what_targeted_txnone None
254	targeted_other_specify Show the field ONLY if: [what_targeted_tx(OTH)] = '1'	Please specify what other targeted therapy. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes
255	pneumonitis	Is there a strong concern for concurrent immune-related adverse event	radio
	Show the field ONLY if:	(irAE) pneumonitis?	1 No
	[treatment_modality(694)] = '1'		2 Possible
			3 Likely
			4 Definite irAE pneumonitis
256	other_irae	Is there a strong concern for another concurrent irAE?	yesno
	Show the field ONLY if:		1 Yes
	[treatment_modality(694)] = '1'		0 No
257	irae_text Show the field ONLY if: [other_irae] = '1'	Please describe Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes
258	radiotherapy	Does or did the radiation treatment field include the lungs to any	radio
	Show the field ONLY if:	degree?	1 Yes
	[treatment_modality(695)] = '1'		0 No
			99 Unknown
259	transplant_prior_tx	Transplant and cellular therapy - additional information. So that we can	notes
	Show the field ONLY if: [treatment_modality(45186)] = '1' or [significant_comorbidities(234 336002)] = '1'	better understand the patient's degree of immunosuppression, please provide additional details related to their prior treatment course and to their disease status when entering into transplant or cellular therapy. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	
260	transplant_cellular_therapy	Transplant & cellular therapy - what type of therapy?	radio
	Show the field ONLY if:		1 Autologous stem cell transplant
	[treatment_modality(45186)] = '1' or [significant_comorbidities(234		10 Allogeneic SCT (donor/type unknown)
	336002)] = '1'		2 MUD allogeneic SCT
			3 MRD allogeneic SCT
			4 Haplo allogeneic SCT
			5 Cord blood allogeneic SCT
			6 CAR-T cells
			OTH Other
			7 DEPRECATED (was Unknown)
			99 Unknown
			Field Annotation: @HIDECHOICE = '7'
261	sct_other_specify	Please specify what other type of transplant or cellular therapy Do not	notes
	Show the field ONLY if: [transplant_cellular_therapy] = 'O TH'	record any PHI in this field. As a reminder, this includes all elements of dates other than year.	
l			

262	transplant_cellular_timing	Transplant & cellular therapy - how far out from treatment?	radio			
	Show the field ONLY if:		0	During prep (prior to t	ransplant)	
	[treatment_modality(45186)] = '1' or [significant_comorbidities(234		1	0-20 days		
	336002)] = '1'		2	21-100 days		
			3	101-365 days		
			4	More than 1 year		
			5	DEPRECATED (was Unl	known)	
			99	Unknown		
			Field	Annotation: @HIDECH	OICE = '5'	
	treatment_additional Show the field ONLY if: [on_treatment] = '1' or [hx_treatment] = '1'	Anti-cancer treatment - additional information. Please give more details here about the specific treatment(s) that the patient has been receiving, including drug and/or regimen names. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	note	S		
264	treatment_intent	Anti-cancer treatment intent Note: if the cancer is not considered	radio	o, Required		
	Show the field ONLY if:	curable, you should choose palliative intent.	1	Curative		
	[on_treatment] = '1' or [hx_treatment] = '2'		2	Palliative		
	ent] = '1' or [hx_treatment] = '2'		99	Unclear or unknown		
265	treatment_context	Current (or most recent) anti-cancer treatment context. Note that the	radio)		
	Show the field ONLY if:	language for treatment context differs for solid and hematologic	462	35 Curative therapy, N	NOS	
	[on_treatment] = '1' or [hx_treatm	malignancies. The first set of choices are more commonly used for solid tumors, and the last three (induction, consolidation, maintenance)	525	0 Neoadjuvant		
	ent] = '1' or [hx_treatment] = '2'	for hematologic malignancy. Induction is synonymous with "remission induction" and should be checked for patients receiving upfront therapy with the intent of achieving remission, e.g., 7+3 for AML, R-CHOP for DLBCL, and ABVD for Hodgkin lymphoma. If the patient underwent curative surgical resection or radiation as their only therapy,	261	8 Adjuvant		
			264	8 Non-curative thera	apy, NOS	
			317			
			149		. ,	
		please mark "Curative therapy, NOS". Likewise, if they underwent palliative surgical resection or radiation as their only therapy, please	187		on-curative therapy	
		mark "Non-curative therapy, NOS".	813	•	on caracive therapy	
			152			
			190			
			OTH			
			UNI	K Unknown		
			Field	Annotation: Terminolo	ogy: HemOnc	
266	other_context Show the field ONLY if:	Please specify other treatment context Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	note	S		
	[treatment_context] = 'OTH'					
267	orchiectomy	Prostate cancer specific: Has the patient had a bilateral orchiectomy?	radio			
	Show the field ONLY if:		-	No		
	[cancer_type] = 'C4863' or [cancer_type_2] = 'C4863' or [cancer_typ		1	Yes		
	e_3] = 'C4863' or [cancer_type_4]		99	Unknown		
	= 'C4863' or [cancer_type_5] = 'C4 863'					
268	adt	Prostate cancer specific: Was the patient on androgen deprivation	radio)		
	Show the field ONLY if:	therapy (ADT) within 6 months of a positive SARS-CoV-2 test or	0	No		
	([cancer_type] = 'C4863' or [cance	presumed positive COVID-19 disease? HINT: Androgen deprivation therapy is typically administered in the form of an injection given every	1	Yes		
	r_type_2] = 'C4863' or [cancer_typ	1, 3, 4, or 6 months. Agents largely include: degarelix (Firmagon),		Unknown		
	e_3] = 'C4863' or [cancer_type_4] = 'C4863' or [cancer_type_5] = 'C4	leuprolide (Lupron), goserelin (Zoladex), triptorelin (Trelstar), buserelin	رر	5		
	863') and [hx_treatment] != '3' an	(Suprefact).				
	d [hx_treatment] != '88'					

269	prostate_tx	e_tx Prostate cancer specific: Please check all the prostate cancer therapies		checkbox					
	that the patient received within 3 months of a positive SARS-CoV-2 test		83008		83008	Bicalutamide			
	Show the field ONLY if: ([cancer_type] = 'C4863' or [cance	or presumed positive COVID-19 disease. More than one option can be selected.				(Casodex)			
	r_type_2] = 'C4863' or [cancer_typ	selected.	4508	prostate_tx	_4508	Flutamide			
	e_3] = 'C4863' or [cancer_type_4] = 'C4863' or [cancer_type_5] = 'C4		31805	prostate_tx	_31805	Nilutamide			
	863') and [hx_treatment] != '3' an		11000	72 prostate_tx_	_1100072	Abiraterone (Zytiga)			
	d [hx_treatment] != '88'		13072	98 prostate_tx	_1307298	Enzalutamide (Xtandi)			
			19995	74 prostate_tx	_1999574	Apalutamide (Erleada)			
			21803	25 prostate_tx	_2180325	Darolutamide			
						(Nubeqa)			
			72962	prostate_tx	_72962	Docetaxel (Taxotere)			
			99605	1 prostate_tx	_996051	Cabazitaxel (Jevtana)			
			40048	prostate_tx	_40048	Carboplatin			
			19582	00 prostate_tx	_1958200	Radium-223			
			15975	82 prostate_tx	_1597582	Olaparib			
			15475	45 prostate_tx	_1547545	Pembrolizumab			
			TRIAL	prostate_tx	_trial	Clinical trial			
			ОТН	prostate_tx	_oth	Other agent			
			NONE	prostate_tx	_none	None of the above			
			UNK	prostate_tx	_unk	Unknown			
			L						
				nnotation: CHOICE='4508,318	805,40048	,1958200'			
270	prostate_trial_more	Please specify clinical trial details. Do not record any PHI in this field. As	notes						
	Show the field ONLY if: [prostate_tx(TRIAL)] = '1'	a reminder, this includes all elements of dates other than year.							
271	prostate_tx_oth	Please specify other agent(s). Do not record any PHI in this field. As a	notes						
	Show the field ONLY if:	reminder, this includes all elements of dates other than year.							
	[prostate_tx(OTH)] = '1'								
272	cancer_more	Section Header: Cancer-specific data - Optional	yesno	٦					
	Show the field ONLY if: [ccc19] = '0'	Would you like to answer additional cancer-specific questions? This is optional but will really help us understand the granular details better.	1 Yes 0 No	_					
273	stage	Stage at cancer diagnosis. If the patient has multiple primaries, please	radio						
273	3.000	report on the cancer that was most recently treated. If the patient has a	1004-0	0 (in situ)					
		solid tumor but you cannot determine an exact stage, try to determine whether the disease was localized or disseminated at diagnosis. Clues	1	1					
		to localized disease at diagnosis include definitive therapies such as	2	II					
		lumpectomy for breast cancer, colectomy for colon cancer, and prostatectomy for prostate cancer. If the patient was initially diagnosed	3	III					
		with in situ cancer but then developed invasive disease, please report	4	IV					
		the stage at the time of invasive disease diagnosis. For hematologic	764-1	Localized					
		malignancies that are not anatomically staged (e.g., leukemias, myeloma), select localized or disseminated based on the distribution of	764-7	Disseminated					
		the disease. For example, multiple myeloma would be disseminated,	ОТН	Other					
		whereas a solitary plasmacytoma would be localized. Most leukemias are considered disseminated at diagnosis, with very few exceptions.	99	Unknown					
		· · · · · · · · · · · · · · · · · · ·	الــُــــــــــــــــــــــــــــــــــ	Jimilowii					
			Field Ar	nnotation: Termin	ology: NA	ACCR			
274	stage_note	Please note that in situ malignancies are not considered eligible for	descrip	tive					
	Show the field ONLY if:	CCC19 case inclusion, with the exception of bladder cancer. Please double-check the staging information for this patient. For example, Rai							
	[stage] = '1004-0'	Stage 0 CLL should not be reported as stage 0 (in situ) but should be reported as disseminated.							
275	stage_oth_specify	Please specify other stage at cancer diagnosis Do not record any PHI in	notes						
	Show the field ONLY if: [stage] = 'OTH'	this field. As a reminder, this includes all elements of dates other than year.							
	mets_yn	Did the patient have metastatic cancer at the time of COVID-19	radio						
	Show the field ONLY if:	diagnosis?	0 No	0					
	[cancer_status] != '1'		1 Ye	es					
			88 No	ot applicable (e.g.,	, patient h	as a liquid hematologic			
				alignancy)					
			99 Ur	nknown					

277	mote citoe	What were the sites of metastatic disease? Please shock all that apply	check	khov	
	mets_sites	What were the sites of metastatic disease? Please check all that apply.		2- mets_sites1112_1	Bone
	Show the field ONLY if: [mets_yn] = '1'		1	2 111013_311031112_1	
			1113	3- mets_sites1113_1	Brain
			1114	4- mets_sites1114_1	Distant lymph nodes
			1115	5- mets_sites1115_1	Liver
			1116	6- mets_sites1116_1	Lung
			1117	7- mets_sites1117_1	Other sites
			1117	7- mets_sites1117_2	Generalized metastases such as carcinomatosis, malignant pleural effusion, malignant ascites
			9	mets_sites9	DEPRECATED (was Unknown)
			99	mets_sites99	Unknown
			Field	Annotation: Terminolog	y: NAACCR @HIDECHOICE = '9'
278	mets_oth_specify Show the field ONLY if:	Please specify additional sites of metastatic cancer Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes	5	
	[mets_sites(1117-1)] = '1'	charryear.			
279	cancer_timing	When was the patient's cancer diagnosed? If the patient has multiple primaries, please report on the cancer that was most recently treated.	radio 0		UID 40
		primaries, preuse report sin are cancer and mas most recently a catear	-	At the same time as CO	
			-	AFTER the COVID-19 dia	griosis
			-	Within the past year Within the past 5 years	
			-	More than 5 years ago	
			-	Unknown	
280	cancer_timing_note_1	Please note that patients diagnosed concurrently with COVID-19 and	descr	riptive	
	Show the field ONLY if: [cancer_timing] = '0'	cancer will be excluded from most analyses, given major intrinsic differences between such patients and those with an established diagnosis of cancer. However, we will likely undertake a dedicated analysis of this population and encourage you to fill the remainder of the survey.			
281	cancer_timing_note_2	Please note that patients diagnosed with cancer after COVID-19 will not	descr	riptive	
	Show the field ONLY if: [cancer_timing] = '88'	be included in any future planned analyses. There is too much uncertainty about whether the cancer was present at the time that COVID-19 was diagnosed. We appreciate your understanding.			
282	clinical_trial	Is the patient on a clinical trial?	radio	<u> </u>	
			0	No	
			1	Yes	
			99	Unknown	
283	clinical_trial_more	Please provide additional details if you can. Note: some institutions	notes	5	
	Show the field ONLY if: [clinical_trial] = '1'	have restrictions on sharing of this information, please check with your institutional official if you have any questions. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.			
284	additional_ca_dx	Additional details about cancer diagnosis (stage, prior therapies, etc.) Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes	5	

	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	cardiac or pulmonary toxicity? Check all that apply.	73	prior_t	tx73	Bleomyc	in	
		90	prior_t	tx90	Carmust	ine	
		122	prior_t	tx122	Cyclopho	osphamide	
		202	prior_t	tx202	Everolim	us	
		243	prior_t	tx243	Gemcital	bine	
		44985	prior_t	tx44985	Anthracy	rclines	
		45000					
			+ -		1	- , ,	
			F			_	
		58101	prior_t	tx58101	Checkpo	int inhibitors	
		694	prior_t	tx694	Immuno	therapy	
		44947	prior_t	tx44947	Monoclo	nal antibodies	
		45388	prior_t	tx45388	Platinum	agents	
		45352	prior_t	tx45352	Taxanes		
		44955	prior_t	tx44955	Tyrosine	kinase inhibitors (1	TKIs)
		695	prior 1	tx 695	Radiation	n involving a lung fi	ield
		ОТН	1				
			1		<u> </u>	n	
			1				
		NONE	prior_	txnone	None		
		Field An	nnotatio	n: Termino	logy: Hem(Onc	
drugs_expanded	Please list specific drugs Do not record any PHI in this field. As a	text					
Show the field ONLY if: [prior_tx(45613)] = '1' or [prior_tx (44985)] = '1' or [prior_tx(45388)] = '1' or [prior_tx(45352)] = '1' or [p	reminder, this includes all elements of dates other than year.						
irae_gr3				2 4	40200006	D	ı
Show the field ONLY if:	5 of above. effection diacoppy.	l 				-	ı
(694)] = '1' or [treatment_modalit						-	ı
y(694)] = '1'							ı,
							1
				_		Pneumonitis	1
		l 				Hypothyroidism	ı,
		267060	0006 ir	ae_gr32	67060006	Diarrhea	ı,
		642260	004 ir	ae_gr36	4226004	Colitis	ı
		646130	007 ir	ae_gr36	4613007	Enteritis	ı,
		12824	1005 ir	ae_gr31	28241005	Hepatitis	ı,
		ОТН	ir	ae_gr3o	th	Other	ı
		NONE	ir	ae_gr3n	one	None	ı
		UNK	ir	ae_gr3u	nk	Unknown	ı,
			notatio	n: @HIDEC	HUICE='57	6/6002,64613007	
		notes					
Show the field ONLY if:	other than year.						
	Was there ever evidence of an immune-related adverse event (irAE)	radio					
·	affecting the lungs or heart? (pneumonitis, myocarditis)		0	1			
Show the field ONLY if: [prior_tx(58101)] = '1' or [prior_tx		l 		1			
(694)] = '1'		l 		1			
		l 		1			
		I 		4			
		99 Ur	nknown	<u> </u>			
irae_past_more	Please specify Do not record any PHI in this field. As a reminder, this	notes					
Show the field ONLY if: [irae_past] = '2' or [irae_past] = '3' or [irae_past] = '4'	includes all elements of dates other than year.						
S [() = r ii S [() x	Show the field ONLY if: (prior_tx(45613)] = '1' or [prior_tx (44985)] = '1' or [prior_tx(45388)] = '1' or [prior_tx(45382)] = '1' or [prior_tx(44955)] = '1' rae_gr3 Show the field ONLY if: (prior_tx(58101)] = '1' or [prior_tx (694)] = '1' or [treatment_modalit (694)] = '1' rae_oth_specify Show the field ONLY if: (prior_tx(58101)] = '1' rae_past Show the field ONLY if: (prior_tx(58101)] = '1' rae_past Show the field ONLY if: (prior_tx(58101)] = '1' rae_past Show the field ONLY if: (prior_tx(58101)] = '1' or [prior_tx (694)] = '1'	reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year. reminder, this includes all elements of dates other than year.	Please list specific drugs Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	Additional prior Additional	202	202 prior_to_202 Serection	202 prior to_202 everolimus

204	prior ty other	Please engify other pact treatments with a startist and	tout
291	prior_tx_other	Please specify other past treatments with potential cardiac or pulmonary toxicity.	text
	Show the field ONLY if: [prior_tx(OTH)] = '1'		
202	-	Section Header: Radiation therapy questions	radio
292	rt_screen	Has the patient ever had radiation therapy as part of their cancer care?	radio 0 No
		and the padent ever had radiation therapy as part of their callest care:	
			1 Yes
			99 Unknown
293	rt_timing	When was the patient treated with radiation relative to their COVID-19	radio
	Show the field ONLY if: [rt_screen] = '1'	diagnosis? If the patient has undergone more than one course of radiation, answer according to the course given in closest proximity to the COVID-19 diagnosis.	Completed radiation more than 3 months prior to COVID-19 diagnosis
		uie Covid-13 uiagiiosis.	Completed radiation less than 3 months prior to COVID-19 diagnosis
			3 Started radiation prior to COVID-19 diagnosis, but did not complete until after COVID-19 diagnosis
			4 Started radiation less than 3 months after COVID-19 diagnosis
			5 Started radiation more than 3 months after COVID- 19 diagnosis
			99 Unknown
			OTH Other
294	rt_timing_oth	Please specify timing of radiation Do not record any PHI in this field. As	notes
<u> ۲</u> ۳4	rt_timing_otn Show the field ONLY if: [rt_timing] = 'OTH'	a reminder, this includes all elements of dates other than year.	notes
295	rt_timing_yr	What year did the patient complete their most recent radiation?	text (integer, Min: 1940, Max: 2099)
	Show the field ONLY if: [rt_timing] = '1' or [rt_timing] = '2'		·
296	rt_delay	Was the patient's most recent radiation treatment delayed due to their	radio
	Show the field ONLY if:	COVID-19 diagnosis?	0 No
	[rt_timing] = '3' or [rt_timing] = '4'		1 Yes
	or [rt_timing] = '5'		99 Unknown
_			
297	rt_modification	Was the patient's most recent radiation course altered (modality, timing, fraction number, fraction size, non-standard hypofractionation,	radio 0 No
	Show the field ONLY if:	delay/induction, etc.) or not completed?	
	[rt_timing] = '3' or [rt_timing] = '4' or [rt_timing] = '5'		1 Yes
	0-		99 Unknown
			OTH Other
298	rt_modification_oth	Please specify what modifications Do not record any PHI in this field. As	notes, Required
	Show the field ONLY if: [rt_modification] = 'OTH'	a reminder, this includes all elements of dates other than year.	
299	rt_intent	What was the intent of the most recent radiation? If the patient has	radio
درے	_	undergone more than one course of radiation, answer according to the	1 Adjuvant
	Show the field ONLY if: [rt_screen] = '1'	course given in closest proximity to the COVID-19 diagnosis.	2 Definitive
			
			3 Palliative
			99 Unknown
			OTH Other
300	rt_intent_oth	Please specify what other intent Do not record any PHI in this field. As a	notes
	Show the field ONLY if: [rt_intent] = 'OTH'	reminder, this includes all elements of dates other than year.	
301	rt_modality	What was the most recent radiation modality? Check all that apply.	checkbox
	Show the field ONLY if:		1506-02 rt_modality1506_02 Photons
	[rt_screen] = '1'		1506-04 rt_modality1506_04 Electrons
			1506-03 rt_modality1506_03 Protons
			1506-07 rt_modality1506_07 Brachytherapy
			1506-98 rt_modality1506_98 Unknown
			-
			OTH rt_modalityoth Other
			Field Annotation: Terminology: NAACCR item #1506 modified

302	rt_modality_oth Show the field ONLY if: [rt_modality(OTH)] = '1'	Please specify what other radiation modality Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes, Required			
303	rt_systemic_tx	Did the patient receive concurrent systemic therapy with their most	checkbo)X		
	Show the field ONLY if:	recent radiation? Check all that apply.	0	rt_systemic_tx0	No	
	[rt_screen] = '1'		1-685	rt_systemic_tx1_685	Yes - cytotoxic chemotherapy	
			1-694	rt_systemic_tx1_694	Yes - immunotherapy (e.g., immune checkpoint inhibitor)	
			1- 44955	rt_systemic_tx1_44955	Yes - small molecule inhibitor (e.g., TKI)	
		1- 12278	rt_systemic_tx1_12278	Yes - antibody therapy other than immunotherapy (e.g., trastuzumab, cetuximab, etc)		
			99	rt_systemic_tx99	Unknown	
			OTH	rt_systemic_txoth	Other	
			Field Annotation: @NONEOFTHEABOVE=0			
304	rt_systemic_tx_oth	Please specify what other systemic concurrent therapy was utilized. Do	notes, R	equired		
	Show the field ONLY if: [rt_systemic_tx(OTH)] = '1'	not record any PHI in this field. As a reminder, this includes all elements of dates other than year.				

305	rt_technique	What was the most recent radiation technique? Check all that apply.	checkbox	
	Show the field ONLY if: [rt_screen] = '1'	у придажения при	1502- rt_technique1502_03	2-D therapy (An external beam planning technique using 2-D imaging, such as plain film x-rays or fluoroscopic images, to define the location and size of the treatment beams.)
			1502- rt_technique1502_04 04	Conformal or 3-D conformal therapy (An external beam planning technique using multiple, fixed beams shaped to conform to a defined target volume.)
			1502- rt_technique1502_05	Intensity modulated therapy (IMRT/IMPT - An external beam planning technique where the shape or energy of beams is optimized using software algorithms. Any external beam modality can be modulated but these generally refer to photon or proton beams. Intensity modulated therapy can be described as intensity modulated radiation therapy (IMRT), intensity modulated x-ray or proton therapy (IMXT/IMPT), volumetric arc therapy (VMAT) and other ways.)
			1502- 06	Stereotactic radiotherapy or radiosurgery (These approaches are sometimes described as SBRT (stereotactic body radiation), SABR (stereotactic ablative radiation), SRS (stereotactic radiosurgery), or SRT (stereotactic radiotherapy).)
			1502- rt_technique1502_88_1 88-1	Brachytherapy
			1502- rt_technique1502_88_2 88-2	Intra-operative radiation therapy
			1502- rt_technique1502_99 99	Unknown
			1502- rt_technique1502_98 98	Other
			Field Annotation: Terminology: NAA modifications	CCR item #1502 with
306	rt_technique_oth Show the field ONLY if: [rt_technique(1502-98)] = '1'	Please specify what other radiation technique(s) was/were used. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes, Required	
307	rt_dose Show the field ONLY if: [rt_screen] = '1'	Total radiation dose in cGy. If radiation is recorded in Gy, please multiply by 100 to get cGy (e.g., 50 Gy = 5000 cGy). The conversion from "rads" to cGy is direct (1 rad = 1 cGy). If proton beam radiation is recorded in CGe units (Cobalt Gray Equivalent), multiply by 100 to get cGy (e.g., 1 CGe = 100 cGy).	text (number, Min: 50, Max: 10000) Field Annotation: Terminology: NAA	CCR item #1507

308	rt_fractions	Total number of fractions.		eger, Min: 1, Max: 50) inotation: Terminology: N	NAACCR item #1503
	Show the field ONLY if: [rt_screen] = '1'				
309	rt_days Show the field ONLY if: [rt_screen] = '1'	Elapsed treatment days. This should be inclusive of non-treatment days. For example, if the patient is treated Monday thru Friday for four subsequent weeks, the elapsed treatment days would be 20 weekdays + 6 weekend days = 26 days.	text (integer, Min: 1, Max: 100) Field Annotation: Terminology: NAACCR item #1507		
310	rt_location	What was the location/site of radiation? Check all that apply.	checkbo)X	
	Show the field ONLY if: [rt_screen] = '1'		1504- 12	rt_location1504_12	Brain
			1504- 29	rt_location1504_29	Head & Neck
			1504- 39	rt_location1504_39	Thorax
			1504- 40	rt_location1504_40	Breast
			1504- 42	rt_location1504_42	Chest Wall (following mastectomy)
			1504- 59	rt_location1504_59	Abdomen
			1504- 86	rt_location1504_86	Pelvis
			1504- 81	rt_location1504_81	Spine including the vertebral bodies
			1504- 88	rt_location1504_88	Limb
			1504- 93	rt_location1504_93	Whole body
			1504- 99	rt_location1504_99	Unknown
			1504- 98	rt_location1504_98	Other
			Field An	notation: Terminology: N	NAACCR item #1504
311	rt_location_oth Show the field ONLY if:	Please specify what other locations/sites were treated with radiation. Do not record any PHI in this field. As a reminder, this includes all	notes, R	Required	
	[rt_location(1504-98)] = '1'	elements of dates other than year.			
312	rt_comments Show the field ONLY if: [rt_screen] = '1'	Please optionally provide any additional comments about radiation therapy here. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
313	rt_addl Show the field ONLY if:	The following questions can only be answered if you have access to the radiation treatment planning system.	descript	tive	
	[rt_screen] = '1'				
314	rt_volume	What was the volume of the Planning Target Volume in cc's?	text (nu	mber, Min: 0)	
	Show the field ONLY if: [rt_screen] = '1'				
315	rt_lung	Was the lung involved in the treatment field?	radio		
	Show the field ONLY if: [rt_screen] = '1'		0 No 1 Yes		
			99 Ur	nknown	
316	rt_lung_v20	Volume of lung receiving 20 Gy (Lung V20 in %)	text (nu	mber, Min: 0, Max: 100)	
	Show the field ONLY if: [rt_lung] = '1'				
317	rt_lung_v5	Volume of lung receiving 5 Gy (Lung V5 in %)	text (nu	mber, Min: 0, Max: 100)	
	Show the field ONLY if: [rt_lung] = '1'				
318	rt_lung_mean_dose	Mean total lung dose (in cGy)	text (nu	mber, Min: 25, Max: 500	0)
	Show the field ONLY if: [rt_lung] = '1'				

319	rt_heart	Was the heart involved in the treatment field?	radio
	Show the field ONLY if:		0 No
	[rt_screen] = '1'		1 Yes
			99 Unknown
320	rt_heart_v30	Volume of heart receiving 30 Gy (Heart V30 in %)	text (number, Min: 0, Max: 100)
	Show the field ONLY if:	,	
	[rt_heart] = '1'		
321	rt_heart_mean_dose	Mean heart dose (in cGy)	text (number, Min: 25, Max: 5000)
	Show the field ONLY if: [rt_heart] = '1'		
322	prior_tx_text	Section Header: Free text entry (optional)	notes
		If the patient had potentially lung-toxic therapy in the past, please	
		provide further details. For example, how long ago the treatment was, whether there was overt lung toxicity at the time of treatment, etc. Do	
		not record any PHI in this field. As a reminder, this includes all	
		elements of dates other than year.	
323	comments_form_3	Comments Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes
324	cancer_details_complete	Section Header: Form Status	dropdown
		Complete?	0 Incomplete
			1 Unverified
			2 Complete
Instru	ıment: Respondent details (r	espondent_details) 🛂 Enabled as survey	Collapse
325	ts_4	Timestamp for the respondent details form	text (datetime_dmy), Required Field Annotation: @HIDDEN @NOW_UTC
326	role	Section Header: A bit about you	yesno, Required
		Are you the primary managing hematologist/oncologist?	1 Yes
			0 No
327	practice_setting	What is your practice setting? Check all that apply.	checkbox
-	Show the field ONLY if:	2	1 practice_setting1 Community Practice
	[role] = '1'		2 practice_setting2 Community Hospital
			3 practice_setting3 University Hospital
			4 practice_setting4 NCI designated Comprehensive
			Cancer Center
			5 practice_setting5 Other Cancer Centers
			6 practice_setting6 Other Tertiary Center
328	role_2	What is your role in relationship to the patient?	radio, Required
	Show the field ONLY if: [role] = '0'		Advanced practice practitioner who regularly sees patient
			2 Nurse who regularly sees patient
			Hematology/oncology fellow who regularly sees patient
			4 Triage personnel
			5 Hospitalist
			6 Intensivist
			99 Designee of a CCC19 participating institution
			7 Other
329	other_role	Place specify	
329	_	Please specify	text, Required
	Show the field ONLY if: [role] = '7'		
330	email_1	Thank you very much for filling out this short survey. Due to IRB	descriptive
		restrictions, we are not able to collect further personal details from you	
		at this time. You may learn more about CCC19 by visiting the CCC19 website (clicking this link will open a new window).	
331	comments_form_4	Please leave any general comments here, including what if anything we	notes
	= -	can do to make the survey better.	

332	respondent_details_complete			
	respondent_details_complete	Section Header: Form Status Complete?	dropd 0 In	complete
		complete:	-	<u> </u>
			\vdash	nverified
			2 C	omplete
Instru	ment: Follow-up (followup)	₽ Enabled as survey		^ Collapse
333	ts_5	Timestamp for the follow-up form		Required Annotation: @HIDDEN @NOW_UTC
334	fu_weeks	How far out from initial COVID-19 diagnosis are you making this report?	radio,	Required
			30	Approximately 30 days (1 month) after COVID-19 diagnosis
			90	Approximately 90 days (3 months) after COVID-19 diagnosis
			180	Approximately 180 days (6 months) after COVID-19 diagnosis
			365	Approximately 365 days (1 year) after COVID-19 diagnosis
			OTH	All other time intervals
335	d30_vital_status	Was the patient ALIVE at 30 days from COVID-19 diagnosis?	radio,	Required
	Show the field ONLY if: [fu_weeks] = '30'			res the patient was alive for at least 30 days from COVID-19 diagnosis
				Patient was deceased within 30 days of COVID-19 diagnosis
			99 l	Jnknown
336	d90_vital_status	Was the patient ALIVE at 90 days from COVID-19 diagnosis?	radio.	Required
	Show the field ONLY if: [fu_weeks] = '90'		0 \	/es the patient was alive for at least 90 days from COVID-19 diagnosis
	[10]			Patient was deceased within 90 days of COVID-19 diagnosis
			99 l	Jnknown
337	d180_vital_status	Was the patient ALIVE at 180 days from COVID-19 diagnosis?	radio,	Required
	Show the field ONLY if: [fu_weeks] = '180'	·		/es the patient was alive for at least 180 days from COVID-19 diagnosis
				Patient was deceased within 180 days of COVID-19 diagnosis
			99 l	Jnknown
338	d365_vital_status	Was the patient ALIVE at ONE YEAR from COVID-19 diagnosis?	radio	Required
	Show the field ONLY if: [fu_weeks] = '365'	This die patient ALIVE at ONE TENTH TOTAL COVID 19 diagnosis.	0 1	/es the patient was alive for at least one year from COVID-19 diagnosis
	[.a_wears] 505		1 F	Patient was deceased within one year of COVID-19 diagnosis
				Jnknown
339	timing_of_report_weeks	Please specify, in weeks, how much time has elapsed since initial		number, Min: 0, Max: 120), Required
	Show the field ONLY if: [fu_weeks] = 'OTH'	COVID-19 diagnosis.	CAL (I	istribet, with o, max. 120, required
	fu_reason	What is prompting this follow-up report?	radio	Required
	Show the field ONLY if:		1	Hospitalization
	[fu_weeks] = 'OTH'		2	Major change in clinical status other than hospitalization
			3	Death
			OTH	
2				<u></u>
	fu_reason_oth	Please specify Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes	
	Show the field ONLY if: [fu_reason] = 'OTH'			

242	and 10 status for	Section Header: COVID 10 follow up details required		Descriped
342	covid_19_status_fu	Section Header: COVID-19 follow-up details required Current COVID-19 status Fully recovered means that the patient has		, Required Fully recovered
		returned to their baseline functional status and repeat SARS-CoV-2	-	Recovered with complications
		testing, if obtained, is negative. If they are on medications to treat sequelae or have functional compromise (e.g., impaired pulmonary	-	•
		function) but are not considered to have active infection, they should	-	Ongoing infection
		be considered to have recovered with complications.	\vdash	Died
			99	Unknown
343	days_to_death_fu_2 Show the field ONLY if: [covid_19_status_fu] = '3' or [d30_vital_status] = '1' or [d90_vital_status] = '1' or [d180_vital_status] = '1' or [d365_vital_status] = '1' or [f u_reason] = '3'	Approximately how many days elapsed between COVID-19 diagnosis and death? If this information is unknown to you, please enter 9999 here.	text (i	integer, Min: 0), Required
344	cause_of_death_fu	To the best of your knowledge, what was the proximal cause of death?	radio	, Required
	Show the field ONLY if:		1	COVID-19
	[covid_19_status_fu] = '3' or [d30_ vital status] = '1' or [d90 vital sta		2	Cancer
	tus] = '1' or [d180_vital_status] =		3	Both
	'1' or [d365_vital_status] = '1' or [f		88	Other
	u_reason] = '3'		99	Unknown
345	deceased_reason_fu_2	Please provide additional details about the proximal cause of death. Do	notes	s, Required
	Show the field ONLY if: [covid_19_status_fu] = '3' or [d30_vital_status] = '1' or [d90_vital_status] = '1' or [d180_vital_status] = '1' or [d365_vital_status] = '1' or [fu_reason] = '3'	not record any PHI in this field. As a reminder, this includes all elements of dates other than year.		
346	who_ordinal_scale	WHO Ordinal Scale for Clinical Improvement Please note that this scale	radio	, Required
	Show the field ONLY if:	is somewhat redundant to other questions here, but will help us to	1	Ambulatory (Not hospitalized) with no limitation of
	([fu_weeks] = '30' or [fu_weeks] = '90' or [fu_weeks] = '180' or [fu_weeks] = '365') and [covid_19_statu	validate the scale as a reliable tool for determining disease severity at fixed time-based endpoints.	2	activities Ambulatory (Not hospitalized) with limitation of
	s_fu] != '3' and [d30_vital_status] !			activities
	= '1' and [d90_vital_status] != '1' a		3	Hospitalized, no oxygen therapy
	nd [d180_vital_status] != '1' and [d365_vital_status] != '1' and [fu_r eason] != '3'		4	Hospitalized, requiring oxygen by mask or nasal prongs
	,		5	Hospitalized, requiring non-invasive ventilation or high-flow oxygen
			6	Hospitalized, requiring intubation and mechanical ventilation
			7	Hospitalized, requiring ventilation + additional organ support - pressors, RRT, and/or ECMO
			ОТН	Other - patient does not fit into any of these categories
			UNK	Unknown
347	who_ordinal_oth	Please briefly explain why the patient does not fit into any of the	notes	5
	Show the field ONLY if: [who_ordinal_scale] = 'OTH'	categories. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.		
348	current_status_clinical_fu	Current clinical status	radio	, Required
	Show the field ONLY if:		0	Outpatient - No symptoms
	[covid_19_status_fu] = '2'		1	Outpatient - Mild symptoms
			2	Outpatient - Moderate symptoms
			3	Outpatient - Severe symptoms
			4	Inpatient - Near Recovery
			5	Inpatient - Moderately ill
			6	Inpatient - Severely ill
			7	Critical (ICU) - Severely ill, not requiring ventilator
			'	support
			8	Critical (ICU) - Severely ill, intubated
			ОТН	Other
			-	
			99	Unknown

1					
349	current_status_clinical_specify_fu Show the field ONLY if: [current_status_clinical_fu] = 'OT H'	Please specify Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes	, Required	
250		W · COMP to Print The Little		- · · ·	
350	worst_complications_severity_fu	Worst severity of COVID-19 complications. This answer should capture the worst severity from the time of diagnosis to the time of this follow-		Required	->
	Show the field ONLY if:	up report.	0	None (patient was asymptomatic	
	[covid_19_status_fu] = '1' or [covid_19_status_fu] = '1b' or [covid_1 9_status_fu] = '2'		1	Mild complications (mimimal syr complications)	mptoms from
	5_5tata5_faj 2		2	Moderate complications (moder complications)	ate symptoms from
			3	Serious complications (symptom impact the patient's functional s physical functioning)	
			ОТН	Other	
			99	Unknown	
251	and institute and in the first	Cavarity of COVID 10 agraphications at the time of this fallow up years	ala a al	hav Dagwigad	
351	complications_severity_fu	Severity of COVID-19 complications at the time of this follow-up report. Check all that apply.	0	box, Required	No compliantions
	Show the field ONLY if:			complications_severity_fu0	No complications
	[covid_19_status_fu] = '1b' or [cov id_19_status_fu] = '2'		1	complications_severity_fu1	Mild complications (mimimal symptoms from complications)
			2	complications_severity_fu2	Moderate complications (moderate symptoms from complications)
			3	complications_severity_fu3	Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning)
			ОТН	complications_severity_fuoth	Other
			99	complications_severity_fu99	Unknown
352	complications_severity_oth_speci fy_fu	Please specify Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes	, Required	<u>, </u>
	Show the field ONLY if: [complications_severity_fu(OTH)] = '1'				
353	cancer_tx_fu	Section Header: COVID-19 Effect on Cancer Treatment	radio	Required	
	Show the field ONLY if:	Was the patient's cancer treatment plan modified as a result of COVID-	0	No	
	[covid_19_status_fu] != '3' and [d3	19?	1	Yes	
	0_vital_status] != '1' and [d90_vital		99	Unknown	
	_status] != '1' and [d180_vital_stat us] != '1' and [d365_vital_status] ! = '1' and [fu_reason] != '3'		33	o indio.	
354	cancer_tx_fu_more	Please provide additional details. Do not record any PHI in this field. As	notes		
	Show the field ONLY if: [cancer_tx_fu] = '1'	a reminder, this includes all elements of dates other than year.			
355	cancer_status_fu	Cancer status at the time of this follow-up report. If the patient has	radio	Required	
555		multiple primaries, please report on the cancer that was most recently		Remission/NED	
	Show the field ONLY if: [covid_19_status_fu] != '3' and [d3]	treated.	\vdash		tmont
	0_vital_status] != '1' and [d90_vital		-	Active disease, responding to treat	unent
	_status] != '1' and [d180_vital_stat		3	Active disease, stable	
	us] != '1' and [d365_vital_status] !		4	Active disease, progressing	
	= '1' and [fu_reason] != '3'		5	Active disease, status unknown or	not yet assessed
			99	Unknown	
			لتا		

356	hospice_fu	Section Header: COVID-19 follow-up details optional The following sections contain questions that will help us more fully understand the disease course of COVID-19. Most	radio
	Show the field ONLY if:	but not all of these questions are optional.	0 No
	[hospice] != '1'	Since you last reported on this patient, were they transitioned to hospice?	1 Yes
		nospice:	99 Unknown
357	hospice_fu_more Show the field ONLY if: [hospice_fu] = '1'	Please specify why the patient was transitioned to hospice. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes
358	hosp_status_fu	Since you last reported on this patient, were they admitted or re-	radio, Required
	•	admitted to the hospital?	0 No
			1 Yes - admitted to floor for the duration of the illness
			2 Yes - admitted to floor and then transferred to the ICU
			3 Yes - admitted directly to the ICU
			88 Not applicable - they were admitted to the hospital
			at the time of the last report and remain hospitalized
			99 Unknown
			OTH Other
359	hosp_status_fu_more	Please provide further details. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes
	Show the field ONLY if: [hosp_status_fu] = 'OTH'		
360	admission reason fu	Was the admission related to COVID-19 or complications of COVID-19?	radio, Required
300	Show the field ONLY if:	The definition of control is	1 Definitely related
	[hosp_status_fu] = '1' or [hosp_st		2 Possibly related
	atus_fu] = '2' or [hosp_status_fu] = '3'		3 Unrelated
	J		99 Unknown
361	hosp_los_fu	If known, how long was the length of stay, in days?	text (integer, Min: 1)
	Show the field ONLY if:		
	[hosp_status_fu] = '1'		
362	hosp_los_fu_2	If known, how long was the length of stay prior to transfer to the ICU, in	text (integer, Min: 1)
	Show the field ONLY if: [hosp_status_fu] = '2'	days?	
363	icu_los_fu	If known, how long was the ICU length of stay, in days?	text (integer, Min: 1)
	Show the field ONLY if: [hosp_status_fu] = '2' or [hosp_st atus_fu] = '3'		
364	current_status_fu	What is the patient's current location?	radio
	Show the field ONLY if:		2 Outpatient - follow up
	[covid_19_status_fu] != '3' and [d3 0_vital_status] != '1' and [d90_vital		4 ER - Follow up
	_status] != '1' and [d180_vital_stat		5 Hospitalized (non-ICU) - new admit
	us] != '1' and [d365_vital_status] ! = '1' and [fu_reason] != '3'		6 Hospitalized (non-ICU) - continued
			7 ICU - new admit
			8 ICU - continued
			9 None - patient is deceased
			99 Unknown
			Field Annotation: @HIDECHOICE='9'
365	days_to_death_fu	Approximately how many days elapsed between COVID-19 diagnosis and death? If this information is unknown to you, please enter 9999	text (integer, Min: 0), Required Field Annotation: @HIDDEN
	Show the field ONLY if: [current_status_fu] = '9' or [fu_rea son] = '3'	here.	
366	cause_of_death_fu_2	To the best of your knowledge, what was the proximal cause of death?	radio, Required
	Show the field ONLY if:		1 COVID-19
	[covid_19_status_fu] = '9' or [fu_re		2 Cancer
	ason] = '3'		3 Both
			88 Other
			99 Unknown
			Field Apparation: @HIDDEN
			Field Annotation: @HIDDEN

367	deceased_reason_fu	Please provide additional details about the proximal cause of death. Do	notes, Requir	red		٦	
	Show the field ONLY if: [covid_19_status_fu] = '9' or [fu_re ason] = '3'	not record any PHI in this field. As a reminder, this includes all elements of dates other than year.		nnotation: @HIDDEN			
368	c19_complications_systemic_fu	Section Header: Additional Medical Events Please report any new complications or	checkbox, Re	auired		_	
500	e.s_compileations_systemic_ra	medical events that have arisen since completing the most recent form, whether or not they are clearly attributable to COVID-19 or another cause.	50960005	c19_complications_systemic_fu5096	50005	Ble	
		Systemic events during the follow-up period. Check all that apply. If there were no additional systemic events, please check "No additional events".	67406007	c19_complications_systemic_fu6740		Dis int co.	
			57653000	c19_complications_systemic_fu5765	53000	Mu fai	
			91302008	c19_complications_systemic_fu9130	2008	Se	
			238147009	c19_complications_systemic_fu2381	47009	Φt	
			NONE	c19_complications_systemic_funone	9	No sys	
			UNK	c19_complications_systemic_fuunk		Ψn	
			Field Annotat	ion: Terminology: SNOMED			
369	c19_bleeding_fu	Please specify the type of bleeding. Check all that apply.	checkbox				
	Show the field ONLY if: [c19_complications_systemic_fu(5 0960005)] = '1'		112648003	c19_bleeding_fu112648003	Major bleedi (requi multip RBCs transf or ICL admit	ing iring ple fusic	
			73099002	c19_bleeding_fu73099002	Non-ri but cli releva bleed	inica ant	
			127563002	c19_bleeding_fu127563002	Minor (withoutransf need)	out fusio	
			230690007- Major	c19_bleeding_fu230690007_major	CNS hemo extens	- 1	
			230690007- Minor	c19_bleeding_fu230690007_minor	CNS hemo limite	- 1	
			OTH	c19_bleeding_fuoth	Other		
			UNK	c19_bleeding_fuunk	Unkno	own	
			F: 114				
270	40.11 1: 11 1: 5			cion: Terminology: SNOMED-modified		_	
370	c19_bleeding_oth_specify_fu Show the field ONLY if: [c19_bleeding_fu(OTH)] = '1'	Please specify further details about bleeding. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes				
371	dic_more_fu	Please provide further details about DIC, including clinical	notes				
	Show the field ONLY if: [c19_complications_systemic_fu(6 7406007)] = '1'	manifestations. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.					
372	c19_comp_systemic_specify_fu Show the field ONLY if: [c19_complications_systemic_fu(2 38147009)] = '1'	Please specify other systemic events. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes				
373	o2_requirement_fu	Did the patient require supplemental O2 during the follow-up period?	radio, Require 0 No 1 Yes 99 Unknow				

374	c19_complications_pulm_fu	Pulmonary events during the follow-up period. Check all that apply. If	checkbox, Re	equired			
		there were no additional pulmonary events, please check "No additional events".	409622000	c19_complications_pulm_fu409622000	Resp failu		
			205237003	c19_complications_pulm_fu205237003	Pne		
			233604007	c19_complications_pulm_fu233604007	Pne		
			67782005	c19_complications_pulm_fu67782005	Acut resp distr synd (ARI		
			59282003	c19_complications_pulm_fu59282003	Puln emb		
			60046008	c19_complications_pulm_fu60046008	Pleu effu		
			312682007	c19_complications_pulm_fu312682007	Emp		
			50043002	c19_complications_pulm_fu50043002	Othe		
		NONE	c19_complications_pulm_funone	No addi puln even			
			UNK	c19_complications_pulm_fuunk	Unk		
			Field Annotat	tion: Terminology: SNOMED			
375	resp_failure_tx_fu	Which of the following supplemental O2 interventions did the patient require? Select the most invasive intervention required during the	radio				
	Show the field ONLY if:	follow-up period.	1 Nasal cannula or face mask with standard O2				
	[c19_complications_pulm_fu(409 622000)] = '1' or [o2_requirement		l 	ow nasal cannula or blow-by			
	_fu] = '1'		3 Non-rel	preather			
			4 CPAP				
			5 BiPAP				
			6 Intubati	ion			
			99 Unknov	vn			
376	berlin_yn_fu	Were the Berlin criteria formally assessed?	radio				
	Show the field ONLY if:		0 No				
	[c19_complications_pulm_fu(677		1 Yes				
	82005)] = '1'		99 Unknov	vn/Unsure			
377	berlin_fu	Berlin criteria.The Berlin criteria are based on a decreased PaO2/FiO2	radio	<u> </u>			
	Show the field ONLY if:	ratio:-mild ARDS: 201 - 300 mmHg (≤ 39.9 kPa)-moderate ARDS: 101 -	1 Mild				
	[berlin_yn_fu] = '1'	200 mmHg (\leq 26.6 kPa)-severe ARDS; \leq 100 mmHg (\leq 13.3 kPa)Note that the Berlin definition requires a minimum positive end expiratory	2 Modera	ate			
		pressure (PEEP) of 5 cmH2O for consideration of the PaO2/FiO2 ratio.	3 Severe				
		This degree of PEEP may be delivered noninvasively with CPAP to diagnose mild ARDS.	99 Unknov	vn			
378	c19_comp_pulm_specify_fu	Please specify other pulmonary events. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes				
	Show the field ONLY if: [c19_complications_pulm_fu(500 43002)] = '1'	and a second control of duces out of that year.					

379	c19_complications_card_fu	Cardiovascular events during the follow-up period. Check all that apply.	checkbox, R	equired	
		If there were no additional cardiovascular events, please check "No additional events".	45007003	c19_complications_card_fu45007003	Hypot
			22298006	c19_complications_card_fu22298006	Myoca
			414545008	c19_complications_card_fu414545008	Other ischer
			49436004	c19_complications_card_fu49436004	Atrial
			71908006	c19_complications_card_fu71908006	Ventri fibrilla
			698247007	c19_complications_card_fu698247007	Other arrhyt
			85898001	c19_complications_card_fu85898001	Cardio
			42343007	c19_complications_card_fu42343007	Conge heart (CHF)
			59282003	c19_complications_card_fu59282003	Pulmo
			128053003	c19_complications_card_fu128053003	Deep throm
			275517008	c19_complications_card_fu275517008	Super venou throm (SVT)
			230690007	c19_complications_card_fu230690007	Cereb accide stroke
			414086009	c19_complications_card_fu414086009	Throm NOS
			49601007	c19_complications_card_fu49601007	Other
			NONE	c19_complications_card_funone	No ad cardio events
			UNK	c19_complications_card_fuunk	Unkno
			Field Annota	ation: Terminology: SNOMED	
380	hotn_pressors_fu	Did the patient require pressors?	radio	\neg	
	Show the field ONLY if: [c19_complications_card_fu(4500		0 No		
	7003)] = '1'		1 Yes 99 Unkno	wn	
381	c19_comp_card_specify_fu	Please specify other cardiac events. Do not record any PHI in this field.	notes	····	
. 301	Show the field ONLY if: [c19_complications_card_fu(4960 1007)] = '1' or [c19_complications_card_fu(414545008)] = '1' or [c19_complications_card_fu(69824700 7)] = '1'	As a reminder, this includes all elements of dates other than year.	110003		

382	c19_complications_gi_fu	Gastrointestinal events during the follow-up period. Check all that	checkbox	,	
		apply. If there were no additional GI events, please check "No additional events".	427044009		Acute h injury
	apply. If there were no additional Gl events, please check "No additional events". Please specify other Gl events. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. 19_complications_other_fu Other events during the follow-up period. Check all that apply, if there were no additional other events, please check "No additional events". Other events during the follow-up period. Check all that apply, if there were no additional other events, please check "No additional events". 19_complications_oth_specify_fu how the field ONLY if: 19_complications_other_fu(362 55005)] = 1" Section Header: COVID-19 Additional Treatment Did the patient receive any additional treatments for COVID-19 or its sequelae? Additional_tx_fu Additional_tx_fu Additional_treatment comments, e.g., specific doses, Please provide further information here. Do not record any PHI in this field. As a	389026000	c19_complications_gi_fu389026000	Ascites	
			81060008		Bowel obstruc
			56905009		Bowel perfora
			710572000	c19_complications_gi_fu710572000	Ileus
		apply. If there were no additional GI events, please check "No additional events". Please specify other GI events. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. Dications_gl_fu(536190) Other events during the follow-up period. Check all that apply. If there were no additional other events, please check "No additional events". Dications_other_fu Please specify other events, please check "No additional events". Please specify other events, please check "No additional events". Please specify other events, please check "No additional events". Please specify other events of dates other than year. Please specify other events of dates other than year. Dications_other_fu(362 = "1") Treatment Section Header: COVID-19 Additional Treatment Did the patient receive any additional treatments for COVID-19 or its sequelae? Ltx_fu Additional treatment comments, e.g. specific doses. Please provide further information here. Do not record any PHI in this field. As a	48661000	c19_complications_gi_fu48661000	Peritoni
			53619000	c19_complications_gi_fu53619000	Other
			NONE		No addi gastroir events
			UNK	c19_complications_gi_fuunk	Unknov
				tion: Terminology: SNOMED E='710572000,48661000'	
383	c19_comp_gi_specify_fu Show the field ONLY if: [c19_complications_gi_fu(536190 00)] = '1'		notes		
384	c19_complications_other_fu	Other events during the follow-up period. Check all that apply. If there	checkbox, Re	quired	
504	e s _complications_catter_ra	were no additional other events, please check "No additional events".	14669001	c19_complications_other_fu1466900	1 Acu kidr inju
			91175000	c19_complications_other_fu9117500) Seiz
			372070002	c19_complications_other_fu3720700	02 Gan
			414086009	c19_complications_other_fu4140860	09 Thro
			362965005	c19_complications_other_fu3629650	05 Oth
			NONE	c19_complications_other_funone	No add eve
			UNK	c19_complications_other_fuunk	Unk
			Field Annotat	tion: Terminology: SNOMED @HIDECHOI0 114086009'	CE =
385	c19_complications_oth_specify_fu Show the field ONLY if: [c19_complications_other_fu(362 965005)] = '1'		notes		
386	c19_addl_treatment	Did the patient receive any additional treatments for COVID-19 or its	radio 0 No 1 Yes 99 Unknov	vn	
387	additional_tx_fu Show the field ONLY if: [c19_addl_treatment] = '1'		notes		

388	covid_19_treatment_fu	Additional COVID-19 treatment. Check all that apply.	checkbox		\neg
300	Show the field ONLY if:	Additional Covid 15 decarment effects all that apply.	DB-15718	covid_19_treatment_fudb_15718	Ва
	[c19_addl_treatment] = '1'		Bam-Et	covid_19_treatment_fubam_et	Ва
			REGEN-COV2	covid_19_treatment_furegen_cov2	Ca
			OMOP4873974	covid_19_treatment_fuomop4873974	Re
			HO-45523	covid_19_treatment_fuho_45523	Sys (wi
			B05AX03	covid_19_treatment_fub05ax03	Pla ind pla
			RXCUI-2393	covid_19_treatment_furxcui_2393	Ch
			RXCUI-5521	covid_19_treatment_furxcui_5521	Ну
			101001 0021		(Pla
			HO-44995	covid_19_treatment_fuho_44995	An
			ATC-J05AE08	covid_19_treatment_fuatc_j05ae08	Ata
			ATC-J05AR10	covid_19_treatment_fuatc_j05ar10	Lo
			RXCUI-260101	covid_19_treatment_furxcui_260101	Os
			RXCUI-18631	covid_19_treatment_furxcui_18631	Azi (Zit
			ATC-C10AA	covid_19_treatment_fuatc_c10aa	Sta
			RXCUI-612865	covid_19_treatment_furxcui_612865	Too
			L04AA37	covid_19_treatment_ful04aa37	Ва
			ATC-L04AC	covid_19_treatment_fuatc_l04ac	Otl inh add
			HO-45861	covid_19_treatment_fuho_45861	JAk for
			ATC-L04AB	covid_19_treatment_fuatc_l04ab	TN pro
			B01A	covid_19_treatment_fub01a	An
			N02BA	covid_19_treatment_fun02ba	Ası
			B01AC	covid_19_treatment_fub01ac	An:
			233573008	covid_19_treatment_fu233573008	Ext oxy
			714749008	covid_19_treatment_fu714749008	Co rep (CF
			ОТН	covid_19_treatment_fuoth	Otl
			UNK	covid_19_treatment_fuunk	Un
			NONE	covid_19_treatment_funone	No
			oth_plasma	covid_19_treatment_fuoth_plasma	DE
			@HIDECHOICE='d	MOP/RxNorm/SNOMED oth_plasma,RXCUI-2393,ATC-J05AE08,ATC- 60101,ATC-L04AC,ATC-L04AB,HO-	
389	dx_cp_interval_fu Show the field ONLY if: ([covid_19_trial_tx(B05AX03)] = '0' or [covid_19_trial_tx(B05AX03)] = ") and [covid_19_treatment(B05A X03)] = '0' and [covid_19_treatme nt_fu(B05AX03)] = '1'	How many days elapsed between the COVID-19 diagnosis and the first convalescent plasma infusion? If the patient was infused on the same day as their diagnosis, enter 0 here. If you do not know the answer, enter 9999 here.	text (integer)		

390	steroid_type_fu	Steroid type. Check all that apply.	checkbox		
	Show the field ONLY if: [covid 19 treatment fu(HO-4552	ota ou type: enedit an alact apply)	H02AB02		Dexamethasone Decadron)
	3)] = '1'		H02AB09		Hydrocortisone Cortef)
			H02AB04	- 7	Methylprednisolone Solumedrol)
			H02AB06	steroid_type_fuh02ab06 F	Prednisolone
			H02AB07	steroid_type_fuh02ab07 F	Prednisone
			Field Anno	tation: Terminology: ATC	
391	steroid_specific_fu	Steroid dosing, in prednisone dose equivalents Note: 3 mg of	radio		
	Show the field ONLY if:	dexamethasone is equivalent to 20 mg of prednisone, so any dose of dexamethasone of more than 3 mg/day (21 mg/week) would be	1 20 m	g/day or below [low dose]	
	[covid_19_treatment_fu(HO-4552 3)] = '1'	equivalant to more than 20 mg of prednisone/day.	1a 10 m	g/day or below [low dose]	
	3/1		1b More	than 10 mg/day up to 20 mg/d	ay
			2 More	than 20 mg/day but less than 1	Img/kg/day
			3 Equa	l to or greater than 1 mg/kg/day	/
			99 Unkn	own	
			Field Anno	tation: @HIDECHOICE='1'	
392	steroid_more_fu	Please provide more details: prednisone dose equivalents (e.g., 1 mg/kg) and duration of steroid therapy. Do not record any PHI in this	notes		
	Show the field ONLY if: [covid_19_treatment_fu(HO-4552 3)] = '1'	field. As a reminder, this includes all elements of dates other than year.			
	c19_aspirin_dose_fu	Aspirin dosing	radio		
	Show the field ONLY if:		26245900	13 Low dose (less than 200 mg/	/day)
	[covid_19_treatment_fu(N02BA)]		26182900	3 Full dose	
	= '1'		26166500	6 Unknown	
			Field Anno	tation: Terminology: SNOMED	
394	c19_anticoag_type_fu	Which anticoagulants were used? Check all that apply.	checkbox		_
	Show the field ONLY if: [covid_19_treatment_fu(B01A)] = '1'		B01AA	c19_anticoag_type_fub01aa	Vitamin K antagonists (e.g., warfarin)
			B01AB	c19_anticoag_type_fub01ak	Low-molecular weight heparir (e.g., enoxaparin [Lovenox])
			B01AB01	c19_anticoag_type_fub01ab	001 Unfractionated heparin
			B01AE	c19_anticoag_type_fub01ae	Direct thrombin inhibitors (e.g., argatroban, dabigatran [Pradaxa])
			B01AF	c19_anticoag_type_fub01af	
			B01AX05	c19_anticoag_type_fub01ax	
			UNK	c19_anticoag_type_fuunk	Unknown
			ОТН	c19_anticoag_type_fuoth	Other
395	c19_anticoag_type_oth_specify_fu		notes	3231 2 2231	
	Show the field ONLY if: [c19_anticoag_type_fu(OTH)] = '1'	includes all elements of dates other than year.			

396	c19_anticoag_reason_fu	What was the purpose of the anticoagulant treatment? Check all that	checkb	OOX		
	Show the field ONLY if: [covid_19_treatment_fu(B01A)] = '1'		1	c19_anticoag_reason_fu1	Prophylac (without t presence either as a inpatient outpatien	he of a VTE an or
			2	c19_anticoag_reason_fu2	Therapeu (for know ATE histor	n VTE or
		2a c19_antid	c19_anticoag_reason_fu2a	Therapeutic use (for known VTE diagnosis)		
			2b	c19_anticoag_reason_fu2b	Therapeur (for known diagnosis)	n ATE
		2c	c19_anticoag_reason_fu2c	Therapeu the absen thrombos for prever stroke in a fibrillation	ce of any is (e.g., ntion of atrial	
			3	c19_anticoag_reason_fu3	For DIC du	_
			UNK	c19_anticoag_reason_fuunk	Unknown	
			ОТН	c19_anticoag_reason_fuoth	Other	
			Field A	nnotation: @HIDECHOICE='2'		
	_fu Show the field ONLY if: [c19_anticoag_reason_fu(OTH)] = '1'	includes all elements of dates other than year.				
398	covid_19_tx_interleukin_fu	Interleukin inhibitor treatment other than tocilizumab. Check all that	checkk	00X		
	Show the field ONLY if:	apply.	L04A	covid_19_tx_interleukin_fu_	l04ac03	anakinra
	[covid_19_treatment_fu(ATC-L04A C)] = '1'		L04A	covid_19_tx_interleukin_fu_	l04ac02	basiliximab
	C)] - 1		L04A	covid_19_tx_interleukin_fu_	l04ac09	briakinumab
			L04A	C12 covid_19_tx_interleukin_fu_	l04ac12	brodalumab
			L04A	covid_19_tx_interleukin_fu_	l04ac08	canakinuma
			L04A	CO1 covid_19_tx_interleukin_fu_	l04ac01	daclizumab
			L04A0	covid_19_tx_interleukin_fu_	l04ac16	guselkumab
			L04A0	covid_19_tx_interleukin_fu_	_l04ac13	ixekizumab
			L04A0	covid_19_tx_interleukin_fu_	l04ac04	rilonacept
			L04A0	covid_19_tx_interleukin_fu_	_l04ac18	risankizumal
			L04A0	C14 covid_19_tx_interleukin_fu_	_l04ac14	sarilumab
			L04A0	C10 covid_19_tx_interleukin_fu_	l04ac10	secukinumal
			L04A0	C11 covid_19_tx_interleukin_fu_	l04ac11	siltuximab
			L04A0	covid_19_tx_interleukin_fu_	l04ac15	sirukumab
			L04A	covid_19_tx_interleukin_fu_	l04ac17	tildrakizuma
			L04A0	covid_19_tx_interleukin_fu_	l04ac07	DEPRECATED
			L04A0	covid_19_tx_interleukin_fu_	_l04ac05	ustekinumak
			Field A	nnotation: Field:ATC L04AC; Valu	es:ATC @H	IDDEN

399	jak_fu	JAK inhibitor treatment. Check all that apply.	checkbox			
	Show the field ONLY if: [covid_19_treatment_fu(HO-4586	LT II.	L01XE18	jak_ful01xe18	Ruxolitinib (Jakafi)	
	1)] = '1'		L04AA29	jak_ful04aa29	Tofacitinib (Xeljanz)	
			RXCUI- 1487006	jak_furxcui_1487006	Oclacitinib	
			L04AA37	jak_ful04aa37	Baricitinib	
			Peficitinib	jak_fupeficitinib	Peficitinib	
			L01XE57	jak_ful01xe57	Fedratinib (Inrebic)	
			L04AA44	jak_ful04aa44	Upadacitinib	
			Field Annotation: Terminologies: ATC, RxNorm @HIDDEN			
400	covid_19_tx_tnf_fu	Tumor necrosis factor alpha (TNF-α) inhibitor treatment. Check all that	checkbox			
	Show the field ONLY if:	apply.	L04AB04 co	ovid_19_tx_tnf_ful04ab04	Adalimumab	
	[covid_19_treatment_fu(ATC-L04A B)] = '1'		L04AB03 co	ovid_19_tx_tnf_ful04ab03	Afelimomab	
	- I		L04AB05 co	ovid_19_tx_tnf_ful04ab05	Certolizumab pegol	
			L04AB01 co	ovid_19_tx_tnf_ful04ab01	Etanercept	
			L04AB06 co	ovid_19_tx_tnf_ful04ab06	Golimumab	
			L04AB02 co	ovid_19_tx_tnf_ful04ab02	Infliximab	
			L04AB07 co	ovid_19_tx_tnf_ful04ab07	Opinercept	
			Field Annotat	ion: Field:ATC L04AB; Values	ATC @HIDDEN	
401	covid_19_treatment_trial_fu	Was any of the additional COVID-19 treatment given as part of a clinical	radio			
	Show the field ONLY if:	trial?	0 No			
	[c19_addl_treatment] = '1'		1 Yes			
			99 Unknow	n		

402	covid_19_trial_tx_fu Show the field ONLY if: [covid_19_treatment_trial_fu] = '1'	COVID-19 clinical trial treatment. Check all that apply. If you do not know which drug(s) were given on clinical trial, please check "Unknown". If you are not able to disclose drug names due to institutional restrictions, please check "Other".	checkbox, Requir	checkbox, Required		
			DB-15718	covid_19_trial_tx_fudb_15718	Baml	
			Bam-Et	covid_19_trial_tx_fubam_et	Baml	
			REGEN-COV2	covid_19_trial_tx_furegen_cov2	Casiri	
			RXCUI-2393	covid_19_trial_tx_furxcui_2393	Chlor	
			RXCUI-5521	covid_19_trial_tx_furxcui_5521	Hydro (Place	
			HO-44995	covid_19_trial_tx_fuho_44995	Anti-	
			ATC-J05AE08	covid_19_trial_tx_fuatc_j05ae08	Ataza	
			ATC-J05AR10	covid_19_trial_tx_fuatc_j05ar10	Lopir	
			RXCUI-260101	covid_19_trial_tx_furxcui_260101	Osel	
I			OMOP4873974	covid_19_trial_tx_fuomop4873974	Rem	
			RXCUI-18631	covid_19_trial_tx_furxcui_18631	Azith (Zithr	
			HO-45523	covid_19_trial_tx_fuho_45523	Syste	
			ATC-C10AA	covid_19_trial_tx_fuatc_c10aa	Statir	
			L04AC03	covid_19_trial_tx_ful04ac03	anaki	
			L04AA37	covid_19_trial_tx_ful04aa37	Bario	
		L04AC02	covid_19_trial_tx_ful04ac02	basili		
		L04AC09	covid_19_trial_tx_ful04ac09	briak		
			L04AC12	covid_19_trial_tx_ful04ac12	brod	
		L04AC08	covid_19_trial_tx_ful04ac08	cana		
		L04AC01	covid_19_trial_tx_ful04ac01	dacli		
		L04AC16	covid_19_trial_tx_ful04ac16	guse		
		L04AC13	covid_19_trial_tx_ful04ac13	ixeki		
		L04AC04	covid_19_trial_tx_ful04ac04	rilon		
		L04AC18	covid_19_trial_tx_ful04ac18	risan		
			L04AC14	covid_19_trial_tx_ful04ac14	sarilı	
			L04AC10	covid_19_trial_tx_ful04ac10	secu	
			L04AC11	covid_19_trial_tx_ful04ac11	siltux	
			L04AC15	covid_19_trial_tx_ful04ac15	siruk	
			L04AC17	covid_19_trial_tx_ful04ac17	tildra	
			L04AC07	covid_19_trial_tx_ful04ac07	tocili	
			L04AC05	covid_19_trial_tx_ful04ac05	ustel	
			L04AB04	covid_19_trial_tx_ful04ab04	adali	
		L04AB03	covid_19_trial_tx_ful04ab03	afelir		
		L04AB05	covid_19_trial_tx_ful04ab05	certo		
		L04AB01	covid_19_trial_tx_ful04ab01	etan		
		L04AB06	covid_19_trial_tx_ful04ab06	golin		
		L04AB02	covid_19_trial_tx_ful04ab02	inflix		
			L04AB07	covid_19_trial_tx_ful04ab07	opin	
		OTH-plasma	covid_19_trial_tx_fuoth_plasma	Plasr		
		B05AX03	covid_19_trial_tx_fub05ax03	plasm Plasm indivi plasm		
			OTH	covid_19_trial_tx_fuoth	Othe	
			UNK	covid_19_trial_tx_fuunk	Unkn	
			Field Annotation:		OII	

403	dx_cp_interval_fu_2 Show the field ONLY if: ([covid_19_trial_tx(B05AX03)] = '0' or [covid_19_trial_tx(B05AX03)] = ")' and [covid_19_treatment(B05A X03)] = '0' and [covid_19_treatme nt_fu(B05AX03)] = '0' and [covid_1 9_trial_tx_fu(B05AX03)] = '1'	How many days elapsed between the COVID-19 diagnosis and the first convalescent plasma infusion? If the patient was infused on the same day as their diagnosis, enter 0 here. If you do not know the answer, enter 9999 here.	text (integer) Field Annotation: @HIDDEN				
404	covid_19_trial_more_fu Show the field ONLY if: [covid_19_treatment_trial_fu] = '1'	Please specify. (Note: some institutions have restrictions on sharing of this information, please check with your institutional official if you have any questions.) Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes				
405	fu_info	Thank you for completing this form. If you have additional updates in the future, please use the link from the Survey Queue to return to the survey and add a new instance of the form.	descriptive				
406	comments_form_5	Comments Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes				
407	followup_complete	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete				
Instrument: Manual Exclude (manual_exclude)							
408	manual_exclude	Field to manually exclude records identified as needing exclusion (e.g., false positive PCR)	truefalse 1 True 0 False Field Annotation: @DEFAULT='0'				
409	exclude_why	Why was the patient excluded?	radio, Required				
	Show the field ONLY if:	,	1 Duplicate record				
	[manual_exclude] = '1'		2 In situ solid malignancy				
			6 Non-melanoma skin cancer, non-invasive				
			3 Precursor hematologic condition				
			4 Benign hematologic condition				
			5 False positive SARS-CoV-2 test				
			7 Low quality score, non-CCC19 site				
			8 Cancer diagnosed after COVID-19				
			88 Other				
			99 Unknown				
410	manual_exclude_more	Why was patient manually excluded?	notes				
411	exclude_confirm_date	Date that confirmatory query was sent	text (date_dmy)				
412	exclude_confirm_result	Site response to confirmatory query	radio 1 Agree 2 Disagree 3 Pending				
413	manual_exclude_complete	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete				