📖 Data Dictionary Codebook

#	Variable / Field Name	Field Label / *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
	Instrument: Screening form (screening_form) 🖳 Enabled as survey		
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 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 Center 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 Kentucky
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
1-123	Medical College of Wisconsin
131	Medical University of South Carolina/Hollings Cancer Center

1-112	Meharry Medical College
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 Cancer 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
1-121	Renown Regional Medical Center
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, McGill University
185	Sidney Kimmel Cancer Center at Thomas Jefferson University
140	SSM Health Cancer Care
183	Stamford Hospital
118	Stanford University
134	St. Elizabeth Healthcare
1-122	SUNY Downstate Health Sciences University
195	Sutter Health
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
161	University of Florida Health Cancer Center
156	University of Hawaii Cancer Center
169	University of Illinois at Chicago (UIC)
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	Yale New Haven Health/Smilow Cancer Hospital
9999	TEST

12	[timing_of_report Show the field ONLY if: [ccc19] = 1]	Is this survey being filled out during the COVID-19 illness, or retrospectively? Unless you know that the patient has either recovered 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 (retrospectively)".	radio, Required 1 │ During the illness 2 │ After the course of illness (retrospectively)
13	[dx_year Show the field ONLY if: [ccc19] = 1]	What year was the patient diagnosed with COVID-19 in?	radio, Required 2019 │ 2019 2020 │ 2020 2021 │ 2021

14	[covid_19_dx_interval] Show the field ONLY if: [ccc19] = 1]	How long ago was the patient's COVID-19 diagnosis (to the best of your knowledge)?	radio, Required

			1	Within the past week
			2	Within the past 1 to 2 weeks
			3	Within the past 2 to 4 weeks
			4	Within the past 4 to 8 weeks
			5	Within the past 8 to 12 weeks
			6	Within the past 3 to 6 months
			7	More than 6 months ago
			8	Within the past 6 to 9 months
			9	Within the past 9 to 12 months
			10	More than 12 months ago
			99	Unknown

Field Annotation: @HIDECHOICE = '7'

15	[hcw_screen] Show the field ONLY if: [ccc19] = '0']	Are you a healthcare provider or entering data on a healthcare provider's behalf?	yesno 1 Yes 0 No Field Annotation: @HIDDEN

16	[hcw_exclude] Show the field ONLY if: [hcw_screen] = '0']	This survey is currently open only to healthcare professionals or those 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.	radio x Exit the survey Field Annotation: @HIDDEN Stop actions on x

17	[location] Show the field ONLY if: [ccc19] = '0']	Are you based in any of the listed countries or regions?	radio

			1	United States or the U.S. territories
			EU	European Union (EU)
			11	Argentina
			39	Canada
			140	Mexico
			224	United Kingdom
			83	Germany
			107	Italy
			197	Spain
			0	No - I am not based in any of those countries or regions

Field Annotation: @HIDECHOICE = '83,107,197' @HIDDEN

18	[intl_stop] Show the field ONLY if: [location] = '0']	We're sorry, but the IRB does not allow us to collect data from your country at this time. However, we are actively looking into adding international participation on a country-by-country basis. Please visit our website for more information; you will be redirected there once you end the survey by clicking the button.	radio x Exit the survey Field Annotation: @HIDDEN Stop actions on x

19	[screening_form_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Patient Demographics** (patient_demographics) 📲 Enabled as survey			
20	[ts_1]	Timestamp for the patient demographics form	text (datetime_dmy), Required Field 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 for COVID-19 as available for data entry.* Age at COVID-19 diagnosis (years)	radio, Required

			1	Younger than 18
			2	18-29
			3	30-39
			4	40-49
			5	50-59
			6	60-69
			7	70-79
			8	80-89
			9	Older than 90
			10	DEPRECATED (was unknown)
			99	Unknown

Field Annotation: @HIDECHOICE = '10'

24	[peds_contact Show the field ONLY if: [age] = '1']	We have interest in collecting additional information about pediatric 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 the CCC19 website (clicking this link will open a new window).	descriptive
25	[age_exact Show the field ONLY if: [age] = '2' or [age] = '3' or [age] = '4' or [age] = '5' or [age] = '6' or [age] = '7' or [age] = '8']	Exact age at COVID-19 diagnosis (Note: you should only enter a number between 18-89, as ages outside of this range are considered PHI)	text (integer, Min: 18, Max: 89)
26	[gender]	Gender	dropdown, Required

			0	Female
			1	Male
			2	Other
			3	Prefer not to say

Field Annotation: SNOMED: 263495000

27	[country_of_patient_residen]	Country of patient residence	dropdown (autocomplete), Required

			1	United States of America (USA)
			x	------------------
			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
36	Burundi
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
91	Guatemala
92	Guinea
93	Guinea-Bissau
94	Guyana
95	Haiti
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	Mozambique
148	Myanmar
149	Namibia
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
178	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
188	Seychelles

	189	Sierra Leone
	190	Singapore
	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
	203	Svalbard and Jan Mayen Islands
	204	Swaziland
	205	Sweden
	206	Switzerland
	207	Syria
	208	Taiwan
	209	Tajikistan
	210	Tanzania
	211	Thailand
	212	Togo
	213	Tokelau
	214	Tonga
	215	Trinidad and Tobago
	216	Tunisia
	217	Turkey
	218	Turkmenistan
	219	Turks and Caicos Islands
	220	Tuvalu
	221	Uganda
	222	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)
	233	Virgin Islands (US)
	234	Wallis and Futuna Islands
	235	Western Sahara
	236	Yemen
	237	Yugoslavia
	238	Zaire
	239	Zambia
	240	Zimbabwe
		Field Annotation: SNOMED: 223369002
28	[state_of_patient_residence	State or territory of patient residence	dropdown (autocomplete), Required

Show the field ONLY if:
[country_of_patient_residen] = '1'
]

AL	Alabama (AL)
AK	Alaska (AK)
AZ	Arizona (AZ)
AR	Arkansas (AR)
CA	California (CA)
CO	Colorado (CO)
CT	Connecticut (CT)
DE	Delaware (DE)
FL	Florida (FL)
GA	Georgia (GA)
HI	Hawaii (HI)
ID	Idaho (ID)
IL	Illinois (IL)
IN	Indiana (IN)
IA	Iowa (IA)
KS	Kansas (KS)
KY	Kentucky (KY)
LA	Louisiana (LA)
ME	Maine (ME)
MD	Maryland (MD)
MA	Massachusetts (MA)
MI	Michigan (MI)
MN	Minnesota (MN)
MS	Mississippi (MS)
MO	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)
OH	Ohio (OH)
OK	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)
WV	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)

Show the field ONLY if:
[country_of_patient_residen] = '1'
]

			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		
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: [ccc19] = '0']	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.* Would you like to answer additional demographic questions? This is optional but will really help us understand the granular details better.	yesno 	1	Yes
---	---
0	No			
32	[race]	Patient-reported race (check all that apply if patient identifies with more than one race)	checkbox | 1002-5	race___1002_5	American Indian/Alaska Native
---	---	---
2028-9	race___2028_9	Asian
2076-8	race___2076_8	Native Hawaiian or Other Pacific Islander
2054-5	race___2054_5	Black or African American
2106-3	race___2106_3	White
2131-1	race___2131_1	Other
UNK	race___unk	Unknown / Not Reported	 Field Annotation: Value Set: 2.16.840.1.114222.4.11.6065		
33	[ethnicity]	Patient-reported ethnicity	radio 	2135-2	Hispanic or Latino
---	---
2186-5	NOT Hispanic or Latino
UNK	Unknown / Not Reported	 Custom alignment: RH Field Annotation: Value 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, suburbs)
3	Rural (country)
88	Other
99	Unknown			
35	[insurance Show the field ONLY if: [more_demographics] = '1' or [ccc19] = '1' or [country_of_patient_residen] = '1']	What is the patient's insurance status? Check all that apply; this should be the insurance status at the time of COVID-19 diagnosis.	checkbox | 0	insurance___0	Not insured
---	---	---
1	insurance___1	Private insurance/managed care
2	insurance___2	Medicaid
3	insurance___3	Medicare
4	insurance___4	Other government
99	insurance___99	Unknown			
36	[hcw]	Is the patient a healthcare worker?	radio 	0	No
---	---
1	Yes
99	Unknown			
37	[hcw_info Show the field ONLY if: [hcw] = '1']	We are currently developing a separate survey to collect more 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).	descriptive Field Annotation: @HIDDEN		

38	[ecog_status]	ECOG performance status prior to infection Please record the ECOG 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 COVID-19 diagnosis, you should choose "No ECOG PS recorded within 3 months prior to COVID-19 diagnosis".	radio, Required
			0: 0: Fully active, able to continue with all pre-disease activities without restriction
			1: 1: Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
			2: 2: Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours
			3: 3: Capable of only limited self-care. Confined to bed or chair more than 50% of waking hours
			4: 4: Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
			88: No ECOG PS recorded within the 3 months prior to COVID-19 diagnosis
			99: Unknown
39	[smoking_status]	Smoking status	radio
			1: Current smoker
			2: Former smoker, NOS
			2a: Former smoker, quit less than 1 year ago
			2b: Former smoker, quit between 1 and 5 years ago
			2c: Former smoker, quit between 6 and 10 years ago
			2d: Former smoker, quit more than 10 years ago
			3: Never smoker
			99: Unknown
40	[smoking_product Show the field ONLY if: [smoking_status] = '1' or [smoking_status] = '2a']	Types of inhaled smoking products. Check all that apply.	checkbox
			722496004 | smoking_product___722496004 | Cigarettes
			722497008 | smoking_product___722497008 | Cigars
			722498003 | smoking_product___722498003 | e-Cigarettes
			722495000 | smoking_product___722495000 | Hookah pipe
			OTH | smoking_product___oth | Other
			UNK | smoking_product___unk | Unknown
			Field Annotation: Variable:SNOMED 698101006; Value set:SNOMED
41	[smoking_product_oth_specify Show the field ONLY if: [smoking_product(OTH)] = '1']	Please specify type of other smoking products Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes
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, ok to use values up to 12 months prior to COVID-19 diagnosis.	text
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 (number, Min: 5)
45	[surg_med_hx_header]	Surgical and Medical History	descriptive
46	[recent_surgery]	Has the patient had a surgery of any kind in the past year? This should include but not be limited to cancer surgeries.	radio
			0: No
			1: Yes
			99: Unknown
47	[surgery_timing Show the field ONLY if: [recent_surgery] = '1']	What is the timing of the most recent surgery, relative to the date of COVID-19 diagnosis?	radio
			1: Within the past month prior to COVID-19 diagnosis
			2: Within the past 1 to 3 months prior to COVID-19 diagnosis
			3: Within the past 3 to 12 months prior to COVID-19 diagnosis
			88: AFTER COVID-19 diagnosis
			UNK: Unknown

48	[details_surgery	Additional 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: [recent_surgery] = '1']		

49	[concomitant_meds]	Concomitant medications being taken at time of presentation with COVID-19. These would typically be the medications that the patient was taking as an outpatient at or around the time of COVID-19 diagnosis, unless they were already hospitalized and on additional medications for other reasons. Check all that apply.	checkbox

H02	concomitant_meds___h02	Systemic cortic
L04A	concomitant_meds___l04a	Immunosuppr
RXCUI-2393	concomitant_meds___rxcui_2393	Chloroquine
RXCUI-5521	concomitant_meds___rxcui_5521	Hydroxychlor (Plaquenil)
RXCUI-612865	concomitant_meds___rxcui_612865	Tocilizumab
C09A	concomitant_meds___c09a	ACE inhibitors
C09C	concomitant_meds___c09c	Angiotensin re (ARBs)
ATC-C10AA	concomitant_meds___atc_c10aa	Statins
J01	concomitant_meds___j01	Antibiotics
RXCUI-18631	concomitant_meds___rxcui_18631	Azithromycin (Pak)
HO-44995	concomitant_meds___ho_44995	Anti-virals
ATC-J05AR10	concomitant_meds___atc_j05ar10	Lopinavir/Rito
RXCUI-260101	concomitant_meds___rxcui_260101	Oseltamivir (Ta
N02BE01	concomitant_meds___n02be01	Tylenol (paracetamol/
M01A	concomitant_meds___m01a	Ibuprofen, nap NSAIDs
N02BA	concomitant_meds___n02ba	Aspirin
B01AC	concomitant_meds___b01ac	Antiplatelet ag aspirin
A10BA02	concomitant_meds___a10ba02	Metformin
A11CC	concomitant_meds___a11cc	Vitamin D
B01A	concomitant_meds___b01a	Anticoagulatio
C07A	concomitant_meds___c07a	Beta blockers
OTH	concomitant_meds___oth	Other
UNK	concomitant_meds___unk	Unknown
NONE	concomitant_meds___none	None

Custom alignment: LH
Field Annotation: Terminology: ATC, RxNorm
@NONEOFTHEABOVE='NONE' @HIDECHOICE='C07A,RXCUI-2393'

50	[steroid_timing	Are the systemic corticosteroids taken continuously, or are they taken intermittently, as part of a chemotherapy regimen? Intermittent steroids can be used for various reasons, such as prevention of nausea/vomiting, or as part of the chemotherapy regimen itself (e.g., R-CHOP).	radio
	Show the field ONLY if: [concomitant_meds(H02)] = '1']		

1	Continuously
2	Intermittently
88	Both
99	Unknown

51	[steroid_specific_2	Steroid dosing, in prednisone dose equivalents Note: 3 mg of dexamethasone is equivalent to 20 mg of prednisone, so any dose of dexamethasone of more than 3 mg/day (21 mg/week) would be equivalant to more than 20 mg of prednisone/day.	radio
	Show the field ONLY if: [concomitant_meds(H02)] = '1']		

1	20 mg/day or below [low dose]
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'

| 52 | [immuno_type

 Show the field ONLY if:
 [concomitant_meds(L04A)] = '1'
 ] | Please specify which immunosuppressant(s). Check all that apply. | checkbox |

L04AD01	immuno_type___l04ad01	Cyclosporine
L04AD02	immuno_type___l04ad02	Tacrolimus (Prograf)
L04AA10	immuno_type___l04aa10	Sirolimus
L04AA18	immuno_type___l04aa18	Everolimus
L04AX01	immuno_type___l04ax01	Azathioprine (Imuran)
L04AA06	immuno_type___l04aa06	Mycophenolate mofetil (CellCept)
L01BB02	immuno_type___l01bb02	Mercaptopurine (6-MP)
L04AA33	immuno_type___l04aa33	Vedolizumab
L01BA01	immuno_type___l01ba01	Methotrexate
L01AA01	immuno_type___l01aa01	Cyclophosphamide
L04AB04	immuno_type___l04ab04	Adalimumab
L01XE18	immuno_type___l01xe18	Ruxolitinib (Jakafi)
L01XE57	immuno_type___l01xe57	Fedratinib (Inrebic)
OTH	immuno_type___oth	Other
UNK	immuno_type___unk	Unknown

Field Annotation: Terminologies: ATC
@HIDECHOICE='L04AA18,L04AA33,L04AB04,L01XE57'

53	[immuno_oth_more Show the field ONLY if: [immuno_type(OTH)] = '1']	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

54	[aspirin_dose Show the field ONLY if: [concomitant_meds(N02BA)] = '1']	Aspirin dosing	radio

262459003	Low dose (less than 200 mg/day)
261829003	Full dose
261665006	Unknown

Field Annotation: Terminology: SNOMED

55	[bl_anticoag_type Show the field ONLY if: [concomitant_meds(B01A)] = '1']	Which anticoagulants were used? Check all that apply.	checkbox

B01AA	bl_anticoag_type___b01aa	Vitamin K antagonists (e.g., warfarin)
B01AB	bl_anticoag_type___b01ab	Low-molecular weight heparin (e.g., enoxaparin [Lovenox])
B01AB01	bl_anticoag_type___b01ab01	Unfractionated heparin
B01AE	bl_anticoag_type___b01ae	Direct thrombin inhibitors (e.g., argatroban, dabigatran [Pradaxa])
B01AF	bl_anticoag_type___b01af	Direct factor Xa inhibitors (e.g., apixaban [Eliquis], rivaroxaban [Xarelto])
B01AX05	bl_anticoag_type___b01ax05	Fondaparinux
UNK	bl_anticoag_type___unk	Unknown
OTH	bl_anticoag_type___oth	Other

Field Annotation: Terminology: ATC
@HIDECHOICE='B01AX05'

56	[bl_anticoag_reason] Show the field ONLY if: [concomitant_meds(B01A)] = '1']	Why were anticoagulants being used?	radio 	360271000	Prophylaxis	 	262202000	Therapeutic dosing	 	261665006	Unknown	 Field Annotation: Terminology: SNOMED
57	[bl_anticoag_type_oth_specify] Show the field ONLY if: [bl_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
58	[meds_other] Show the field ONLY if: [concomitant_meds(OTH)] = '1']	Please specify what other medications Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes
59	[gcsf]	Did the patient receive G-CSF within two weeks of the COVID-19 diagnosis?	radio 	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 chemo or during a neutropenic hospitalization)	 	OTH	Other	 	UNK	Unknown	
60	[gcsf_oth_specify] Show the field ONLY if: [gcsf] = 'OTH']	Please specify what other G-CSF Do not record any PHI in this field. As a reminder, this includes all elements of date other than year.	notes
61	[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
62	[sars_vax]	Did the patient receive a SARS-CoV-2 vaccine?	radio 	0	No	 	1	Yes	 	99	Unknown	
63	[sars_vax_which] Show the field ONLY if: [sars_vax] = '1']	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 started with Johnson & Johnson and then switched to Pfizer) please select Other and describe the dosing in the free text.	radio, Required 	1a	AstraZeneca vaccine (one dose only)	 	1b	AstraZeneca vaccine (both doses)	 	4	Johnson & Johnson vaccine (one dose)	 	4b	Johnson & Johnson vaccine (more than one dose)	 	2a	Moderna mRNA vaccine (one dose only)	 	2b	Moderna mRNA vaccine (both initial doses)	 	2c	Moderna mRNA vaccine (both doses + booster)	 	3a	Pfizer mRNA vaccine (one dose only)	 	3b	Pfizer mRNA vaccine (both initial doses)	 	3c	Pfizer mRNA vaccine (both doses + booster)	 	88	Other	 	99	Unknown	
64	[sars_vax_other] Show the field ONLY if: [sars_vax_which] = '88']	Please specify what other SARS-CoV-2 vaccine Do not record any PHI in this field. As a reminder, this includes all elements of date other than year.	notes

65	[sars_vax_when Show the field ONLY if: [sars_vax] = '1']	How long after the FIRST dose of vaccine was COVID-19 diagnosed?	radio, Required

1	Less than 4 weeks
2	4 to 8 weeks
3	8 to 12 weeks
4	More than 12 weeks
88	N/A - patient was vaccinated AFTER the COVID-19 diagnosis
99	Unknown

66	[influenza_vax]	Did the patient have an influenza vaccine in the season which they contracted SARS-CoV-2?	radio

0	No
1	Yes
99	Unknown

67	[bcg_vax]	Has the patient ever had a BCG vaccine?	radio

0	No
1	Yes
99	Unknown

Field Annotation: @HIDDEN

68	[blood_type]	Patient ABO blood type	radio

A	A
B	B
AB	AB
O	O
99	Unknown

Field Annotation: SNOMED: 112143006

69	[blood_type_rh]	Patient RH blood type	radio

165747007	Rh+
165746003	Rh-
99	Unknown

Field Annotation: SNOMED: 115758001

70	[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

71	[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).	checkbox

38013005	significant_comorbidities___38013005	Immune definition
62479008	significant_comorbidities___62479008	HIV +/- A
19829001	significant_comorbidities___19829001	Pulmona
195967001	significant_comorbidities___195967001	Asthma
13645005	significant_comorbidities___13645005	COPD/En
78275009	significant_comorbidities___78275009	Obstruct (OSA)
84004001	significant_comorbidities___84004001	Radiation
427046006	significant_comorbidities___427046006	ICI pneu
56265001	significant_comorbidities___56265001	Cardiova
38341003	significant_comorbidities___38341003	Hyperter pressure
55822004	significant_comorbidities___55822004	Hyperlipi choleste
53741008	significant_comorbidities___53741008	Coronary (CAD)
42343007	significant_comorbidities___42343007	Congesti (CHF) inc HFrEF
698247007	significant_comorbidities___698247007	Cardiac a
49436004	significant_comorbidities___49436004	Atrial fibr
400047006	significant_comorbidities___400047006	Peripher (PVD/PAD

275526006	significant_comorbidities___275526006	History o accident	
59282003	significant_comorbidities___59282003	Pulmona	
128053003	significant_comorbidities___128053003	Deep ve (DVT)	
90708001	significant_comorbidities___90708001	Renal dis	
723190009	significant_comorbidities___723190009	Chronic r (CRI/CKD	
46177005	significant_comorbidities___46177005	End-stag (ESRD) n	
236435004	significant_comorbidities___236435004	ESRD, on	
235856003	significant_comorbidities___235856003	Liver dise	
19943007	significant_comorbidities___19943007	Cirrhosis	
OTH-x	significant_comorbidities___oth_x	Other org	
52448006	significant_comorbidities___52448006	Dementi	
7200002	significant_comorbidities___7200002	Alcoholis	
73211009	significant_comorbidities___73211009	Diabetes	
190388001	significant_comorbidities___190388001	Diabetes complica	
237602007	significant_comorbidities___237602007	Metaboli	
414916001	significant_comorbidities___414916001	Obesity	
238136002	significant_comorbidities___238136002	Morbid o BMI > 35 related h	
444316004	significant_comorbidities___444316004	Seasonal	
24526004	significant_comorbidities___24526004	Inflamma (IBD)	
85828009	significant_comorbidities___85828009	Rheumat disease	
234336002	significant_comorbidities___234336002	History o transplar stem cell	
313039003	significant_comorbidities___313039003	History o transplar	
OTH	significant_comorbidities___oth	Other	
UNK	significant_comorbidities___unk	Unknown	
NONE	significant_comorbidities___none	None	

Field Annotation: Terminology: SNOMED
@NONEOFTHEABOVE='NONE' @HIDECHOICE = '38013005'
Immune suppression was defined as outpatient use of
prednisone (10mg/d or greater), use of chemotherapy, use
of nonsteroidal immunosuppressive agents for solid organ
transplant or for an autoimmune disease.

72	[transplant_timing Show the field ONLY if: [significant_comorbidities(234336 002)] = '1' or [significant_comorbi dities(313039003)] = '1']	Was the most recent transplant performed within 2 years of COVID-19 diagnosis?	radio 	1	Yes
0	No
99	Unknown	
73	[hiv_cd4 Show the field ONLY if: [significant_comorbidities(624790 08)] = '1']	What is the patient's CD4+ T-cell count?	text (number, Min: 0)
74	[hiv_vl Show the field ONLY if: [significant_comorbidities(624790 08)] = '1']	What is the patient's viral load, in copies/mL?	text (number, Min: 0)

75	[ibd Show the field ONLY if: [significant_comorbidities(245260 04)] = '1']	Please consider reporting this patient to the Secure-IBD Registry as well.	descriptive		
76	[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		
77	[o2_requirement]	Does the patient have a baseline chronic O2 requirement?	radio		
			1	Yes, patient requires chronic supplemental O2	
			0	No, patient does not require supplemental O2	
			99	Unknown	
78	[comorbid_no]	Number of comorbid conditions requiring active therapy.	radio		
			0	0	
			1	1	
			2	2	
			3	3	
			4	4 or more	
			99	Unknown	
79	[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		
80	[comments_form_1]	Section Header: *Free text entry (optional)* Comments Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
81	[patient_demographics_complete]	Section Header: *Form Status* Complete?	dropdown		
			0	Incomplete	
			1	Unverified	
			2	Complete	

Instrument: **COVID-19 details** (covid19_details) 🔗 Enabled as survey					
82	[ts_2]	Timestamp for the COVID-19 details form	text (datetime_dmy), Required Field Annotation: @HIDDEN @NOW_UTC		
83	[c19_workup_why]	Section Header: *COVID-19 Details - Mandatory Diagnostic Information* Why did the patient come to be evaluated for SARS-CoV-2 or COVID-19?	radio		
			1	Symptoms	
			2	Screening prior to a procedure	
			3	Screening prior to a systemic anti-cancer treatment	
			4	Screening due to a high-risk situation (e.g., known exposure)	
			OTH	Other	
			UNK	Unknown	
			Field Annotation: @HIDDEN DEPRECATED		
84	[c19_workup_why_2]	Why did the patient come to be evaluated for SARS-CoV-2 or COVID-19? Check all that apply.	checkbox, Required		
			1	c19_workup_why_2___1	Symptoms
			2	c19_workup_why_2___2	Screening prior to a procedure
			3	c19_workup_why_2___3	Screening prior to a systemic anti-cancer treatment
			4	c19_workup_why_2___4	Screening due to a high-risk situation (e.g., known exposure)
			5	c19_workup_why_2___5	Screening required for public health reasons (e.g., prior to nursing home placement)
			OTH	c19_workup_why_2___oth	Other
			UNK	c19_workup_why_2___unk	Unknown

| 85 | [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 |

| 86 | [symptoms] | Which symptoms and/or signs were present upon initial presentation? Check all that apply. | checkbox, Required |

367391008	symptoms___367391008	Fatigue/Malaise
386661006	symptoms___386661006	Fever
49727002	symptoms___49727002	Cough
248595008	symptoms___248595008	Productive cough (with sputum)
267036007	symptoms___267036007	Dyspnea (SOB/DOE)
68962001	symptoms___68962001	Myalgias (muscle pains, body aches)
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___36955009	Loss of taste (ageusia)
64531003	symptoms___64531003	Rhinorrhea (runny nose)
422587007	symptoms___422587007	Nausea
272044004	symptoms___272044004	Vomiting
62315008	symptoms___62315008	Diarrhea
43364001	symptoms___43364001	Abdominal discomfort (other than frank abdominal pain)
21522001	symptoms___21522001	Abdominal pain
166643006	symptoms___166643006	LFT abnormalities
301095005	symptoms___301095005	Cardiac involvement
9826008	symptoms___9826008	Conjunctivitis
OTH	symptoms___oth	Other
84387000	symptoms___84387000	None (patient was asymptomatic)
UNK	symptoms___unk	Unknown

Field Annotation: Terminology: SNOMED
@NONEOFTHEABOVE='84387000'

| 87 | [symptoms_oth_specify

Show the field ONLY if:
[symptoms(OTH)] = '1'
] | Please specify other symptoms. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes |

| 88 | [symptoms_none_why

Show the field ONLY if:
[symptoms(84387000)] = '1'
] | Was the patient tested as part of a pre-treatment or pre-procedure screening program? | radio |

0	No
1	Yes
99	Unknown

| 89 | [covid_19_diagnosis] | COVID-19 diagnosis Note: if the patient ever had a positive laboratory 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, antibodies, or any other test that would be consistent with a current or prior SARS-CoV-2 infection. | radio, Required |

1	Suspected based on symptoms
11	Suspected based on contact with confirmed case
2	Suspected based on CXR findings
3	Suspected based on CT scan findings
4	Laboratory-confirmed
99	Unknown

| 90 | [covid_19_lab_type

Show the field ONLY if:
[covid_19_diagnosis] = '4'
] | What was the type of laboratory confirmation? Check all that apply | checkbox, Required |

			94746-5	covid_19_lab_type___94746_5	PCR
			94558-4	covid_19_lab_type___94558_4	Antigen test (ELISA)
			94762-2	covid_19_lab_type___94762_2	Serology (antibodies to SARS-CoV-2)
			LA14698-7	covid_19_lab_type___la14698_7	Other
			LA4489-6	covid_19_lab_type___la4489_6	Unknown

Field Annotation: Vocabulary: LOINC

| 91 | [covid_19_dx_imaging

Show the field ONLY if:
[covid_19_diagnosis] = '2' or [covid_19_diagnosis] = '3'
] | Please describe the imaging abnormalities. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes |

| 92 | [neg_test

Show the field ONLY if:
[covid_19_diagnosis] = '1' or [covid_19_diagnosis] = '11' or [covid_19_diagnosis] = '2' or [covid_19_diagnosis] = '3' or [covid_19_diagnosis] = '99'
] | Did the patient have a negative laboratory test despite having symptoms or signs supportive of the COVID-19 diagnosis? | radio, Required

1 Yes
2 No
99 Unknown |

| 93 | [covid_19_test_more

Show the field ONLY if:
[neg_test] = '1' or [covid_19_diagnosis] = '4'
] | Please provide additional details, including the type of COVID-19 test. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes |

| 94 | [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 |

| 95 | [severity_of_covid_19_v2] | Section Header: *Initial Severity and Course of Illness*

Initial severity of COVID-19 Note 1: this is probably the most important single piece of information that we are gathering, please try not to answer "unknown" if at all possible. Note 2: if hospitalization or ICU admission were indicated but the patient was not actually admitted, 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 mechanical ventilation, but is transitioned to home hospice 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. | radio, Required

1 Mild (no hospitalization required)
2 Moderate (hospitalization indicated)
3 Severe (ICU admission indicated)
99 Unknown |

| 96 | [cytokine_yn

Show the field ONLY if:
[severity_of_covid_19_v2] = '2' or [severity_of_covid_19_v2] = '3'
] | Did the patient experience a cytokine storm or cytokine release syndrome that was specifically documented in the patient's chart? | radio

0 No
1 Yes
99 Unknown

Field Annotation: @HIDDEN |

| 97 | [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 hospitalization and make a note in the comments about the other hospitalization(s). | radio, Required

0 No
1 Yes - admitted to floor
2 Yes - admitted to floor and then transferred to the ICU
3 Yes - admitted directly to the ICU
88 Yes - unknown details
99 Unknown |

| 98 | [dx_hosp_interval

Show the field ONLY if:
[hosp_status] = '1' or [hosp_status] = '2' or [hosp_status] = '3' or [hosp_status] = '88'
] | How many days elapsed between the COVID-19 diagnosis and the first hospital admission? If the patient was hospitalized on the same day as their diagnosis, enter 0 here. If they were hospitalized before the COVID-19 diagnosis (e.g., iatrogenic COVID-19), enter a negative number corresponding to how many days they were in the hospital before diagnosis. If you do not know the answer, enter 9999 here. | text (integer) |

99	[code_status_admit Show the field ONLY if: [hosp_status] = 1 or [hosp_status] = 2 or [hosp_status] = 3 or [hosp_status] = 88]	What was the patient's code status at the time of admission	radio 	1	Full code
2	DNR only
3	DNI only
4	DNR/DNI
99	Unknown	
100	[code_status_change Show the field ONLY if: [hosp_status] = 1 or [hosp_status] = 2 or [hosp_status] = 3 or [hosp_status] = 88]	Did the patient's code status change during the hospitalization?	radio | 0	No
1	Yes
99	Unknown	
101	[code_status_change_what Show the field ONLY if: [code_status_change] = 1]	What did the code status change to?	radio | 1	Full code
2	DNR only
3	DNI only
4	DNR/DNI
88	Other
99	Unknown	
102	[code_status_change_why Show the field ONLY if: [code_status_change] = 1]	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 than year.	notes
103	[palliative_yn Show the field ONLY if: [hosp_status] = 1 or [hosp_status] = 2 or [hosp_status] = 3 or [hosp_status] = 88]	Was a palliative care consultant or team involved in the care of the patient during this admission?	radio | 0	No
1	Yes
99	Unknown	
104	[hosp_los Show the field ONLY if: [hosp_status] = '1']	If known, how long was the length of stay, in days? If the patient is still hospitalized, enter 9999 here.	text (integer, Min: 1)
105	[hosp_los_2 Show the field ONLY if: [hosp_status] = '2']	If known, how long was the length of stay prior to transfer to the ICU, in days?	text (integer, Min: 1)
106	[icu_los Show the field ONLY if: [hosp_status] = '2' or [hosp_status] = '3']	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)
107	[current_status Show the field ONLY if: [timing_of_report] = '1']	What is the patient's current location?	radio, Required | 1	Outpatient - new COVID-19 diagnosis
2	Outpatient - follow up
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	
108	[days_to_death_2 Show the field ONLY if: [current_status] = '9']	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

109	[cause_of_death	To the best of your knowledge, what was the proximal cause of death?	radio, Required	
	Show the field ONLY if: [current_status] = '9']		1	COVID-19
			2	Cancer
			3	Both
			88	Other
			99	Unknown

110	[deceased_reason	Please provide additional details about the proximal cause of death. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes, Required
	Show the field ONLY if: [current_status] = '9']		

111	[c19_complications_systemic]	Section Header: *Complications*	checkbox, Required		
		Systemic complications occurring during the COVID-19 illness. Check all that apply. If there were no systemic complications, please check "None".	50960005	c19_complications_systemic___50960005	Bleed
			67406007	c19_complications_systemic___67406007	Disser intrav coagu (DIC)
			57653000	c19_complications_systemic___57653000	Multic failure
			91302008	c19_complications_systemic___91302008	Sepsis
			238147009	c19_complications_systemic___238147009	Other
			NONE	c19_complications_systemic___none	None
			UNK	c19_complications_systemic___unk	Unkno
			Field Annotation: Terminology: SNOMED @NONEOFTHEABOVE='NONE'		

112	[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_bleeding___112648003	Major bleeding (requiring multiple RBCs transfusions or ICU admit)
			73099002	c19_bleeding___73099002	Non-major but clinically relevant bleed
			127563002	c19_bleeding___127563002	Minor bleed (without transfusion need)
			230690007-Major	c19_bleeding___230690007_major	CNS hemorrhage, extensive
			230690007-Minor	c19_bleeding___230690007_minor	CNS hemorrhage, limited
			OTH	c19_bleeding___oth	Other
			UNK	c19_bleeding___unk	Unknown
			Field Annotation: Terminology: SNOMED-modified		

113	[c19_bleeding_oth_specify	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
	Show the field ONLY if: [c19_bleeding(OTH)] = '1']		

114	[dic_certainty	How definite was the DIC diagnosis?	radio	
	Show the field ONLY if: [c19_complications_systemic(674 06007)] = '1']		1	Definite
			2	Suspected
			99	Unknown

115	[dic_treatment Show the field ONLY if: [c19_complications_systemic(674 06007)] = '1']	Which of the following were used to treat the DIC?	radio

radio

346447007	Plasma (FFP)
256401009	Cryoprecipitate
NONE	None
UNK	Unknown
OTH	Other

Field Annotation: Terminology: SNOMED @HIDDEN

116	[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

117	[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

118	[o2_requirement_c19]	Did the patient require supplemental O2 during the course of illness?	radio, Required

0	No
1	Yes
99	Unknown

119	[o2_policy Show the field ONLY if: [o2_requirement_c19] = '1']	Was there an institutional policy in place to refuse intubation for patients with metastatic cancer, at the time when this patient required supplemental O2?	radio

0	No
1	Yes
99	Unknown

120	[c19_complications_pulm]	Pulmonary complications occurring during the COVID-19 illness. Check all that apply. If there were no pulmonary complications, please check "None". Note: the distinction between pneumonia and pneumonitis can often be very subtle and subjective. Radiology notes may say pneumonitis and clinical notes may say pneumonia. Please use your best judgment.	checkbox, Required

409622000	c19_complications_pulm___409622000	Respiratory failure
205237003	c19_complications_pulm___205237003	Pneumonia
233604007	c19_complications_pulm___233604007	Pneumonitis
67782005	c19_complications_pulm___67782005	Acute respiratory distress syndrome (ARDS)
59282003	c19_complications_pulm___59282003	Pulmonary embolism (PE)
60046008	c19_complications_pulm___60046008	Pleural effusion
312682007	c19_complications_pulm___312682007	Empyema
50043002	c19_complications_pulm___50043002	Other
NONE	c19_complications_pulm___none	None
UNK	c19_complications_pulm___unk	Unknown

Field Annotation: Terminology: SNOMED

121	[resp_failure_tx Show the field ONLY if: [c19_complications_pulm(409622 000)] = '1' or [o2_requirement_c1 9] = '1']	Which of the following supplemental O2 interventions did the patient require? Select the most invasive intervention required during the course of illness.	radio

1	Nasal cannula or face mask with standard O2
2	High-flow nasal cannula or blow-by
3	Non-rebreather
4	CPAP
5	BiPAP
6	Intubation
99	Unknown

122	[withdrawal_yn Show the field ONLY if: [resp_failure_tx] = '6']	Was there an active decision to withdraw care?	radio

0	No
1	Yes
99	Unknown

| 123 | [withdrawal_who

Show the field ONLY if:
[withdrawal_yn] = '1'

] | Who was involved in the decision to withdraw care? Please check all that apply | checkbox |

1	withdrawal_who___1	Patient	
2	withdrawal_who___2	Spouse or significant other	
3	withdrawal_who___3	Child	
4	withdrawal_who___4	Parent	
5	withdrawal_who___5	Other family	
6	withdrawal_who___6	Friend	
7	withdrawal_who___7	Primary managing hematologist/oncologist	
8	withdrawal_who___8	Hospitalist/Intensivist	
9	withdrawal_who___9	Palliative care clinician	
OTH	withdrawal_who___oth	Other	

Field Annotation: @HIDECHOICE='6'

| 124 | [berlin_yn

Show the field ONLY if:
[c19_complications_pulm(67782005)] = '1'

] | Were the Berlin criteria formally assessed? | radio |

0	No
1	Yes
99	Unknown/Unsure

| 125 | [berlin_2

Show the field ONLY if:
[berlin_yn] = '1'

] | Berlin criteria.The Berlin criteria are based on a decreased PaO2/FiO2 ratio:-mild ARDS: 201 - 300 mmHg (≤ 39.9 kPa)-moderate ARDS: 101 - 200 mmHg (≤ 26.6 kPa)-severe ARDS: ≤ 100 mmHg (≤ 13.3 kPa)Note that the Berlin definition requires a minimum positive end expiratory pressure (PEEP) of 5 cmH2O for consideration of the PaO2/FiO2 ratio. This degree of PEEP may be delivered noninvasively with CPAP to diagnose mild ARDS. Click this link to access a calculator for PaO2/FiO2 ratio (opens a new window) | radio |

1	Mild
2	Moderate
3	Severe
99	Unknown

| 126 | [c19_comp_pulm_specify

Show the field ONLY if:
[c19_complications_pulm(50043002)] = '1'

] | Please specify other pulmonary complications. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes |

127	[c19_complications_card]	Cardiovascular complications occurring during the COVID-19 illness. Check all that apply. If there were no cardiovascular complications, please check "None".	checkbox, Required		
			45007003	c19_complications_card___45007003	Hypotensi
			22298006	c19_complications_card___22298006	Myocardia infarction
			414545008	c19_complications_card___414545008	Other card ischemia
			49436004	c19_complications_card___49436004	Atrial fibri
			71908006	c19_complications_card___71908006	Ventricula fibrillation
			698247007	c19_complications_card___698247007	Other card arrhythmi
			85898001	c19_complications_card___85898001	Cardiomyo
			42343007	c19_complications_card___42343007	Congestive heart failu (CHF)
			59282003	c19_complications_card___59282003	Pulmonary embolism
			128053003	c19_complications_card___128053003	Deep veno thrombos (DVT)
			275517008	c19_complications_card___275517008	Superficia venous thrombos (SVT)
			230690007	c19_complications_card___230690007	Cerebrova accident ((stroke)
			414086009	c19_complications_card___414086009	Thrombos NOS
			49601007	c19_complications_card___49601007	Other
			NONE	c19_complications_card___none	None
			UNK	c19_complications_card___unk	Unknown
			Field Annotation: Terminology: SNOMED		
128	[sepsis_pressors Show the field ONLY if: [c19_complications_card(45007003)] = '1']	Did the patient require pressors?	radio 0 No 1 Yes 99 Unknown		
129	[c19_comp_card_specify Show the field ONLY if: [c19_complications_card(49601007)] = '1' or [c19_complications_card(414545008)] = '1' or [c19_complications_card(698247007)] = '1']	Please specify other cardiac 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_gi]	Gastrointestinal complications occurring during the COVID-19 illness. Check all that apply. If there were no GI complications, please check "None".	checkbox, Required		
			427044009	c19_complications_gi___427044009	Acute hepatic injury
			389026000	c19_complications_gi___389026000	Ascites
			81060008	c19_complications_gi___81060008	Bowel obstruction
			56905009	c19_complications_gi___56905009	Bowel perforation
			710572000	c19_complications_gi___710572000	Ileus
			48661000	c19_complications_gi___48661000	Peritonitis
			53619000	c19_complications_gi___53619000	Other
			NONE	c19_complications_gi___none	None
			UNK	c19_complications_gi___unk	Unknown
			Field Annotation: Terminology: SNOMED @HIDECHOICE='48661000'		

131	[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		
132	[c19_complications_other]	Other complications occurring during the COVID-19 illness. Check all that apply. If there were no other complications, please check "None".	checkbox, Required		
			14669001	c19_complications_other___14669001	Acute kidney injury
			91175000	c19_complications_other___91175000	Seizures
			372070002	c19_complications_other___372070002	Gangrene
			414086009	c19_complications_other___414086009	Thrombo NOS
			362965005	c19_complications_other___362965005	Other
			NONE	c19_complications_other___none	None
			UNK	c19_complications_other___unk	Unknown
			Field Annotation: Terminology: SNOMED @HIDECHOICE = '372070002,414086009'		
133	[c19_complications_oth_specify Show the field ONLY if: [c19_complications_other(362965 005)] = '1']	Please specify other complications. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
134	[current_status_v2 Show the field ONLY if: [timing_of_report] = '1' and ([current_status] = '1' or [current_status] = '2' or [current_status] = '3' or [current_status] = '4' or [current_status] = '5' or [current_status] = '6' or [current_status] = '7' or [current_status] = '8')]	Section Header: *Clinical Status* Current COVID-19 status Fully recovered means that the patient has returned to their baseline functional status and repeat SARS-CoV-2 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 be considered to have recovered with complications.	radio, Required 1 Fully recovered 1b Recovered with complications 2 Ongoing infection 3 Died 99 Unknown		
135	[current_status_retro Show the field ONLY if: [timing_of_report] = '2']	Final COVID-19 status Fully recovered means that the patient has returned to their baseline functional status and repeat SARS-CoV-2 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 be considered to have recovered with complications.	radio, Required 1 Fully recovered 1b Recovered with complications 3 Died 99 Unknown		
136	[days_to_death Show the field ONLY if: [current_status_retro] = '3' or [current_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		
137	[cause_of_death_2 Show the field ONLY if: [current_status_v2] = '3' or [current_status_retro] = '3']	To the best of your knowledge, what was the proximal cause of death?	radio, Required 1 COVID-19 2 Cancer 3 Both 88 Other 99 Unknown		
138	[deceased_reason_retro Show the field ONLY if: [current_status_v2] = '3' or [current_status_retro] = '3']	Please provide additional details about the proximal cause of death. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes, Required		

139	[current_status_clinical Show the field ONLY if: [current_status_v2] = '2']	Current clinical status	radio, Required	
			0	Outpatient - No symptoms
			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
140	[current_status_clinical_specify Show the field ONLY if: [current_status_clinical] = 'OTH']	Please specify other current clinical status Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes, Required	
141	[worst_status_clinical Show the field ONLY if: [timing_of_report] = '2']	Worst clinical status. Report the worst clinical presentation during the COVID-19 illness or the current clinical status if this is the only known status. If the patient died, this should be the highest level of care that they received prior to the time of death.	radio, Required	
			0	Outpatient - No symptoms
			1	Outpatient - Mild symptoms
			2	Outpatient - Moderate symptoms
			3	Outpatient - Severe symptoms
			5	Inpatient - Moderately ill
			6	Inpatient - Severely ill
			7	Critical (ICU) - Severely ill, did not require ventilator support
			8	Critical (ICU) - Severely ill, intubated
			OTH	Other
			99	Unknown
142	[worst_status_clinical_specify Show the field ONLY if: [worst_status_clinical] = 'OTH']	Please specify worst clinical status Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes, Required	
143	[complications_severity Show the field ONLY if: [current_status_v2] = '1b' or [current_status_v2] = '2' or [current_status_retro] = '1b']	Current severity of COVID-19 complications. Check all that apply.	checkbox, Required	
			0	complications_severity___0	No complications
			1	complications_severity___1	Mild complications (mimimal symptoms from complications)
			2	complications_severity___2	Moderate complications (moderate symptoms from complications)
			3	complications_severity___3	Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning)
			OTH	complications_severity___oth	Other
			99	complications_severity___99	Unknown
144	[complications_severity_oth_specify 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	

145	[worst_complications_severity Show the field ONLY if: [timing_of_report] = '2' and [current_status_retro] != '3']	Worst severity of COVID-19 complications. Check all that apply.	checkbox, Required		
			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)
			3	worst_complications_severity___3	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
146	[worst_complications_severity_specify Show the field ONLY if: [worst_complications_severity(OTH)] = '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		
147	[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.	descriptive		

148	[covid_19_more Show the field ONLY if: [ccc19] = '0']	Section Header: *COVID-19 Details - Optional* Would you like to answer additional COVID-19 detail questions? This is optional but will really help us understand the granular details better.	yesno
			1	Yes
			0	No

149	[mortality Show the field ONLY if: [covid_19_dx_interval] != '1' and [covid_19_dx_interval] != '2' and [covid_19_dx_interval] != '3']	If it has been at least 30 days from the presumptive or laboratory-proven COVID-19 diagnosis, was the patient alive 30 days after diagnosis?	radio, Required
			1	Yes
			0	No
			88	N/A - it has been fewer than 30 days since COVID-19 diagnosis
			99	Unknown

150	[mortality_90 Show the field ONLY if: [covid_19_dx_interval] != '1' and [covid_19_dx_interval] != '2' and [covid_19_dx_interval] != '3' and [covid_19_dx_interval] != '4' and [covid_19_dx_interval] != '5' and [mortality] != '0']	If it has been at least 90 days (~3 months) from the presumptive or laboratory-proven COVID-19 diagnosis, was the patient alive 90 days after diagnosis?	radio, Required
			1	Yes
			0	No
			88	N/A - it has been fewer than 90 days since COVID-19 diagnosis
			99	Unknown

151	[mortality_180 Show the field ONLY if: [covid_19_dx_interval] != '1' and [covid_19_dx_interval] != '2' and [covid_19_dx_interval] != '3' and [covid_19_dx_interval] != '4' and [covid_19_dx_interval] != '5' and [covid_19_dx_interval] != '6' and [mortality] != '0' and [mortality_90] != '0']	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 after diagnosis?	radio, Required
			1	Yes
			0	No
			88	N/A - it has been fewer than 180 days since COVID-19 diagnosis
			99	Unknown

152	[labs]	Section Header: *Baseline laboratory values at the time of or closest to the date of the 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.* 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-19 illness.	radio

			1	At the time of initial COVID-19 diagnosis
			2a	At the time of a change in clinical status (hospitalization)
			2b	At the time of a change in clinical status (other than hospitalization)
			3	Labs were not drawn or are not available for review
			OTH	Other
			UNK	Unknown

153	[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.	notes

154	[wbc_range Show the field ONLY if: [labs] != '3']	Section Header: *CBC values at presentation* Total WBC count	radio (Matrix)

			LO	Low
			WNL	Normal
			HI	High
			NT	Not tested
			99	Unknown

155	[alc_range Show the field ONLY if: [labs] != '3']	Absolute lymphocyte count (ALC) - less than 1500/uL should be considered low	radio (Matrix)

			LO	Low
			WNL	Normal
			HI	High
			NT	Not tested
			99	Unknown

Field Annotation: less than 1500/uL should be considered low

156	[anc_range Show the field ONLY if: [labs] != '3']	Absolute neutrophil count (ANC)	radio (Matrix)

			LO	Low
			WNL	Normal
			HI	High
			NT	Not tested
			99	Unknown

Field Annotation: less than 1000/uL should be considered low

157	[aec_range Show the field ONLY if: [labs] != '3']	Absolute eosinophil count (AEC)	radio (Matrix)

			LO	Low
			WNL	Normal
			HI	High
			NT	Not tested
			99	Unknown

158	[hgb_range Show the field ONLY if: [labs] != '3']	Hemoglobin	radio (Matrix)

			LO	Low
			WNL	Normal
			HI	High
			NT	Not tested
			99	Unknown

159	[plt_range Show the field ONLY if: [labs] != '3']	Platelets	radio (Matrix)

			LO	Low
			WNL	Normal
			HI	High
			NT	Not tested
			99	Unknown

160	[wbc_numeric Show the field ONLY if: [wbc_range] = 'LO' or [wbc_range] = 'HI']	Total WBC count in 10^9/L	text (number, Min: 0, Max: 1000)
161	[alc Show the field ONLY if: [alc_range] = 'LO' or [alc_range] = 'HI']	Absolute lymphocyte count per uL	text (number, Min: 0)
162	[anc Show the field ONLY if: [anc_range] = 'LO' or [anc_range] = 'HI']	Absolute neutrophil count per uL	text (number, Min: 0)
163	[aec Show the field ONLY if: [aec_range] = 'LO' or [aec_range] = 'HI']	Absolute eosinophil count per uL	text (number, Min: 0)
164	[hgb Show the field ONLY if: [hgb_range] = 'LO' or [hgb_range] = 'HI']	Hemoglobin level in g/dL	text (number, Min: 0)
165	[plt Show the field ONLY if: [plt_range] = 'LO' or [plt_range] = 'HI']	Platelet count, 10^3/uL	text (number, Min: 0)
166	[creat Show the field ONLY if: [labs] != '3']	Section Header: *Other lab values at presentation* Creatinine	radio (Matrix) 0 Normal 1 Abnormal NT Not tested 99 Unknown Field Annotation: SNOMED: 1032061000000108
167	[tbili Show the field ONLY if: [labs] != '3']	Total bilirubin	radio (Matrix) 0 Normal 1 Abnormal NT Not tested 99 Unknown
168	[ast Show the field ONLY if: [labs] != '3']	AST	radio (Matrix) 0 Normal 1 Abnormal NT Not tested 99 Unknown
169	[alt Show the field ONLY if: [labs] != '3']	ALT	radio (Matrix) 0 Normal 1 Abnormal NT Not tested 99 Unknown
170	[ldh Show the field ONLY if: [labs] != '3']	LDH	radio (Matrix) 0 Normal 1 Abnormal NT Not tested 99 Unknown Field Annotation: SNOMED: 250644007

171	[tni Show the field ONLY if: [labs] != '3']	Troponin I (TnI)	radio (Matrix) 	0	Normal
1	Abnormal
NT	Not tested
99	Unknown	
172	[hs_trop Show the field ONLY if: [labs] != '3']	High-sensitivity troponin	radio (Matrix) | 0	Normal
1	Abnormal
NT	Not tested
99	Unknown	
173	[bnp Show the field ONLY if: [labs] != '3']	BNP	radio (Matrix) | 0	Normal
1	Abnormal
NT	Not tested
99	Unknown	
174	[crp Show the field ONLY if: [labs] != '3']	CRP	radio (Matrix) | 0	Normal
1	Abnormal
NT	Not tested
99	Unknown	
175	[il6 Show the field ONLY if: [labs] != '3']	IL-6	radio (Matrix) | 0	Normal
1	Abnormal
NT	Not tested
99	Unknown	
176	[pt Show the field ONLY if: [labs] != '3']	PT	radio (Matrix) | 0	Normal
1	Abnormal
NT	Not tested
99	Unknown	
177	[aptt Show the field ONLY if: [labs] != '3']	aPTT	radio (Matrix) | 0	Normal
1	Abnormal
NT	Not tested
99	Unknown	
178	[fibrinogen Show the field ONLY if: [labs] != '3']	Fibrinogen	radio (Matrix) | 0	Normal
1	Abnormal
NT	Not tested
99	Unknown	 Field Annotation: SNOMED: 71636003
179	[ddimer Show the field ONLY if: [labs] != '3']	D-Dimer	radio (Matrix) | 0	Normal
1	Abnormal
NT	Not tested
99	Unknown	 Field Annotation: SNOMED: 1019221000000107
180	[other_lab Show the field ONLY if: [labs] != '3']	Other (free text will open for more details below)	radio (Matrix) | 0	Normal
1	Abnormal
NT	Not tested
99	Unknown	

181	[creat_numeric Show the field ONLY if: [creat] = '1']	Please provide measured creatinine level in mg/dL	text (number, Min: 0)
182	[tbili_numeric Show the field ONLY if: [tbili] = '1']	Please provide measured total bilirubin value in mg/dL	text
183	[ast_numeric Show the field ONLY if: [ast] = '1']	Please provide measured AST/SGOT value in units/L	text (number, Min: 32)
184	[alt_numeric Show the field ONLY if: [alt] = '1']	Please provide measured ALT/SGPT value in units/L	text (number, Min: 32)
185	[pt_numeric Show the field ONLY if: [pt] = '1']	Please report measured PT value in seconds. If above the maximum range, enter "999".	text (number)
186	[aptt_numeric Show the field ONLY if: [aptt] = '1']	Please report measured aPTT value in seconds. If above the maximum range, enter "999".	text (number, Min: 0)
187	[fibrinogen_numeric Show the field ONLY if: [fibrinogen] = '1']	Please report measured fibrinogen value in mg/dL (conventional units).	text
188	[ddimer_numeric Show the field ONLY if: [ddimer] = '1']	Please report measured D-Dimer value along with units, which often differ between labs.	text
189	[ldh_numeric Show the field ONLY if: [ldh] = '1']	Please report measured LDH value along with units, which often differ between labs.	text
190	[tni_numeric Show the field ONLY if: [tni] = '1']	Please report measured TnI value in ng/mL. Only record values greater than or equal to 0.05 ng/mL.	text (number, Min: 0)
191	[hs_trop_numeric Show the field ONLY if: [hs_trop] = '1']	Please report measured high sensitivity troponin value in pg/mL.	text (number, Min: 0.05)
192	[bnp_numeric Show the field ONLY if: [bnp] = '1']	Please report measured BNP value in pg/mL.	text (number, Min: 0)
193	[crp_numeric Show the field ONLY if: [crp] = '1']	Please provide measured CRP value along with units, which often differ between labs.	text
194	[il6_numeric Show the field ONLY if: [il6] = '1']	Please report measured IL-6 value in pg/mL	text (number, Min: 1.8)
195	[other_lab_more Show the field ONLY if: [other_lab] = '1']	Please provide more details including numeric values, if you are able. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes

196	[coinfection_yn]	Section Header: *Co-infections* Was another co-infection suspected within two weeks prior or up to two weeks after the COVID-19 diagnosis?	radio

0	No
1	Yes
99	Unknown

197	[coinfection Show the field ONLY if: [coinfection_yn] = '1']	Were there other co-infections diagnosed? Check all that apply. *Terminology: SNOMED*	checkbox

49872002	coinfection___49872002	Viral, NOS
407479009	coinfection___407479009	Influenza A
407480007	coinfection___407480007	Influenza B
84101006	coinfection___84101006	Ordinary coronavirus
1838001	coinfection___1838001	Rhinovirus
6415009	coinfection___6415009	RSV
409822003	coinfection___409822003	Bacterial infection, NOS
8745002	coinfection___8745002	Gram-positive bacteria
233607000	coinfection___233607000	Pneumococcal pneumonia
81325006	coinfection___81325006	Gram-negative bacteria
414561005	coinfection___414561005	Fungal, NOS
2429008	coinfection___2429008	Aspergillus culture-confirmed
709601002	coinfection___709601002	Aspergillus suspected (galactomannan positive)
442376007	coinfection___442376007	Tests are pending
OTH	coinfection___oth	Other
UNK	coinfection___unk	Unknown
NONE	coinfection___none	None

Field Annotation: Terminology: SNOMED
@HIDECHOICE='407480007,84101006,6415009,2429008,709601

198	[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

199	[coinfection_site Show the field ONLY if: [coinfection_yn] = '1']	What body locations were affected by the co-infection(s)? Check all that apply.	checkbox

49596003	coinfection_site___49596003	Abdomen/GI
122489005	coinfection_site___122489005	Bladder/GU (e.g., urinary tract infection [UTI])
431193003	coinfection_site___431193003	Bloodstream (e.g., bacteremia, fungemia, viremia)
111253001	coinfection_site___111253001	Bone (e.g., osteomyelitis)
113257007	coinfection_site___113257007	Cardiovascular
128601007	coinfection_site___128601007	Pulmonary (i.e., pneumonia, sinusitis, etc.)
108365000	coinfection_site___108365000	Skin and soft tissue
OTH	coinfection_site___oth	Other (will trigger a free text to specify)
UNK	coinfection_site___unk	Unknown

Field Annotation: SNOMED-CT

200	[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		
201	[covid_19_treatment]	Section Header: *COVID-19 Treatment* COVID-19 treatment, including pre-existing drugs that were continued during the COVID-19 diagnosis. Check all that apply.	checkbox		
			B01A	covid_19_treatment___b01a	Antico
			B01AC	covid_19_treatment___b01ac	Antipla than a
			HO-44995	covid_19_treatment___ho_44995	Antivir
			N02BA	covid_19_treatment___n02ba	Aspirir
			ATC-J05AE08	covid_19_treatment___atc_j05ae08	Atazar
			RXCUI-18631	covid_19_treatment___rxcui_18631	Azithro (Zithro
			DB-15718	covid_19_treatment___db_15718	Bamla
			Bam-Et	covid_19_treatment___bam_et	Bamla
			REGEN-COV2	covid_19_treatment___regen_cov2	Casiriv
			RXCUI-2550731	covid_19_treatment___rxcui_2550731	Sotrov
			RXCUI-2393	covid_19_treatment___rxcui_2393	Chloro
			RXCUI-5521	covid_19_treatment___rxcui_5521	Hydrox (Plaqu
			HO-45861	covid_19_treatment___ho_45861	JAK inh for ad
			ATC-J05AR10	covid_19_treatment___atc_j05ar10	Lopina
			RXCUI-260101	covid_19_treatment___rxcui_260101	Oselta
			B05AX03	covid_19_treatment___b05ax03	Plasma individ plasma
			OMOP4873974	covid_19_treatment___omop4873974	Remde
			ATC-C10AA	covid_19_treatment___atc_c10aa	Statins
			HO-45523	covid_19_treatment___ho_45523	System (will pr details
			ATC-L04AB	covid_19_treatment___atc_l04ab	TNF al promp details
			RXCUI-612865	covid_19_treatment___rxcui_612865	Tocilizu
			RXCUI-42355	covid_19_treatment___rxcui_42355	Fluvox
			ATC-L04AC	covid_19_treatment___atc_l04ac	Other inhibit additio
			233573008	covid_19_treatment___233573008	Extrac oxyger
			714749008	covid_19_treatment___714749008	Contin replace (CRRT)
			OTH	covid_19_treatment___oth	Other
			UNK	covid_19_treatment___unk	Unkno
			NONE	covid_19_treatment___none	None
			oth_plasma	covid_19_treatment___oth_plasma	DEPRE
			Field Annotation: Terminologies: ATC/HemOnc/OMOP/RxNorm/SNOMED @HIDECHOICE='oth_plasma,ATC-J05AE08,ATC-L04AB,ATC-L04AC,233573008'		
202	[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)		

| 203 | [c19_aspirin_dose Show the field ONLY if: [covid_19_treatment(N02BA)] = '1'] | Aspirin dosing | radio |

radio (field 203):

262459003	Low dose (less than 200 mg/day)
261829003	Full dose
261665006	Unknown

Field Annotation: Terminology: SNOMED

| 204 | [steroid_type Show the field ONLY if: [covid_19_treatment(HO-45523)] = '1'] | Steroid type. Check all that apply. | checkbox |

checkbox (field 204):

H02AB02	steroid_type___h02ab02	Dexamethasone (Decadron)
H02AB09	steroid_type___h02ab09	Hydrocortisone (Cortef)
H02AB04	steroid_type___h02ab04	Methylprednisolone (Solumedrol)
H02AB06	steroid_type___h02ab06	Prednisolone
H02AB07	steroid_type___h02ab07	Prednisone

Field Annotation: Terminology: ATC

| 205 | [steroid_specific Show the field ONLY if: [covid_19_treatment(HO-45523)] = '1'] | Steroid dosing, in prednisone dose equivalents Note: 3 mg of dexamethasone is equivalent to 20 mg of prednisone, so any dose of dexamethasone of more than 3 mg/day (21 mg/week) would be equivalant to more than 20 mg of prednisone/day. | radio |

radio (field 205):

1	20 mg/day or below [low dose]
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'

| 206 | [steroid_more Show the field ONLY if: [covid_19_treatment(HO-45523)] = '1'] | Please provide more details: prednisone dose equivalents (e.g., 1 mg/kg) and duration of steroid therapy. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year. | notes |

| 207 | [covid_19_tx_interleukin Show the field ONLY if: [covid_19_treatment(ATC-L04AC)] = '1'] | Interleukin inhibitor treatment other than tocilizumab. Check all that apply. | checkbox |

checkbox (field 207):

| L04AC14 | covid_19_tx_interleukin___l04ac14 | Sarilumab |
| OTH | covid_19_tx_interleukin___oth | Other |

Field Annotation: Field:ATC L04AC; Values:ATC @HIDDEN

| 208 | [jak Show the field ONLY if: [covid_19_treatment(HO-45861)] = '1'] | JAK inhibitor treatment. Check all that apply. | checkbox |

checkbox (field 208):

L01XE18	jak___l01xe18	Ruxolitinib (Jakafi)
L04AA44	jak___l04aa44	Upadacitinib
L04AA37	jak___l04aa37	Baracitinib (Olumiant)
OTH	jak___oth	Other

Field Annotation: Terminologies: ATC, RxNorm @HIDECHOICE='L04AA44'

209	[c19_anticoag_reason]	Has the patient received any dose or type of anticoagulants at any time 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	checkbox

checkbox table for 209:

1	c19_anticoag_reason___1	Prophylactic use (without the presence of a VTE either as an inpatient or outpatient)
2	c19_anticoag_reason___2	DEPRECATED
2a	c19_anticoag_reason___2a	Therapeutic use (for known VTE diagnosis)
2b	c19_anticoag_reason___2b	Therapeutic use (for known ATE diagnosis)
2c	c19_anticoag_reason___2c	Therapeutic use in the absence of any thrombosis (e.g., for prevention of stroke in atrial fibrillation)
3	c19_anticoag_reason___3	For DIC during hospitalization
NONE	c19_anticoag_reason___none	None (patient did not receive any anticoagulants)
UNK	c19_anticoag_reason___unk	Unknown
OTH	c19_anticoag_reason___oth	Other

Field Annotation: @HIDECHOICE='2'

210	[covid_19_tx_tnf Show the field ONLY if: [covid_19_treatment(ATC-L04AB)] = '1']	Tumor necrosis factor alpha (TNF-α) inhibitor treatment. Check all that apply.	checkbox

checkbox table for 210:

L04AB01	covid_19_tx_tnf___l04ab01	Etanercept
OTH	covid_19_tx_tnf___oth	Other

Field Annotation: Field:ATC L04AB; Values:ATC @HIDDEN

211	[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

212	[c19_anticoag_type Show the field ONLY if: [c19_anticoag_reason(1)] = '1' or [c19_anticoag_reason(2a)] = '1' or [c19_anticoag_reason(2b)] = '1' or [c19_anticoag_reason(2c)] = '1' or [c19_anticoag_reason(3)] = '1' or [c19_anticoag_reason(OTH)] = '1']	Which anticoagulants were used? Check all that apply.	checkbox

checkbox table for 212:

B01AA	c19_anticoag_type___b01aa	Vitamin K antagonists (e.g., warfarin)
B01AB	c19_anticoag_type___b01ab	Low-molecular weight heparin (e.g., enoxaparin [Lovenox])
B01AB01	c19_anticoag_type___b01ab01	Unfractionated heparin
B01AE	c19_anticoag_type___b01ae	Direct thrombin inhibitors (e.g., argatroban, dabigatran [Pradaxa])
B01AF	c19_anticoag_type___b01af	Direct factor Xa inhibitors (e.g., apixaban [Eliquis], rivaroxaban [Xarelto])
B01AX05	c19_anticoag_type___b01ax05	Fondaparinux
UNK	c19_anticoag_type___unk	Unknown
OTH	c19_anticoag_type___oth	Other

Field Annotation: Terminology: ATC

213	[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
214	[covid_19_treatment_trial]	Was any COVID-19 treatment given as part of a clinical trial?	radio 0 No 1 Yes 99 Unknown

215	[covid_19_trial_tx Show the field ONLY if: [covid_19_treatment_trial] = '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, Required

DB-15718	covid_19_trial_tx___db_15718	Bamlanivi
Bam-Et	covid_19_trial_tx___bam_et	Bamlanivi
REGEN-COV2	covid_19_trial_tx___regen_cov2	Casirivima
RXCUI-2550731	covid_19_trial_tx___rxcui_2550731	Sotrovima
RXCUI-5521	covid_19_trial_tx___rxcui_5521	Hydroxycl (Plaquenil
HO-44995	covid_19_trial_tx___ho_44995	Anti-virals
ATC-J05AR10	covid_19_trial_tx___atc_j05ar10	Lopinavir/
OMOP4873974	covid_19_trial_tx___omop4873974	Remdesiv
RXCUI-18631	covid_19_trial_tx___rxcui_18631	Azithromy (Zithroma
HO-45523	covid_19_trial_tx___ho_45523	Systemic
L04AC08	covid_19_trial_tx___l04ac08	Canakinu
L04AC16	covid_19_trial_tx___l04ac16	Guselkum
L04AC14	covid_19_trial_tx___l04ac14	Sarilumab
L04AC07	covid_19_trial_tx___l04ac07	Tocilizuma
RXCUI-42355	covid_19_trial_tx___rxcui_42355	Fluvoxam
L04AB02	covid_19_trial_tx___l04ab02	Infliximab
B05AX03	covid_19_trial_tx___b05ax03	Plasma fro individual plasma]
OTH	covid_19_trial_tx___oth	Other
UNK	covid_19_trial_tx___unk	Unknown

Field Annotation: Terminologies:
ATC/HemOnc/OMOP/RxNorm @HIDECHOICE = 'OTH-plasma,HO-44995,ATC-J05AR10,L04AC08,L04AC16,L04AB02'

216	[dx_cp_interval_2 Show the field ONLY if: [covid_19_trial_tx(B05AX03)] = '1' and [covid_19_treatment(B05AX03)] = '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)
217	[covid_19_trial_more Show the field ONLY if: [covid_19_trial_tx(OTH)] = '1']	Please specify what other clinical trial treatment. (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
218	[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
219	[prbc]	Did the patient receive any PRBC transfusions?	radio 0 No 1 Yes 99 Unknown
220	[comments_form_2]	Section Header: *Free text entry (optional)* Comments Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes

221	[covid19_details_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Cancer details** (cancer_details) 📑 Enabled as survey		

222	[ts_3]	Timestamp for the cancer details form	text (datetime_dmy), Required Field Annotation: @HIDDEN @NOW_UTC
223	[cancer_type]	Section Header: *Cancer-specific data - Mandatory* Cancer type. If the patient has multiple primaries, please report on the cancer that was most recently treated.	dropdown (autocomplete), Required

Code	Label
C132146	Malignant Solid Neoplasm, NOS
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
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	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	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
C9308	Lymphoproliferative disorder
C3106	Histiocyte disorder
OTH	Other
OTH_H	Other Heme
OTH_S	Other Solid Tumor

Field Annotation: LOINC:63929-4; Terminology: NCIT
@HIDECHOICE = 'OTH'

224	[cancer_type_oth Show the field ONLY if: [cancer_type] = 'OTH' or [cancer_type] = 'C132146' or [cancer_type] = 'OTH_H' or [cancer_type] = 'OTH_S' or [cancer_type] = 'C27134']	Please specify cancer type	text
225	[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

226	[lung_nos_more Show the field ONLY if: [cancer_type] = 'C4878']	This code should only be used if you do not know the histology of the 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 high-grade 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.	descriptive
227	[teravolt Show the field ONLY if: [cancer_type] = 'C4878' or [cancer_type] = 'C2926' or [cancer_type] = 'C4917' or [cancer_type] = 'C3411']	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
228	[multiple_ca]	Does the patient have multiple malignancies? This includes multiple active malignancies as well as historic cancers.	radio, Required 0 No 1 Yes 99 Unknown
229	[multiple_ca_quant Show the field ONLY if: [multiple_ca] = '1']	How many malignancies? If you do not know the exact number, enter the number that you are aware of (e.g., if you know there are at least three separate malignancies, enter three).	radio, Required 2 Two 3 Three 4 Four 5 Five or more
230	[cancer_type_2 Show the field ONLY if: [multiple_ca] = '1']	Cancer type of second malignancy. If the patient has more than two malignancies, please select the second-most recently diagnosed cancer type. If unknown or unclear, please specify in the free text box below.	dropdown (autocomplete), Required

Table for field 230:

Code	Description
C132146	Malignant Solid Neoplasm, NOS
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
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	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	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
C9308	Lymphoproliferative disorder
C3106	Histiocyte disorder

OTH	Other
OTH_H	Other Heme
OTH_S	Other Solid Tumor

Field Annotation: LOINC:63929-4; Terminology: NCIT
@HIDECHOICE = 'OTH'

231	[cancer_type_oth_2 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] = 'C27134']	Please specify cancer type	text	
232	[cancer_type_3 Show the field ONLY if: [multiple_ca_quant] = '3' or [multiple_ca_quant] = '4' or [multiple_ca_quant] = '5']	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.	dropdown (autocomplete), Required	

C132146	Malignant Solid Neoplasm, NOS
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
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	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	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
C9308	Lymphoproliferative disorder
C3106	Histiocyte disorder
OTH_H	Other Heme
OTH_S	Other Solid Tumor

Field Annotation: LOINC:63929-4; Terminology: NCIT

233	[cancer_type_oth_3 Show the field ONLY if: [cancer_type_3] = 'C132146' or [cancer_type_3] = 'OTH_H' or [cancer_type_3] = 'OTH_S' or [cancer_type_3] = 'C27134']	Please specify cancer type	text
234	[cancer_type_4 Show the field ONLY if:	Cancer type of fourth malignancy. If the patient has more than four malignancies, please select the fourth-most recently diagnosed cancer type. If unknown or unclear, please specify in the free text box below.	dropdown (autocomplete), Required
			C132146 | 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., 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	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	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
C9308	Lymphoproliferative disorder
C3106	Histiocyte disorder
OTH_H	Other Heme
OTH_S	Other Solid Tumor

Field Annotation: LOINC:63929-4; Terminology: NCIT

235	[cancer_type_oth_4 Show the field ONLY if: [cancer_type_4] = 'C132146' or [cancer_type_4] = 'OTH_H' or [cancer_type_4] = 'OTH_S' or [cancer_type_4] = 'C27134']	Please specify cancer type	text

236	[cancer_type_5 Show the field ONLY if: [multiple_ca_quant] = '5']	Cancer type of fifth malignancy. If the patient has more than five malignancies, please select the fifth-most recently diagnosed cancer type. If unknown or unclear, please specify in the free text box below.	dropdown (autocomplete), Required

C132146	Malignant Solid Neoplasm, NOS
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
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	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	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
C9308	Lymphoproliferative disorder
C3106	Histiocyte disorder
OTH_H	Other Heme
OTH_S	Other Solid Tumor

Field Annotation: LOINC:63929-4; Terminology: NCIT

237	[cancer_type_oth_5 Show the field ONLY if: [cancer_type_5] = 'C132146' or [cancer_type_5] = 'OTH_H' or [cancer_type_5] = 'OTH_S' or [cancer_type_5] = 'C27134']	Please specify cancer type	text
238	[multiple_ca_more Show the field ONLY if: [multiple_ca] = '1']	Multiple malignancies - further details. Please provide further details, 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.	notes
239	[breast_biomarkers Show the field ONLY if: [cancer_type] = 'C4872' or [cancer_type_2] = 'C4872' or [cancer_type_3] = 'C4872' or [cancer_type_4] = 'C4872' or [cancer_type_5] = 'C4872']	Breast cancer specific: What is the breast cancer phenotype? Check all 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 pathology report is not required (unless the clinic notes fails to comment on both hormone receptors as well as HER2 status). 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 from primary surgery or initial diagnostic biopsy. For stages I-III breast cancer, use information from surgery if available, otherwise use information from initial diagnostic biopsy. Hormone receptor (HR) status: Hormone receptor (HR) can refer to Estrogen receptor (ER) 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.	checkbox | ER	breast_biomarkers___er	Estrogen and/or progesterone-receptor positive (ER or PR positive)
---	---	---
HER2	breast_biomarkers___her2	HER2 overexpressing (HER2 positive)
TNBC	breast_biomarkers___tnbc	Triple-negative breast cancer (ER, PR, and HER2 negative)
99	breast_biomarkers___99	Unknown	
240	[bcg_intraves_ever Show the field ONLY if: [cancer_type] = 'C4912' or [cancer_type_2] = 'C4912' or [cancer_type_3] = 'C4912' or [cancer_type_4] = 'C4912' or [cancer_type_5] = 'C4912']	Bladder cancer specific: Has the patient ever received intravesicular BCG?	radio 	0	No
---	---
1	Yes
99	Unknown	 Field Annotation: @HIDDEN

241	[gleason Show the field ONLY if: [cancer_type] = 'C4863' or [cancer_type_2] = 'C4863' or [cancer_type_3] = 'C4863' or [cancer_type_4] = 'C4863' or [cancer_type_5] = 'C4863']	Prostate cancer specific: Gleason Score – Document the highest Gleason score (from either biopsy or radical prostatectomy - preferred if available). For example, Gleason 4 + 3 would be marked as Gleason 7.	radio 	02	Gleason score 2
03	Gleason score 3
04	Gleason score 4
05	Gleason score 5
06	Gleason score 6
07	Gleason score 7
08	Gleason score 8
09	Gleason score 9
10	Gleason score 10
X7	No needle core biopsy/TURP/prostatectomy performed
X8	Not applicable: Information not collected for this case
X9	Not documented in medical record or Gleason Score not assessed or unknown if assessed	 Field Annotation: Terminology: NAACCR 3840/3841
242	[gleason_source Show the field ONLY if: ([cancer_type] = 'C4863' or [cancer_type_2] = 'C4863' or [cancer_type_3] = 'C4863' or [cancer_type_4] = 'C4863' or [cancer_type_5] = 'C4863') and ([gleason] = '02' or [gleason] = '03' or [gleason] = '04' or [gleason] = '05' or [gleason] = '06' or [gleason] = '07' or [gleason] = '08' or [gleason] = '09' or [gleason] = '10')]	Prostate cancer specific: What type of specimen was the Gleason score based on?	radio | 3840	Prostate biopsy or TURP
3841	Radical prostatectomy
MET	Metastatic site of disease
UNK	Unknown	
243	[sarcoma_type Show the field ONLY if: ([cancer_type] = 'C9306' or [cancer_type_2] = 'C9306' or [cancer_type_3] = 'C9306' or [cancer_type_4] = 'C9306' or [cancer_type_5] = 'C9306') or ([cancer_type] = 'C8538' or [cancer_type_2] = 'C8538' or [cancer_type_3] = 'C8538' or [cancer_type_4] = 'C8538' or [cancer_type_5] = 'C8538')]	Sarcoma specific: What histologic subtype of sarcoma did the patient have, if known?	radio | C6496	Undifferentiated pleomorphic sarcoma (UPS)/ Myxofibrosarcoma
C6340	Uterine leiomyosarcoma
C3158	Non-uterine Leiomyosarcoma
C3704	Dedifferentiated liposarcoma
C4250	Well differentiated liposarcoma
C27781	Myxoid/round cell liposarcoma
C3400	Synovial sarcoma
C3798	Malignant peripheral nerve sheath tumor (MPNST)
C3088	Angiosarcoma
C27005	Spindle cell/soft tissue sarcoma NOS
C9087	Kaposi sarcoma
OTH	Other
UNK	Unknown	
244	[sarcoma_type_more Show the field ONLY if: [sarcoma_type] = 'OTH']	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
245	[cancer_status]	Cancer status. If the patient has multiple primaries, please report on the cancer that was most recently treated. This should be cancer status at or around the time that COVID-19 was diagnosed, not at the time that the survey is filled out.	radio, Required | 1	Remission/NED
2	Active disease, responding to treatment
3	Active disease, stable
4	Active disease, progressing
5	Active disease, status unknown or not yet assessed
99	Unknown	

| 246 | [hospice

Show the field ONLY if:
[cancer_status] = 4 or [cancer_status] = 5
] | Was the patient on hospice prior to the COVID-19 diagnosis? | radio

| 0 | No |
| 1 | Yes |
99	Unknown	
247	[on_treatment]	Is the patient on anti-cancer treatment? That is, was the patient receiving any treatments intended to directly or indirectly destroy cancer cells in the 3 months prior to COVID-19 diagnosis? This includes systemic therapy, surgery, radiotherapy, and transplant/cellular therapy (including prior to actual transplant/infusion).	radio, Required 	1	Yes
0	No
99	Unknown	
248	[recent_treatment Show the field ONLY if: [on_treatment] = '1']	When was the most recent anti-cancer treatment, relative to the time of COVID-19 diagnosis? Anti-cancer treatment means anything intended to directly or indirectly destroy cancer cells, including systemic therapy, surgery, radiotherapy, and transplant/cellular therapy.	radio, Required 	1	Less than 2 weeks prior to COVID-19 diagnosis
2	Within 2 to 4 weeks prior to COVID-19 diagnosis
3	Within the month to 3 months prior to COVID-19 diagnosis
88	More than 3 months prior to COVID-19 diagnosis
98	Treatment was initiated for the first time AFTER the COVID-19 diagnosis
99	Unknown	
249	[hx_treatment Show the field ONLY if: [on_treatment] = '0' or [recent_treatment] = '88']	When was the most recent anti-cancer treatment completed, relative to the time of COVID-19 diagnosis? Anti-cancer treatment means anything intended to directly or indirectly destroy cancer cells, including systemic therapy, surgery, radiotherapy, and transplant/cellular therapy.	radio 	1	Completed within 3 months prior to COVID-19 diagnosis
2	Completed more than 3 months but less than 1 year prior to COVID-19 diagnosis
3	Completed more than 1 year prior to COVID-19 diagnosis
88	Never (patient never received cancer treatment prior to COVID-19 diagnosis)
98	Treatment was initiated for the first time AFTER the COVID-19 diagnosis
99	Unknown	
250	[treatment_modality Show the field ONLY if: [on_treatment] = '1' or [hx_treatment] = '1' or [hx_treatment] = '2']	Anti-cancer treatment modality. Check all that apply. You should check any modality that was given as part of the most recent course of therapy, not treatments given in the more distant past. For example, if a patient received concurrent chemoradiation, check cytotoxic chemotherapy and radiotherapy. If a patient received neoadjuvant chemotherapy followed by surgery, you should check cytotoxic chemotherapy and surgery. When in doubt, please provide additional details in the free text boxes below. Definitions Cytotoxic chemotherapy: drugs that have direct toxic effects on the cellular reproduction apparatus (e.g., anthracyclines, taxanes, vinca alkaloids, etc.). Immunotherapy: drugs or cellular therapy that primarily act through upregulation of the immune system (e.g., immune checkpoint inhibitors, allogeneic hematopoeitic stem cell transplant, BiTEs, CAR-T-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 antibodies) or disruption (e.g., tyrosine kinase inhibitors). Note that monoclonal antibodies that do not have a direct immunostimulatory effect (e.g., rituximab, 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).	checkbox, Required | 685	treatment_modality___685	Cytotoxic chemotherapy
694	treatment_modality___694	Immunotherapy
58229	treatment_modality___58229	Targeted therapy
691	treatment_modality___691	Endocrine (Hormone) therapy
695	treatment_modality___695	Radiotherapy
14051	treatment_modality___14051	Surgery
45186	treatment_modality___45186	Transplant/Cellular therapy
45215	treatment_modality___45215	Intravesicular therapy (e.g., BCG)
OTH	treatment_modality___oth	Other	 Field Annotation: Terminology: HemOnc
251	[intravesicular_bcg Show the field ONLY if: [treatment_modality(45215)] = '1']	Did the intravesicular therapy include BCG?	radio 	0	No
1	Yes
99	Unknown	
252	[tx_modality_oth_specify Show the field ONLY if: [treatment_modality(OTH)] = '1']	Please specify other modalities. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes

253	[what_immunotherapy Show the field ONLY if: [treatment_modality(694)] = '1']	What immunotherapy?	radio, Required

45838	Anti-CTLA4 antibody
45446	Anti-PD-1 antibody (e.g., nivolumab, pembrolizumab)
45170	Anti-PD-L1 antibody (e.g., atezolizumab, avelumab, durvalumab)
45838-45446	Combination of anti-CTLA4 and anti-PD-1 (e.g. ipilimumab & nivolumab)
OTH	Other
UNK	Unknown

Field Annotation: Terminology: HemOnc
@HIDECHOICE='45838'

254	[immuno_other_specify Show the field ONLY if: [what_immunotherapy] = 'OTH']	Please specify what other immunotherapy Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes

255	[what_targeted_tx Show the field ONLY if: [treatment_modality(58229)] = '1']	Some targeted therapies have postulated antiviral effects. Was the patient taking any of these medications? Check all that apply.	checkbox

L01XE51	what_targeted_tx___l01xe51	Acalabrutinib (Calquence)
L01XE06	what_targeted_tx___l01xe06	Dasatinib (Sprycel)
L01XE57	what_targeted_tx___l01xe57	Fedratinib (Inrebic)
L01XE27	what_targeted_tx___l01xe27	Ibrutinib (Imbruvica)
L01XE01	what_targeted_tx___l01xe01	Imatinib (Gleevec)
L01XE08	what_targeted_tx___l01xe08	Nilotinib (Tasigna)
L01XE18	what_targeted_tx___l01xe18	Ruxolitinib (Jakafi)
OTH	what_targeted_tx___oth	Other
UNK	what_targeted_tx___unk	Unknown
NONE	what_targeted_tx___none	None

256	[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

257	[pneumonitis Show the field ONLY if: [treatment_modality(694)] = '1']	Is there a strong concern for concurrent immune-related adverse event (irAE) pneumonitis?	radio

1	No
2	Possible
3	Likely
4	Definite irAE pneumonitis

258	[other_irae Show the field ONLY if: [treatment_modality(694)] = '1']	Is there a strong concern for another concurrent irAE?	yesno

1	Yes
0	No

259	[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

260	[radiotherapy Show the field ONLY if: [treatment_modality(695)] = '1']	Does or did the radiation treatment field include the lungs to any degree?	radio

1	Yes
0	No
99	Unknown

261	[transplant_prior_tx Show the field ONLY if: [treatment_modality(45186)] = '1' or [significant_comorbidities(234 336002)] = '1']	Transplant and cellular therapy - additional information. So that we can 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.	notes

262	[transplant_cellular_therapy Show the field ONLY if: [treatment_modality(45186)] = '1' or [significant_comorbidities(234336002)] = '1']	Transplant & cellular therapy - what type of therapy?	radio

1	Autologous stem cell transplant
10	Allogeneic SCT (donor/type unknown)
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'

263	[sct_other_specify Show the field ONLY if: [transplant_cellular_therapy] = 'OTH']	Please specify what other type of transplant or cellular therapy Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes

264	[transplant_cellular_timing Show the field ONLY if: [treatment_modality(45186)] = '1' or [significant_comorbidities(234336002)] = '1']	Transplant & cellular therapy - how far out from treatment?	radio

0	During prep (prior to transplant)
1	0-20 days
2	21-100 days
3	101-365 days
4	More than 1 year
5	DEPRECATED (was Unknown)
99	Unknown

Field Annotation: @HIDECHOICE = '5'

265	[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.	notes

266	[treatment_intent Show the field ONLY if: [on_treatment] = '1' or [hx_treatment] = '1' or [hx_treatment] = '2']	Anti-cancer treatment intent Note: if the cancer is not considered curable, you should choose palliative intent.	radio, Required

1	Curative
2	Palliative
99	Unclear or unknown

267	[treatment_context Show the field ONLY if: [on_treatment] = '1' or [hx_treatment] = '1' or [hx_treatment] = '2']	Current (or most recent) anti-cancer treatment context. Note that the language for treatment context differs for solid and hematologic malignancies. The first set of choices are more commonly used for solid tumors, and the last three (induction, consolidation, maintenance) 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, please mark "Curative therapy, NOS". Likewise, if they underwent palliative surgical resection or radiation as their only therapy, please mark "Non-curative therapy, NOS".	radio

46235	Curative therapy, NOS
5250	Neoadjuvant
2618	Adjuvant
2648	Non-curative therapy, NOS
3175	1st line non-curative therapy
14900	2nd line non-curative therapy
1874	Subsequent line non-curative therapy
813	Induction
1526	Consolidation
1901	Maintenance
OTH	Other
UNK	Unknown

Field Annotation: Terminology: HemOnc

268	[other_context Show the field ONLY if: [treatment_context] = 'OTH']	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.	notes

269	[orchiectomy Show the field ONLY if: [cancer_type] = 'C4863' or [cancer _type_2] = 'C4863' or [cancer_typ e_3] = 'C4863' or [cancer_type_4] = 'C4863' or [cancer_type_5] = 'C4 863']	Prostate cancer specific: Has the patient had a bilateral orchiectomy?	radio 	0	No	 	1	Yes	 	99	Unknown	

270	[adt Show the field ONLY if: ([cancer_type] = 'C4863' or [cance r_type_2] = 'C4863' or [cancer_typ e_3] = 'C4863' or [cancer_type_4] = 'C4863' or [cancer_type_5] = 'C4 863') and [hx_treatment] != '3' an d [hx_treatment] != '88']	Prostate cancer specific: Was the patient on androgen deprivation therapy (ADT) within 6 months of a positive SARS-CoV-2 test or presumed positive COVID-19 disease? HINT: Androgen deprivation therapy is typically administered in the form of an injection given every 1, 3, 4, or 6 months. Agents largely include: degarelix (Firmagon), leuprolide (Lupron), goserelin (Zoladex), triptorelin (Trelstar), buserelin (Suprefact).	radio 	0	No	 	1	Yes	 	99	Unknown	

271	[prostate_tx Show the field ONLY if: ([cancer_type] = 'C4863' or [cance r_type_2] = 'C4863' or [cancer_typ e_3] = 'C4863' or [cancer_type_4] = 'C4863' or [cancer_type_5] = 'C4 863') and [hx_treatment] != '3' an d [hx_treatment] != '88']	Prostate cancer specific: Please check all the prostate cancer therapies that the patient received within 3 months of a positive SARS-CoV-2 test or presumed positive COVID-19 disease. More than one option can be selected.	checkbox (see below)

83008	prostate_tx___83008	Bicalutamide (Casodex)
4508	prostate_tx___4508	Flutamide
31805	prostate_tx___31805	Nilutamide
1100072	prostate_tx___1100072	Abiraterone (Zytiga)
1307298	prostate_tx___1307298	Enzalutamide (Xtandi)
1999574	prostate_tx___1999574	Apalutamide (Erleada)
2180325	prostate_tx___2180325	Darolutamide (Nubeqa)
72962	prostate_tx___72962	Docetaxel (Taxotere)
996051	prostate_tx___996051	Cabazitaxel (Jevtana)
40048	prostate_tx___40048	Carboplatin
1958200	prostate_tx___1958200	Radium-223
1597582	prostate_tx___1597582	Olaparib
1547545	prostate_tx___1547545	Pembrolizumab
TRIAL	prostate_tx___trial	Clinical trial
OTH	prostate_tx___oth	Other agent
NONE	prostate_tx___none	None of the above
UNK	prostate_tx___unk	Unknown

Field Annotation:
@HIDECHOICE='4508,31805,40048,1958200'
@NONEOFTHEABOVE='NONE'

272	[prostate_trial_more Show the field ONLY if: [prostate_tx(TRIAL)] = '1']	Please specify clinical trial details. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes

273	[prostate_tx_oth Show the field ONLY if: [prostate_tx(OTH)] = '1']	Please specify other agent(s). Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes

274	[cancer_more Show the field ONLY if: [ccc19] = '0']	Section Header: *Cancer-specific data - Optional* Would you like to answer additional cancer-specific questions? This is optional but will really help us understand the granular details better.	yesno 	1	Yes	 	0	No	

275	[stage]	Stage at cancer diagnosis. If the patient has multiple primaries, please report on the cancer that was most recently treated. If the patient has a solid tumor but you cannot determine an exact stage, try to determine whether the disease was localized or disseminated at diagnosis. Clues to localized disease at diagnosis include definitive therapies such as lumpectomy for breast cancer, colectomy for colon cancer, and prostatectomy for prostate cancer. If the patient was initially diagnosed with in situ cancer but then developed invasive disease, please report the stage at the time of invasive disease diagnosis. For hematologic malignancies that are not anatomically staged (e.g., leukemias, myeloma), select localized or disseminated based on the distribution of the disease. For example, multiple myeloma would be disseminated, whereas a solitary plasmacytoma would be localized. Most leukemias are considered disseminated at diagnosis, with very few exceptions.	radio

radio

1004-0	0 (in situ)
1	I
2	II
3	III
4	IV
764-1	Localized
764-7	Disseminated
OTH	Other
99	Unknown

Field Annotation: Terminology: NAACCR

276	[stage_note Show the field ONLY if: [stage] = '1004-0']	Please note that in situ malignancies are not considered eligible for CCC19 case inclusion, with the exception of bladder cancer. Please double-check the staging information for this patient. For example, Rai Stage 0 CLL should not be reported as stage 0 (in situ) but should be reported as disseminated.	descriptive
277	[stage_oth_specify Show the field ONLY if: [stage] = 'OTH']	Please specify other stage at cancer diagnosis Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes
278	[mets_yn Show the field ONLY if: [cancer_status] != '1']	Did the patient have metastatic cancer at the time of COVID-19 diagnosis?	radio

radio

0	No
1	Yes
88	Not applicable (e.g., patient has a liquid hematologic malignancy)
99	Unknown

279	[mets_sites Show the field ONLY if: [mets_yn] = '1']	What were the sites of metastatic disease? Please check all that apply.	checkbox

checkbox

1112-1	mets_sites___1112_1	Bone
1113-1	mets_sites___1113_1	Brain
1114-1	mets_sites___1114_1	Distant lymph nodes
1115-1	mets_sites___1115_1	Liver
1116-1	mets_sites___1116_1	Lung
1117-1	mets_sites___1117_1	Other sites
1117-2	mets_sites___1117_2	Generalized metastases such as carcinomatosis, malignant pleural effusion, malignant ascites
9	mets_sites___9	DEPRECATED (was Unknown)
99	mets_sites___99	Unknown

Field Annotation: Terminology: NAACCR @HIDECHOICE = '9'

280	[mets_oth_specify Show the field ONLY if: [mets_sites(1117-1)] = '1']	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
281	[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

radio

0	At the same time as COVID-19
88	AFTER the COVID-19 diagnosis
1	Within the past year
2	Within the past 5 years
3	More than 5 years ago
99	Unknown

282	[cancer_timing_note_1 Show the field ONLY if: [cancer_timing] = '0']	Please note that patients diagnosed concurrently with COVID-19 and 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.	descriptive
283	[cancer_timing_note_2 Show the field ONLY if: [cancer_timing] = '88']	Please note that patients diagnosed with cancer after COVID-19 will not 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.	descriptive
284	[clinical_trial]	Is the patient on a clinical trial?	radio 	0	No
1	Yes
99	Unknown	
285	[clinical_trial_more Show the field ONLY if: [clinical_trial] = '1']	Please provide additional details if you can. 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
286	[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
287	[prior_tx]	Has the patient ever received treatments known to be associated with cardiac or pulmonary toxicity? Check all that apply.	checkbox | 73	prior_tx___73	Bleomycin
90	prior_tx___90	Carmustine
122	prior_tx___122	Cyclophosphamide
202	prior_tx___202	Everolimus
243	prior_tx___243	Gemcitabine
44985	prior_tx___44985	Anthracyclines
45000	prior_tx___45000	Antibody-drug conjugates
45613	prior_tx___45613	Anti-CD38 antibodies (e.g. daratumumab)
58101	prior_tx___58101	Checkpoint inhibitors
694	prior_tx___694	Immunotherapy
44947	prior_tx___44947	Monoclonal antibodies
45388	prior_tx___45388	Platinum agents
45352	prior_tx___45352	Taxanes
44955	prior_tx___44955	Tyrosine kinase inhibitors (TKIs)
695	prior_tx___695	Radiation involving a lung field
OTH	prior_tx___oth	Other
UNK	prior_tx___unk	Unknown
NONE	prior_tx___none	None	 Field Annotation: Terminology: HemOnc
288	[drugs_expanded 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 [prior_tx(44955)] = '1']	Please list specific drugs Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	text

289	[irae_gr3 Show the field ONLY if: [prior_tx(58101)] = '1' or [prior_tx(694)] = '1' or [treatment_modality(694)] = '1']	Has the patient experienced a current or past (ever) iRAE CTCAE grade 3 or above? Check all that apply.	checkbox

checkbox

418290006	irae_gr3___418290006	Pruritis
271807003	irae_gr3___271807003	Rash
57676002	irae_gr3___57676002	Arthralgia
3723001	irae_gr3___3723001	Arthritis
205237003	irae_gr3___205237003	Pneumonitis
40930008	irae_gr3___40930008	Hypothyroidism
267060006	irae_gr3___267060006	Diarrhea
64226004	irae_gr3___64226004	Colitis
64613007	irae_gr3___64613007	Enteritis
128241005	irae_gr3___128241005	Hepatitis
OTH	irae_gr3___oth	Other
NONE	irae_gr3___none	None
UNK	irae_gr3___unk	Unknown

Field Annotation: @HIDECHOICE='57676002,64613007'

290	[irae_oth_specify Show the field ONLY if: [irae_gr3(OTH)] = '1']	Please specify what other iRAE CTCAE grade 3 or above. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes

291	[irae_past Show the field ONLY if: [prior_tx(58101)] = '1' or [prior_tx(694)] = '1']	Was there ever evidence of an immune-related adverse event (irAE) affecting the lungs or heart? (pneumonitis, myocarditis)	radio

radio

1	No
2	Possible
3	Likely
4	Definite
99	Unknown

292	[irae_past_more Show the field ONLY if: [irae_past] = '2' or [irae_past] = '3' or [irae_past] = '4']	Please specify Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes

293	[prior_tx_other Show the field ONLY if: [prior_tx(OTH)] = '1']	Please specify other past treatments with potential cardiac or pulmonary toxicity.	text

294	[rt_screen]	Section Header: *Radiation therapy questions* Has the patient ever had radiation therapy as part of their cancer care?	radio

radio

0	No
1	Yes
99	Unknown

295	[rt_timing Show the field ONLY if: [rt_screen] = '1']	When was the patient treated with radiation relative to their COVID-19 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.	radio

radio

1	Completed radiation more than 3 months prior to COVID-19 diagnosis
2	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

296	[rt_timing_oth Show the field ONLY if: [rt_timing] = 'OTH']	Please specify timing of radiation Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes

297	[rt_timing_yr Show the field ONLY if: [rt_timing] = '1' or [rt_timing] = '2']	What year did the patient complete their most recent radiation?	text (integer, Min: 1940, Max: 2099)

| 298 | [rt_delay

Show the field ONLY if:
[rt_timing] = '3' or [rt_timing] = '4'
or [rt_timing] = '5'
] | Was the patient's most recent radiation treatment delayed due to their COVID-19 diagnosis? | radio

| 0 | No |
| 1 | Yes |
99	Unknown	
299	[rt_modification Show the field ONLY if: [rt_timing] = '3' or [rt_timing] = '4' or [rt_timing] = '5']	Was the patient's most recent radiation course altered (modality, timing, fraction number, fraction size, non-standard hypofractionation, delay/induction, etc.) or not completed?	radio 	0	No
1	Yes
99	Unknown
OTH	Other	
300	[rt_modification_oth Show the field ONLY if: [rt_modification] = 'OTH']	Please specify what modifications Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes, Required
301	[rt_intent Show the field ONLY if: [rt_screen] = '1']	What was the intent of the most recent radiation? 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.	radio 	1	Adjuvant
2	Definitive
3	Palliative
99	Unknown
OTH	Other	
302	[rt_intent_oth Show the field ONLY if: [rt_intent] = 'OTH']	Please specify what other intent Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes
303	[rt_modality Show the field ONLY if: [rt_screen] = '1']	What was the most recent radiation modality? Check all that apply.	checkbox | 1506-02	rt_modality___1506_02	Photons
1506-04	rt_modality___1506_04	Electrons
1506-03	rt_modality___1506_03	Protons
1506-07	rt_modality___1506_07	Brachytherapy
1506-98	rt_modality___1506_98	Unknown
OTH	rt_modality___oth	Other	 Field Annotation: Terminology: NAACCR item #1506 modified
304	[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
305	[rt_systemic_tx Show the field ONLY if: [rt_screen] = '1']	Did the patient receive concurrent systemic therapy with their most recent radiation? Check all that apply.	checkbox | 0	rt_systemic_tx___0	No
1-685	rt_systemic_tx___1_685	Yes - cytotoxic chemotherapy
1-694	rt_systemic_tx___1_694	Yes - immunotherapy (e.g., immune checkpoint inhibitor)
1-44955	rt_systemic_tx___1_44955	Yes - small molecule inhibitor (e.g., TKI)
1-12278	rt_systemic_tx___1_12278	Yes - antibody therapy other than immunotherapy (e.g., trastuzumab, cetuximab, etc)
99	rt_systemic_tx___99	Unknown
OTH	rt_systemic_tx___oth	Other	 Field Annotation: @NONEOFTHEABOVE=0
306	[rt_systemic_tx_oth Show the field ONLY if: [rt_systemic_tx(OTH)] = '1']	Please specify what other systemic concurrent therapy was utilized. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes, Required

307	[rt_technique Show the field ONLY if: [rt_screen] = '1']	What was the most recent radiation technique? Check all that apply.	checkbox			
				1502-03	rt_technique___1502_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.)
				1502-04	rt_technique___1502_04	Conformal or 3-D conformal therapy (An external beam planning technique using multiple, fixed beams shaped to conform to a defined target volume.)
				1502-05	rt_technique___1502_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	rt_technique___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).)
				1502-88-1	rt_technique___1502_88_1	Brachytherapy
				1502-88-2	rt_technique___1502_88_2	Intra-operative radiation therapy
				1502-99	rt_technique___1502_99	Unknown
				1502-98	rt_technique___1502_98	Other
			Field Annotation: Terminology: NAACCR item #1502 with modifications			
308	[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			

309	[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: NAACCR item #1507
310	[rt_fractions Show the field ONLY if: [rt_screen] = '1']	Total number of fractions.	text (integer, Min: 1, Max: 50) Field Annotation: Terminology: NAACCR item #1503
311	[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

312	[rt_location Show the field ONLY if: [rt_screen] = '1']	What was the location/site of radiation? Check all that apply.	checkbox

checkbox

1504-12	rt_location___1504_12	Brain
1504-29	rt_location___1504_29	Head & Neck
1504-39	rt_location___1504_39	Thorax
1504-40	rt_location___1504_40	Breast
1504-42	rt_location___1504_42	Chest Wall (following mastectomy)
1504-59	rt_location___1504_59	Abdomen
1504-86	rt_location___1504_86	Pelvis
1504-81	rt_location___1504_81	Spine including the vertebral bodies
1504-88	rt_location___1504_88	Limb
1504-93	rt_location___1504_93	Whole body
1504-99	rt_location___1504_99	Unknown
1504-98	rt_location___1504_98	Other

Field Annotation: Terminology: NAACCR item #1504

313	[rt_location_oth Show the field ONLY if: [rt_location(1504-98)] = '1']	Please specify what other locations/sites were treated with radiation. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes, Required
314	[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
315	[rt_addl Show the field ONLY if: [rt_screen] = '1']	The following questions can only be answered if you have access to the radiation treatment planning system.	descriptive
316	[rt_volume Show the field ONLY if: [rt_screen] = '1']	What was the volume of the Planning Target Volume in cc's?	text (number, Min: 0)

317	[rt_lung Show the field ONLY if: [rt_screen] = '1']	Was the lung involved in the treatment field?	radio

radio

0	No
1	Yes
99	Unknown

318	[rt_lung_v20 Show the field ONLY if: [rt_lung] = '1']	Volume of lung receiving 20 Gy (Lung V20 in %)	text (number, Min: 0, Max: 100)

319	[rt_lung_v5 Show the field ONLY if: [rt_lung] = '1']	Volume of lung receiving 5 Gy (Lung V5 in %)	text (number, Min: 0, Max: 100)
320	[rt_lung_mean_dose Show the field ONLY if: [rt_lung] = '1']	Mean total lung dose (in cGy)	text (number, Min: 25, Max: 5000)

| 321 | [rt_heart

Show the field ONLY if:
[rt_screen] = '1'
] | Was the heart involved in the treatment field? | radio

| 0 | No |
| 1 | Yes |
99	Unknown	

322	[rt_heart_v30 Show the field ONLY if: [rt_heart] = '1']	Volume of heart receiving 30 Gy (Heart V30 in %)	text (number, Min: 0, Max: 100)
323	[rt_heart_mean_dose Show the field ONLY if: [rt_heart] = '1']	Mean heart dose (in cGy)	text (number, Min: 25, Max: 5000)
324	[prior_tx_text]	Section Header: *Free text entry (optional)* 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.	notes
325	[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

| 326 | [cancer_details_complete] | Section Header: *Form Status*

Complete? | dropdown

| 0 | Incomplete |
| 1 | Unverified |
2	Complete	

Instrument: **Respondent details** (respondent_details) 🖅 Enabled as survey			
327	[ts_4]	Timestamp for the respondent details form	text (datetime_dmy), Required Field Annotation: @HIDDEN @NOW_UTC
328	[role]	Section Header: *A bit about you* Are you the primary managing hematologist/oncologist?	yesno, Required | 1	Yes
0	No	

329	[practice_setting Show the field ONLY if: [role] = '1']	What is your practice setting? Check all that apply.	checkbox 	1	practice_setting___1	Community Practice
2	practice_setting___2	Community Hospital
3	practice_setting___3	University Hospital
4	practice_setting___4	NCI designated Comprehensive Cancer Center
5	practice_setting___5	Other Cancer Centers
6	practice_setting___6	Other Tertiary Center	

330	[role_2 Show the field ONLY if: [role] = '0']	What is your role in relationship to the patient?	radio, Required 	1	Advanced practice practitioner who regularly sees patient
2	Nurse who regularly sees patient
3	Hematology/oncology fellow who regularly sees patient
4	Triage personnel
5	Hospitalist
6	Intensivist
99	Designee of a CCC19 participating institution
7	Other	

331	[other_role] Show the field ONLY if: [role] = '7']	Please specify	text, Required
332	[email_1]	Thank you very much for filling out this short survey. Due to IRB 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).	descriptive
333	[comments_form_4]	Please leave any general comments here, including what if anything we can do to make the survey better.	notes
334	[respondent_details_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Follow-up** (followup)	🔁 Enabled as survey		
335	[ts_5]	Timestamp for the follow-up form	text, Required Field Annotation: @HIDDEN @NOW_UTC
336	[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
337	[d30_vital_status] Show the field ONLY if: [fu_weeks] = '30']	Was the patient ALIVE at 30 days from COVID-19 diagnosis?	radio, Required 0 Yes the patient was alive for at least 30 days from COVID-19 diagnosis 1 Patient was deceased within 30 days of COVID-19 diagnosis 99 Unknown
338	[d90_vital_status] Show the field ONLY if: [fu_weeks] = '90']	Was the patient ALIVE at 90 days from COVID-19 diagnosis?	radio, Required 0 Yes the patient was alive for at least 90 days from COVID-19 diagnosis 1 Patient was deceased within 90 days of COVID-19 diagnosis 99 Unknown
339	[d180_vital_status] Show the field ONLY if: [fu_weeks] = '180']	Was the patient ALIVE at 180 days from COVID-19 diagnosis?	radio, Required 0 Yes the patient was alive for at least 180 days from COVID-19 diagnosis 1 Patient was deceased within 180 days of COVID-19 diagnosis 99 Unknown
340	[d365_vital_status] Show the field ONLY if: [fu_weeks] = '365']	Was the patient ALIVE at ONE YEAR from COVID-19 diagnosis?	radio, Required 0 Yes the patient was alive for at least one year from COVID-19 diagnosis 1 Patient was deceased within one year of COVID-19 diagnosis 99 Unknown
341	[timing_of_report_weeks] Show the field ONLY if: [fu_weeks] = 'OTH']	Please specify, in weeks, how much time has elapsed since initial COVID-19 diagnosis.	text (number, Min: 0, Max: 120), Required

342	[fu_reason Show the field ONLY if: [fu_weeks] = 'OTH']	What is prompting this follow-up report?	radio, Required

			1	Hospitalization
			2	Major change in clinical status other than hospitalization
			2b	SARS-CoV-2 re-infection
			3	Death
			OTH	Other

343	[fu_reason_oth Show the field ONLY if: [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

344	[covid_19_status_fu]	Section Header: *COVID-19 follow-up details -- required* Current COVID-19 status Fully recovered means that the patient has returned to their baseline functional status and repeat SARS-CoV-2 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 be considered to have recovered with complications.	radio, Required

			1	Fully recovered
			1b	Recovered with complications
			2	Ongoing infection
			3	Died
			99	Unknown

345	[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 [fu_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 (integer, Min: 0), Required

346	[cause_of_death_fu 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']	To the best of your knowledge, what was the proximal cause of death?	radio, Required

			1	COVID-19
			2	Cancer
			3	Both
			88	Other
			99	Unknown

347	[deceased_reason_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 [fu_reason] = '3']	Please provide additional details about the proximal cause of death. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes, Required

348	[who_ordinal_scale Show the field ONLY if: ([fu_weeks] = '30' or [fu_weeks] = '90' or [fu_weeks] = '180' or [fu_weeks] = '365') and [covid_19_status_fu] != '3' and [d30_vital_status] != '1' and [d90_vital_status] != '1' and [d180_vital_status] != '1' and [d365_vital_status] != '1' and [fu_reason] != '3']	WHO Ordinal Scale for Clinical Improvement Please note that this scale is somewhat redundant to other questions here, but will help us to validate the scale as a reliable tool for determining disease severity at fixed time-based endpoints.	radio, Required

			1	Ambulatory (Not hospitalized) with no limitation of activities
			2	Ambulatory (Not hospitalized) with limitation of activities
			3	Hospitalized, no oxygen therapy
			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
			OTH	Other - patient does not fit into any of these categories
			UNK	Unknown

349	[who_ordinal_oth Show the field ONLY if: [who_ordinal_scale] = 'OTH']	Please briefly explain why the patient does not fit into any of the categories. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes

350	[current_status_clinical_fu Show the field ONLY if: [covid_19_status_fu] = '2']	Current clinical status	radio, Required	
			0	Outpatient - No symptoms
			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

351	[current_status_clinical_specify_fu Show the field ONLY if: [current_status_clinical_fu] = 'OTH']	Please specify Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes, Required	

352	[worst_complications_severity_fu Show the field ONLY if: [covid_19_status_fu] = '1' or [covid_19_status_fu] = '1b' or [covid_19_status_fu] = '2']	Worst severity of COVID-19 complications. This answer should capture the worst severity from the time of diagnosis to the time of this follow-up report.	radio, Required	
			0	None (patient was asymptomatic)
			1	Mild complications (mimimal symptoms from complications)
			2	Moderate complications (moderate symptoms from complications)
			3	Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning)
			OTH	Other
			99	Unknown

353	[complications_severity_fu Show the field ONLY if: [covid_19_status_fu] = '1b' or [covid_19_status_fu] = '2']	Severity of COVID-19 complications at the time of this follow-up report. Check all that apply.	checkbox, Required		
			0	complications_severity_fu___0	No complications
			1	complications_severity_fu___1	Mild complications (mimimal symptoms from complications)
			2	complications_severity_fu___2	Moderate complications (moderate symptoms from complications)
			3	complications_severity_fu___3	Serious complications (symptoms substantially impact the patient's functional status or disabling physical functioning)
			OTH	complications_severity_fu___oth	Other
			99	complications_severity_fu___99	Unknown

354	[complications_severity_oth_specify_fu Show the field ONLY if: [complications_severity_fu(OTH)] = '1']	Please specify Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes, Required	

355	[cancer_tx_fu Show the field ONLY if: [covid_19_status_fu] != '3' and [d30_vital_status] != '1' and [d90_vital_status] != '1' and [d180_vital_status] != '1' and [d365_vital_status] != '1' and [fu_reason] != '3']	Section Header: *COVID-19 Effect on Cancer Treatment* Was the patient's cancer treatment plan modified as a result of COVID-19?	radio, Required 0 No 1 Yes 99 Unknown
356	[cancer_tx_fu_more Show the field ONLY if: [cancer_tx_fu] = '1']	Please provide additional details. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes
357	[cancer_status_fu Show the field ONLY if: [covid_19_status_fu] != '3' and [d30_vital_status] != '1' and [d90_vital_status] != '1' and [d180_vital_status] != '1' and [d365_vital_status] != '1' and [fu_reason] != '3']	Cancer status at the time of this follow-up report. If the patient has multiple primaries, please report on the cancer that was most recently treated.	radio, Required 1 Remission/NED 2 Active disease, responding to treatment 3 Active disease, stable 4 Active disease, progressing 5 Active disease, status unknown or not yet assessed 99 Unknown
358	[hospice_fu Show the field ONLY if: [hospice] != '1']	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 but not all of these questions are optional.* Since you last reported on this patient, were they transitioned to hospice?	radio 0 No 1 Yes 99 Unknown
359	[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
360	[hosp_status_fu]	Since you last reported on this patient, were they admitted or re-admitted to the hospital?	radio, Required 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
361	[hosp_status_fu_more Show the field ONLY if: [hosp_status_fu] = 'OTH']	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
362	[admission_reason_fu Show the field ONLY if: [hosp_status_fu] = '1' or [hosp_status_fu] = '2' or [hosp_status_fu] = '3']	Was the admission related to COVID-19 or complications of COVID-19?	radio, Required 1 Definitely related 2 Possibly related 3 Unrelated 99 Unknown
363	[hosp_los_fu Show the field ONLY if: [hosp_status_fu] = '1']	If known, how long was the length of stay, in days?	text (integer, Min: 1)
364	[hosp_los_fu_2 Show the field ONLY if: [hosp_status_fu] = '2']	If known, how long was the length of stay prior to transfer to the ICU, in days?	text (integer, Min: 1)
365	[icu_los_fu Show the field ONLY if: [hosp_status_fu] = '2' or [hosp_status_fu] = '3']	If known, how long was the ICU length of stay, in days?	text (integer, Min: 1)

366	[current_status_fu Show the field ONLY if: [covid_19_status_fu] != '3' and [d30_vital_status] != '1' and [d90_vital_status] != '1' and [d180_vital_status] != '1' and [d365_vital_status] != '1' and [fu_reason] != '3']	What is the patient's current location?	radio

2	Outpatient - follow up
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
99	Unknown

Field Annotation: @HIDECHOICE='9'

367	[days_to_death_fu Show the field ONLY if: [current_status_fu] = '9' or [fu_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 (integer, Min: 0), Required Field Annotation: @HIDDEN

368	[cause_of_death_fu_2 Show the field ONLY if: [covid_19_status_fu] = '9' or [fu_reason] = '3']	To the best of your knowledge, what was the proximal cause of death?	radio, Required

1	COVID-19
2	Cancer
3	Both
88	Other
99	Unknown

Field Annotation: @HIDDEN

369	[deceased_reason_fu Show the field ONLY if: [covid_19_status_fu] = '9' or [fu_reason] = '3']	Please provide additional details about the proximal cause of death. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes, Required Field Annotation: @HIDDEN

370	[c19_complications_systemic_fu]	Section Header: *Additional Medical Events Please report any new complications or medical events that have arisen since completing the most recent form, whether or not they are clearly attributable to COVID-19 or another cause.* Systemic events during the follow-up period. Check all that apply. If there were no additional systemic events, please check "No additional events".	checkbox, Required

50960005	c19_complications_systemic_fu___50960005	Ble...
67406007	c19_complications_systemic_fu___67406007	Dis... int... coa... (DI...
57653000	c19_complications_systemic_fu___57653000	Mu... fai...
91302008	c19_complications_systemic_fu___91302008	Sep...
238147009	c19_complications_systemic_fu___238147009	Oth...
NONE	c19_complications_systemic_fu___none	No... sys... eve...
UNK	c19_complications_systemic_fu___unk	Un...

Field Annotation: Terminology: SNOMED

371	[c19_bleeding_fu Show the field ONLY if: [c19_complications_systemic_fu(50960005)] = '1']	Please specify the type of bleeding. Check all that apply.	checkbox			
				112648003	c19_bleeding_fu___112648003	Major bleeding (requiring multiple RBCs transfusic or ICU admit)
				73099002	c19_bleeding_fu___73099002	Non-majo but clinica relevant bleed
				127563002	c19_bleeding_fu___127563002	Minor ble (without transfusic need)
				230690007-Major	c19_bleeding_fu___230690007_major	CNS hemorrha extensive
				230690007-Minor	c19_bleeding_fu___230690007_minor	CNS hemorrha limited
				OTH	c19_bleeding_fu___oth	Other
				UNK	c19_bleeding_fu___unk	Unknown
			Field Annotation: Terminology: SNOMED-modified			
372	[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			
373	[dic_more_fu Show the field ONLY if: [c19_complications_systemic_fu(67406007)] = '1']	Please provide further details about DIC, including clinical manifestations. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes			
374	[c19_comp_systemic_specify_fu Show the field ONLY if: [c19_complications_systemic_fu(238147009)] = '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			
375	[o2_requirement_fu]	Did the patient require supplemental O2 during the follow-up period?	radio, Required			

For field 375:

0	No
1	Yes
99	Unknown

| 376 | [c19_complications_pulm_fu] | Pulmonary events during the follow-up period. Check all that apply. If there were no additional pulmonary events, please check "No additional events". | checkbox, Required |

			409622000	c19_complications_pulm_fu___409622000	Respir failure
205237003	c19_complications_pulm_fu___205237003	Pneun
233604007	c19_complications_pulm_fu___233604007	Pneun
67782005	c19_complications_pulm_fu___67782005	Acute respira distres syndrc (ARDS
59282003	c19_complications_pulm_fu___59282003	Pulmo embol
60046008	c19_complications_pulm_fu___60046008	Pleura effusic
312682007	c19_complications_pulm_fu___312682007	Empye
50043002	c19_complications_pulm_fu___50043002	Other
NONE	c19_complications_pulm_fu___none	No additic pulmo events
UNK	c19_complications_pulm_fu___unk	Unkhc

Field Annotation: Terminology: SNOMED

| 377 | [resp_failure_tx_fu Show the field ONLY if: [c19_complications_pulm_fu(409622000)] = '1' or [o2_requirement_fu] = '1'] | Which of the following supplemental O2 interventions did the patient require? Select the most invasive intervention required during the follow-up period. | radio |

1	Nasal cannula or face mask with standard O2
2	High-flow nasal cannula or blow-by
3	Non-rebreather
4	CPAP
5	BiPAP
6	Intubation
99	Unknown

| 378 | [berlin_yn_fu Show the field ONLY if: [c19_complications_pulm_fu(67782005)] = '1'] | Were the Berlin criteria formally assessed? | radio |

0	No
1	Yes
99	Unknown/Unsure

| 379 | [berlin_fu Show the field ONLY if: [berlin_yn_fu] = '1'] | Berlin criteria.The Berlin criteria are based on a decreased PaO2/FiO2 ratio:-mild ARDS: 201 - 300 mmHg (≤ 39.9 kPa)-moderate ARDS: 101 - 200 mmHg (≤ 26.6 kPa)-severe ARDS: ≤ 100 mmHg (≤ 13.3 kPa)Note that the Berlin definition requires a minimum positive end expiratory pressure (PEEP) of 5 cmH2O for consideration of the PaO2/FiO2 ratio. This degree of PEEP may be delivered noninvasively with CPAP to diagnose mild ARDS. | radio |

1	Mild
2	Moderate
3	Severe
99	Unknown

| 380 | [c19_comp_pulm_specify_fu Show the field ONLY if: [c19_complications_pulm_fu(50043002)] = '1'] | 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 |

381	[c19_complications_card_fu]	Cardiovascular events during the follow-up period. Check all that apply. If there were no additional cardiovascular events, please check "No additional events".	checkbox, Required		
			45007003	c19_complications_card_fu___45007003	Hypote
			22298006	c19_complications_card_fu___22298006	Myocar infarcti
			414545008	c19_complications_card_fu___414545008	Other ischem
			49436004	c19_complications_card_fu___49436004	Atrial fi
			71908006	c19_complications_card_fu___71908006	Ventric fibrillat
			698247007	c19_complications_card_fu___698247007	Other arrhyth
			85898001	c19_complications_card_fu___85898001	Cardior
			42343007	c19_complications_card_fu___42343007	Conges heart fa (CHF
			59282003	c19_complications_card_fu___59282003	Pulmor emboli
			128053003	c19_complications_card_fu___128053003	Deep v thromb (DVT
			275517008	c19_complications_card_fu___275517008	Superfi venous thromb (SVT)
			230690007	c19_complications_card_fu___230690007	Cerebro accider stroke)
			414086009	c19_complications_card_fu___414086009	Thromb NOS
			49601007	c19_complications_card_fu___49601007	Other
			NONE	c19_complications_card_fu___none	No add cardiov events
			UNK	c19_complications_card_fu___unk	Unknov
			Field Annotation: Terminology: SNOMED		
382	[hotn_pressors_fu Show the field ONLY if: [c19_complications_card_fu(45007003)] = '1']	Did the patient require pressors?	radio 0 No 1 Yes 99 Unknown		
383	[c19_comp_card_specify_fu Show the field ONLY if: [c19_complications_card_fu(49601007)] = '1' or [c19_complications_card_fu(414545008)] = '1' or [c19_complications_card_fu(698247007)] = '1']	Please specify other cardiac events. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		

384	[c19_complications_gi_fu]	Gastrointestinal events during the follow-up period. Check all that apply. If there were no additional GI events, please check "No additional events".	checkbox		
			427044009	c19_complications_gi_fu___427044009	Acute hep injury
			389026000	c19_complications_gi_fu___389026000	Ascites
			81060008	c19_complications_gi_fu___81060008	Bowel obstructic
			56905009	c19_complications_gi_fu___56905009	Bowel perforatic
			710572000	c19_complications_gi_fu___710572000	Ileus
			48661000	c19_complications_gi_fu___48661000	Peritonitis
			53619000	c19_complications_gi_fu___53619000	Other
			NONE	c19_complications_gi_fu___none	No additic gastrointe events
			UNK	c19_complications_gi_fu___unk	Unknown
			Field Annotation: Terminology: SNOMED @HIDECHOICE='710572000,48661000'		
385	[c19_comp_gi_specify_fu Show the field ONLY if: [c19_complications_gi_fu(536190 00)] = '1']	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.	notes		
386	[c19_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".	checkbox, Required		
			14669001	c19_complications_other_fu___14669001	Acute kidney injury
			91175000	c19_complications_other_fu___91175000	Seizur
			372070002	c19_complications_other_fu___372070002	Gangr
			414086009	c19_complications_other_fu___414086009	Throm NOS
			362965005	c19_complications_other_fu___362965005	Other
			NONE	c19_complications_other_fu___none	No additi events
			UNK	c19_complications_other_fu___unk	Unkno
			Field Annotation: Terminology: SNOMED @HIDECHOICE = '372070002,414086009'		
387	[c19_complications_oth_specify_f u Show the field ONLY if: [c19_complications_other_fu(362 965005)] = '1']	Please specify other events. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes		
388	[c19_addl_treatment]	Section Header: *COVID-19 Additional Treatment* Did the patient receive any additional treatments for COVID-19 or its sequelae?	radio 0 No 1 Yes 99 Unknown		
389	[additional_tx_fu Show the field ONLY if: [c19_addl_treatment] = '1']	Additional 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		

390	[covid_19_treatment_fu	Additional COVID-19 treatment. Check all that apply.	checkbox		
	Show the field ONLY if: [c19_addl_treatment] = '1']		DB-15718	covid_19_treatment_fu___db_15718	Bar
			Bam-Et	covid_19_treatment_fu___bam_et	Bar
			REGEN-COV2	covid_19_treatment_fu___regen_cov2	Cas
			RXCUI-2550731	covid_19_treatment_fu___rxcui_2550731	Sot
			OMOP4873974	covid_19_treatment_fu___omop4873974	Rer
			HO-45523	covid_19_treatment_fu___ho_45523	Sys (wil det
			B05AX03	covid_19_treatment_fu___b05ax03	Plas ind plas
			RXCUI-2393	covid_19_treatment_fu___rxcui_2393	Chl
			RXCUI-5521	covid_19_treatment_fu___rxcui_5521	Hyc (Pla
			HO-44995	covid_19_treatment_fu___ho_44995	Ant
			ATC-J05AE08	covid_19_treatment_fu___atc_j05ae08	Ata
			ATC-J05AR10	covid_19_treatment_fu___atc_j05ar10	Lop
			RXCUI-260101	covid_19_treatment_fu___rxcui_260101	Ose
			RXCUI-18631	covid_19_treatment_fu___rxcui_18631	Azit (Zit
			ATC-C10AA	covid_19_treatment_fu___atc_c10aa	Stat
			RXCUI-612865	covid_19_treatment_fu___rxcui_612865	Toc
			RXCUI-42355	covid_19_treatment_fu___rxcui_42355	Fluv
			L04AA37	covid_19_treatment_fu___l04aa37	Bar
			ATC-L04AC	covid_19_treatment_fu___atc_l04ac	Oth inh add
			HO-45861	covid_19_treatment_fu___ho_45861	JAK for
			ATC-L04AB	covid_19_treatment_fu___atc_l04ab	TNF pro det
			B01A	covid_19_treatment_fu___b01a	Ant
			N02BA	covid_19_treatment_fu___n02ba	Asp
			B01AC	covid_19_treatment_fu___b01ac	Ant tha
			233573008	covid_19_treatment_fu___233573008	Extr oxy
			714749008	covid_19_treatment_fu___714749008	Cor rep (CR
			OTH	covid_19_treatment_fu___oth	Oth
			UNK	covid_19_treatment_fu___unk	Unk
			NONE	covid_19_treatment_fu___none	Nor
			oth_plasma	covid_19_treatment_fu___oth_plasma	DEP

Field Annotation: Terminologies:
ATC/HemOnc/OMOP/RxNorm/SNOMED
@HIDECHOICE='oth_plasma,RXCUI-2393,ATC-J05AE08,ATC-
J05AR10,RXCUI-260101,ATC-L04AC,ATC-L04AB,HO-
45861,233573008'

| 391 | [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) |

392	[steroid_type_fu Show the field ONLY if: [covid_19_treatment_fu(HO-4552 3)] = '1']	Steroid type. Check all that apply.	checkbox

			H02AB02	steroid_type_fu___h02ab02	Dexamethasone (Decadron)
			H02AB09	steroid_type_fu___h02ab09	Hydrocortisone (Cortef)
			H02AB04	steroid_type_fu___h02ab04	Methylprednisolone (Solumedrol)
			H02AB06	steroid_type_fu___h02ab06	Prednisolone
			H02AB07	steroid_type_fu___h02ab07	Prednisone

Field Annotation: Terminology: ATC

393	[steroid_specific_fu Show the field ONLY if: [covid_19_treatment_fu(HO-4552 3)] = '1']	Steroid dosing, in prednisone dose equivalents Note: 3 mg of dexamethasone is equivalent to 20 mg of prednisone, so any dose of dexamethasone of more than 3 mg/day (21 mg/week) would be equivalant to more than 20 mg of prednisone/day.	radio

1	20 mg/day or below [low dose]
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'

394	[steroid_more_fu Show the field ONLY if: [covid_19_treatment_fu(HO-4552 3)] = '1']	Please provide more details: prednisone dose equivalents (e.g., 1 mg/kg) and duration of steroid therapy. Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes

395	[c19_aspirin_dose_fu Show the field ONLY if: [covid_19_treatment_fu(N02BA)] = '1']	Aspirin dosing	radio

262459003	Low dose (less than 200 mg/day)
261829003	Full dose
261665006	Unknown

Field Annotation: Terminology: SNOMED

396	[c19_anticoag_type_fu Show the field ONLY if: [covid_19_treatment_fu(B01A)] = '1']	Which anticoagulants were used? Check all that apply.	checkbox

B01AA	c19_anticoag_type_fu___b01aa	Vitamin K antagonists (e.g., warfarin)
B01AB	c19_anticoag_type_fu___b01ab	Low-molecular weight heparin (e.g., enoxaparin [Lovenox])
B01AB01	c19_anticoag_type_fu___b01ab01	Unfractionated heparin
B01AE	c19_anticoag_type_fu___b01ae	Direct thrombin inhibitors (e.g., argatroban, dabigatran [Pradaxa])
B01AF	c19_anticoag_type_fu___b01af	Direct factor Xa inhibitors (e.g., apixaban [Eliquis], rivaroxaban [Xarelto])
B01AX05	c19_anticoag_type_fu___b01ax05	Fondaparinux
UNK	c19_anticoag_type_fu___unk	Unknown
OTH	c19_anticoag_type_fu___oth	Other

397	[c19_anticoag_type_oth_specify_fu Show the field ONLY if: [c19_anticoag_type_fu(OTH)] = '1']	Please specify Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes

398	[c19_anticoag_reason_fu Show the field ONLY if: [covid_19_treatment_fu(B01A)] = '1']	What was the purpose of the anticoagulant treatment? Check all that apply.	checkbox

1	c19_anticoag_reason_fu___1	Prophylactic use (without the presence of a VTE either as an inpatient or outpatient)
2	c19_anticoag_reason_fu___2	Therapeutic use (for known VTE or ATE history)
2a	c19_anticoag_reason_fu___2a	Therapeutic use (for known VTE diagnosis)
2b	c19_anticoag_reason_fu___2b	Therapeutic use (for known ATE diagnosis)
2c	c19_anticoag_reason_fu___2c	Therapeutic use in the absence of any thrombosis (e.g., for prevention of stroke in atrial fibrillation)
3	c19_anticoag_reason_fu___3	For DIC during hospitalization
UNK	c19_anticoag_reason_fu___unk	Unknown
OTH	c19_anticoag_reason_fu___oth	Other

Field Annotation: @HIDECHOICE='2'

399	[c19_anticoag_reason_oth_specify_fu Show the field ONLY if: [c19_anticoag_reason_fu(OTH)] = '1']	Please specify Do not record any PHI in this field. As a reminder, this includes all elements of dates other than year.	notes

400	[covid_19_tx_interleukin_fu Show the field ONLY if: [covid_19_treatment_fu(ATC-L04AC)] = '1']	Interleukin inhibitor treatment other than tocilizumab. Check all that apply.	checkbox

L04AC03	covid_19_tx_interleukin_fu___l04ac03	anakinra
L04AC02	covid_19_tx_interleukin_fu___l04ac02	basiliximab
L04AC09	covid_19_tx_interleukin_fu___l04ac09	briakinumab
L04AC12	covid_19_tx_interleukin_fu___l04ac12	brodalumab
L04AC08	covid_19_tx_interleukin_fu___l04ac08	canakinumab
L04AC01	covid_19_tx_interleukin_fu___l04ac01	daclizumab
L04AC16	covid_19_tx_interleukin_fu___l04ac16	guselkumab
L04AC13	covid_19_tx_interleukin_fu___l04ac13	ixekizumab
L04AC04	covid_19_tx_interleukin_fu___l04ac04	rilonacept
L04AC18	covid_19_tx_interleukin_fu___l04ac18	risankizumab
L04AC14	covid_19_tx_interleukin_fu___l04ac14	sarilumab
L04AC10	covid_19_tx_interleukin_fu___l04ac10	secukinumab
L04AC11	covid_19_tx_interleukin_fu___l04ac11	siltuximab
L04AC15	covid_19_tx_interleukin_fu___l04ac15	sirukumab
L04AC17	covid_19_tx_interleukin_fu___l04ac17	tildrakizumab
L04AC07	covid_19_tx_interleukin_fu___l04ac07	DEPRECATED
L04AC05	covid_19_tx_interleukin_fu___l04ac05	ustekinumab

Field Annotation: Field:ATC L04AC; Values:ATC @HIDDEN

401	[jak_fu Show the field ONLY if: [covid_19_treatment_fu(HO-4586 1)] = '1']	JAK inhibitor treatment. Check all that apply.	checkbox		
			L01XE18	jak_fu___l01xe18	Ruxolitinib (Jakafi)
			L04AA29	jak_fu___l04aa29	Tofacitinib (Xeljanz)
			RXCUI-1487006	jak_fu___rxcui_1487006	Oclacitinib
			L04AA37	jak_fu___l04aa37	Baricitinib
			Peficitinib	jak_fu___peficitinib	Peficitinib
			L01XE57	jak_fu___l01xe57	Fedratinib (Inrebic)
			L04AA44	jak_fu___l04aa44	Upadacitinib
			Field Annotation: Terminologies: ATC, RxNorm @HIDDEN		
402	[covid_19_tx_tnf_fu Show the field ONLY if: [covid_19_treatment_fu(ATC-L04A B)] = '1']	Tumor necrosis factor alpha (TNF-α) inhibitor treatment. Check all that apply.	checkbox		
			L04AB04	covid_19_tx_tnf_fu___l04ab04	Adalimumab
			L04AB03	covid_19_tx_tnf_fu___l04ab03	Afelimomab
			L04AB05	covid_19_tx_tnf_fu___l04ab05	Certolizumab pegol
			L04AB01	covid_19_tx_tnf_fu___l04ab01	Etanercept
			L04AB06	covid_19_tx_tnf_fu___l04ab06	Golimumab
			L04AB02	covid_19_tx_tnf_fu___l04ab02	Infliximab
			L04AB07	covid_19_tx_tnf_fu___l04ab07	Opinercept
			Field Annotation: Field:ATC L04AB; Values:ATC @HIDDEN		
403	[covid_19_treatment_trial_fu Show the field ONLY if: [c19_addl_treatment] = '1']	Was any of the additional COVID-19 treatment given as part of a clinical trial?	radio		
			0	No	
			1	Yes	
			99	Unknown	

404	[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, Required		
			DB-15718	covid_19_trial_tx_fu___db_15718	Bam...
			Bam-Et	covid_19_trial_tx_fu___bam_et	Bam...
			REGEN-COV2	covid_19_trial_tx_fu___regen_cov2	Casiriv...
			RXCUI-2550731	covid_19_trial_tx_fu___rxcui_2550731	Sotrovi...
			RXCUI-2393	covid_19_trial_tx_fu___rxcui_2393	Chloro...
			RXCUI-5521	covid_19_trial_tx_fu___rxcui_5521	Hydrox... (Plaqu...
			HO-44995	covid_19_trial_tx_fu___ho_44995	Anti-vir...
			ATC-J05AE08	covid_19_trial_tx_fu___atc_j05ae08	Atazan...
			ATC-J05AR10	covid_19_trial_tx_fu___atc_j05ar10	Lopina...
			RXCUI-260101	covid_19_trial_tx_fu___rxcui_260101	Oselta...
			OMOP4873974	covid_19_trial_tx_fu___omop4873974	Remde...
			RXCUI-18631	covid_19_trial_tx_fu___rxcui_18631	Azithro... (Zithro...
			HO-45523	covid_19_trial_tx_fu___ho_45523	System...
			ATC-C10AA	covid_19_trial_tx_fu___atc_c10aa	Statins
			L04AC03	covid_19_trial_tx_fu___l04ac03	anakin...
			L04AA37	covid_19_trial_tx_fu___l04aa37	Bariciti...
			L04AC02	covid_19_trial_tx_fu___l04ac02	basilixi...
			L04AC09	covid_19_trial_tx_fu___l04ac09	briakin...
			L04AC12	covid_19_trial_tx_fu___l04ac12	brodal...
			L04AC08	covid_19_trial_tx_fu___l04ac08	canakir...
			L04AC01	covid_19_trial_tx_fu___l04ac01	daclizu...
			L04AC16	covid_19_trial_tx_fu___l04ac16	guselk...
			L04AC13	covid_19_trial_tx_fu___l04ac13	ixekizu...
			L04AC04	covid_19_trial_tx_fu___l04ac04	rilonac...
			L04AC18	covid_19_trial_tx_fu___l04ac18	risanki...
			L04AC14	covid_19_trial_tx_fu___l04ac14	sarilur...
			L04AC10	covid_19_trial_tx_fu___l04ac10	secukir...
			L04AC11	covid_19_trial_tx_fu___l04ac11	siltuxir...
			L04AC15	covid_19_trial_tx_fu___l04ac15	sirukur...
			L04AC17	covid_19_trial_tx_fu___l04ac17	tildraki...
			L04AC07	covid_19_trial_tx_fu___l04ac07	tocilizu...
			RXCUI-42355	covid_19_trial_tx_fu___rxcui_42355	Fluvox...
			L04AC05	covid_19_trial_tx_fu___l04ac05	ustekir...
			L04AB04	covid_19_trial_tx_fu___l04ab04	adalim...
			L04AB03	covid_19_trial_tx_fu___l04ab03	afelim...
			L04AB05	covid_19_trial_tx_fu___l04ab05	certoliz...
			L04AB01	covid_19_trial_tx_fu___l04ab01	etaner...
			L04AB06	covid_19_trial_tx_fu___l04ab06	golimu...
			L04AB02	covid_19_trial_tx_fu___l04ab02	inflixir...
			L04AB07	covid_19_trial_tx_fu___l04ab07	opiner...
			OTH-plasma	covid_19_trial_tx_fu___oth_plasma	Plasma... individ... plasma...
			B05AX03	covid_19_trial_tx_fu___b05ax03	Plasma... individ... plasma...
			OTH	covid_19_trial_tx_fu___oth	Other
			UNK	covid_19_trial_tx_fu___unk	Unkno...
			Field Annotation: Terminologies: ATC/HemOnc/OMOP/RxNorm @HIDDEN		
404	[covid_19_trial_tx_fu				

405	[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
406	[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
407	[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
408	[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
409	[followup_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Manual Exclude (manual_exclude)

410	[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'
411	[exclude_why] Show the field ONLY if: [manual_exclude] = '1']	Why was the patient excluded?	radio, Required 1 Duplicate record 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
412	[dup_link] Show the field ONLY if: [exclude_why] = '1']	Enter the other record_id that this record appears to duplicate. If there are 3+ duplicated records, separate the record_id with a pipe delimiter.	text, Required
413	[manual_exclude_more]	Why was patient manually excluded?	notes
414	[exclude_confirm_date]	Date that confirmatory query was sent	text (date_dmy)
415	[exclude_confirm_result]	Site response to confirmatory query	radio 1 Agree 2 Disagree 3 Pending
416	[manual_exclude_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete