

CRF Question	Variable Name	Values, Labels	Type
Human Infection with 2019 Novel Coronavirus Case Report Form			
State	Case_State		Character
State/local health department	Case_HealthDept		Character
Contact ID	Case_Contact_ID		Character
Case state/local ID	Case_Local_ID		Character
CDC 2019-nCoV ID	CDC_nCoV2019_ID		Character
NNDSS loc. Rec. ID/ Case ID	Case_NNDSS_ID		Character
State/Local Specimen ID - 1	Case_lab_local_ID1		Character
State/Local Specimen ID - 2	Case_lab_local_ID2		Character
State/Local Specimen ID - 3	Case_lab_local_ID3		Character
State/Local Specimen ID - 4	Case_lab_local_ID4		Character
State/Local Specimen ID - 5	Case_lab_local_ID5		Character
Interviewer Information			
Last name of interviewer	Case_Interviewer_LN		Character
First name of interviewer	Case_Interviewer_FN		Character
Affiliation/ Organization	Case_Interviewer_org		Character
Telephone number	Case_Interviewer_Tele		Character
Email	Case_Interviewer_email		Character
Date of interview	Case_Interviewer_dt		Date (mm/dd/yyyy)
Date of medical chart abstraction	Case_MedChart_dt		Date (mm/dd/yyyy)
Basic Case Information			
Report date to CDC	Case_CDCReport_dt		Date (mm/dd/yyyy)
Is this a 2019 nCoV laboratory-confirmed case? <i>Race (Check all that apply)</i>	Case_LabConf_yn	1, Yes 0, No (if no, do not complete this form)	Number
White	Case_Race_white	1, Yes	Number
Asian	Case_Race_asian	1, Yes	Number
American Indian/ Alaskan-Native	Case_Race_aian	1, Yes	Number
Black	Case_Race_black	1, Yes	Number
Native Hawaiian/ Other Pacific Islander	Case_Race_nhpi	1, Yes	Number
Unknown	Case_Race_unk	1, Yes	Number
Other	Case_Race_other	1, Yes	Number
Other specified race	Case_Race_spec		Character
Date of first positive specimen collection	Case_Pos_Spec_dt		Date (mm/dd/yyyy)
Check if date unknown	Case_Pos_Spec_unk	1, Yes 1, Hispanic/Latino 0, Non-Hispanic/Latino	Number
Ethnicity	Case_Ethnicity	9, Not specified	Number
Date of birth	Case_DOB		Date (mm/dd/yyyy)
Age	Case_age		Number
Age units (yr/mo/days):	Case_ageunit	1, Years 2, Months 3, Days	Number
Sex	Case_Sex	1, Male 2, Female 3, Other	Number
Symptom status (ever):	Case_SympStatus	9, Unknown	Number
If symptomatic, onset date - exact	Case_Onset_dt		Date (mm/dd/yyyy)
If symptomatic, onset date - approximate	Case_Onset_approx_dt		Character
If symptomatic, onset date - unknown	Case_Onset_unk	1, Yes	Number
If symptomatic, date of symptom resolution - exact	Case_Symp_res_dt		Date (mm/dd/yyyy)
If symptomatic, date of symptom resolution - approximate	Case_Symp_res_approx_dt		Character
If symptomatic, state of resolution	Case_Symp_res_yn	1, Still symptomatic 0, Symptoms resolved, unknown date	Number
In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):		9, Unknown symptom status	Number
Travel to Wuhan	Case_Exp_Wuhan	1, Yes	Number
Travel to Hubei	Case_Exp_Hubei	1, Yes	Number
Travel to mainland China	Case_Exp_China	1, Yes	Number
Travel to other non-US country	Case_Exp_OthCountry	1, Yes	Number
Household contact with another lab-confirmed 2019-nCoV case-patient	Case_Exp_House	1, Yes	Number
Community contact with another lab-confirmed 2019-nCoV case-patient	Case_Exp_Community	1, Yes	Number
Healthcare contact with another lab-confirmed 2019-nCoV case-patient	Case_Exp_Health	1, Yes	Number
Healthcare contact with another lab-confirmed 2019-nCoV case-patient -- patient	Case_Exp_Health_Pt	1, Yes	Number
Healthcare contact with another lab-confirmed 2019-nCoV case-patient -- visitor	Case_Exp_Health_Vis	1, Yes	Number
Healthcare contact with another lab-confirmed 2019-nCoV case-patient -- healthcare worker	Case_Exp_Health_HCW	1, Yes	Number
Animal exposure	Case_Exp_Animal	1, Yes	Number
Other	Case_Exp_Other	1, Yes	Number
If other, specify	Case_Exp_Other_Spec	1, Yes	Character
Unknown	Case_Exp_Unk	1, Yes 1, Yes 0, No	Number
Was the patient hospitalized?	Case_Hosp_yn	9, Unknown	Number
Admission date 1	Case_adm1_dt		Date (mm/dd/yyyy)
Discharge date 1	Case_dis1_dt		Date (mm/dd/yyyy)
Was the patient admitted to an intensive care unit (ICU)?	Case_icu_yn	1, Yes 0, No 9, Unknown	Number
Did the patient receive mechanical ventilation (MV)/intubation?	Case_mechvent_yn	1, Yes 0, No 9, Unknown	Number
If yes, total days with mechanical ventilation	Case_mechvent_dur		Number
Did the patient die as a result of this illness?	Case_death_yn	1, Yes 0, No 9, Unknown	Number
Date of Death	Case_death_dt		Date (mm/dd/yyyy)
Date of Death Unknown	Case_death_unk	1, Yes	Number
Patient Interview			
Who is providing information for this form?	Case_Respond	1, Case-patient 8, Other	Number
Relationship to case	Case_Respond_relat		Character
Case-patient's primary language	Case_Respond_lang		Character
Was this form administered via a translator?	Case_Respond_trans	1, Yes 0, No 9, Unknown	Number
Patient interview - Case-patient demographic information			
Was this case a known patient under investigation (PUI) prior to lab confirmation?	Case_PUI_yn	1, Yes 0, No 9, Unknown	Number
Under what process was the case first identified (select all that apply)?			
PUI	Case_process_pui	1, Yes	Number
Contact tracing of case-patient	Case_process_cont	1, Yes	Number
Routine surveillance	Case_process_surv	1, Yes	Number
EpiX notification of travelers	Case_process_EpiX	1, Yes	Number
If checked, DGMQID	Case_process_DGMQID		Character

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Unknown	Case_process_unk	1, Yes	Number
Other	Case_process_other	1, Yes	Number
If other, specify	Case_process_other_spec		Character
County of residence	Case_Res_County		Character
State of residence	Case_Res_state		Character
Current Status	Case_currstatus	1, Hospitalized for clinical purposes 2, Hospitalized for isolation 3, Home isolation	Number
Occupation	Case_Occupation		Character
If student, what grade level?	Case_school_grade	1, Yes 0, No	Character
If child, does s/he attend day care?	Case_daycare_yn	9, Unknown	Number
Patient Interview - Symptoms, clinical course, past medical history and social history			
During this illness did you experience any of the following symptoms?			
		1, Yes 0, No	
Fever >100.4F (38C)	Case_fever_yn	9, Unknown	Number
Highest temperature (F)	Case_fever_temp		Number
Date of onset	Case_fever_dt		Date (mm/dd/yyyy)
Duration of fever >100.4F (38C) (days)	Case_fever_dur		Number
		1, Yes 0, No	
Subjective fever (felt feverish)	Case_sfever_yn	9, Unknown	Number
		1, Yes 0, No	
Chills	Case_chills_yn	9, Unknown	Number
		1, Yes 0, No	
Dehydration	Case_dehyd_yn	9, Unknown	Number
		1, Yes 0, No	
Fatigue	Case_fatigue_yn	9, Unknown	Number
		1, Yes 0, No	
Muscle aches (myalgia)	Case_myalgia_yn	9, Unknown	Number
		1, Yes 0, No	
Rash	Case_rash_yn	9, Unknown	Number
		1, Yes 0, No	
Headache	Case_headache_yn	9, Unknown	Number
		1, Yes 0, No	
Eye redness (conjunctivitis)	Case_conjunct_yn	9, Unknown	Number
		1, Yes 0, No	
Runny nose (rhinorrhea)	Case_runnose_yn	9, Unknown	Number
		1, Yes 0, No	
Sore throat	Case_throat_yn	9, Unknown	Number
		1, Yes 0, No	
Cough (new onset or worsening of chronic cough)	Case_cough_yn	9, Unknown	Number
		1, Yes 0, No	
Dry cough	Case_dcough_yn	9, Unknown	Number
		1, Yes 0, No	
Productive cough	Case_pcough_yn	9, Unknown	Number
		1, Yes 0, No	
Bloody sputum (hymoptysis)	Case_hemoptys_yn	9, Unknown	Number
		1, Yes 0, No	
Shortness of breath (dyspnea)	Case_sob_yn	9, Unknown	Number
		1, Yes 0, No	
Wheezing	Case_wheeze_yn	9, Unknown	Number
		1, Yes 0, No	
Apnea/ abnormally long pauses of breathing	Case_apnea_yn	9, Unknown	Number
		1, Yes 0, No	
Chest pain	Case_chest_yn	9, Unknown	Number
		1, Yes 0, No	
Abdominal pain	Case_abdom_yn	9, Unknown	Number
		1, Yes 0, No	
Vomiting	Case_vomit_yn	9, Unknown	Number
		1, Yes 0, No	
Nausea	Case_nausea_yn	9, Unknown	Number
		1, Yes 0, No	
Diarrhea (≥3 loose/looser than normal stools/24hr period)	Case_diarrhea_yn	9, Unknown	Number
		1, Yes 0, No	
Poor feeding/Poor appetite	Case_poorfeed_yn	9, Unknown	Number
		1, Yes 0, No	
Seizures	Case_seizure_yn	9, Unknown	Number
Other symptoms - 1	Case_othsym1_yn	1, Yes	Number
Other symptoms - 1, specify:	Case_othsym1_spec		Character
Other symptoms - 2	Case_othsym2_yn	1, Yes	Number
Other symptoms - 2, specify:	Case_othsym2_spec		Character
Other symptoms - 3	Case_othsym3_yn	1, Yes	Number
Other symptoms - 3, specify:	Case_othsym3_spec		Character
		1, Yes 0, No	
Did you miss work or school for this illness?	Case_misswork	9, Unknown	Number
If yes, how many days?	Case_misswork_dur		Number
		1, Yes 0, No	
Do you feel back to normal?	Case_Normal	5, Not applicable (patient deceased) 9, Unknown	Number
If yes, on what day - exact	Case_Normal_dt		Date (mm/dd/yyyy)
If yes, on what day - approximate	Case_Normal_approx_dt		Character
		1, Yes 0, No	
Did you receive any medical care for the illness?	Case_Medcare	9, Unknown	Number
Where and on which date did you seek care after this illness started? (Check all that apply)			
Doctor's office	Case_dr	1, Yes	Number
Date of first doctor's office visit	Case_dr_dt1		Date (mm/dd/yyyy)
Date of second doctor's office visit	Case_dr_dt2		Date (mm/dd/yyyy)
Emergency room	Case_er	1, Yes	Number
Date of first emergency room visit	Case_er_dt1		Date (mm/dd/yyyy)
Date of second emergency room visit	Case_er_dt2		Date (mm/dd/yyyy)
Retail store/ pharmacy	Case_pharm	1, Yes	Number
Date of first retail store/ pharmacy visit	Case_pharm_dt1		Date (mm/dd/yyyy)

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Date of second retail store/ pharmacy visit	Case_pharm_dt2		Date (mm/dd/yyyy)
Health department	Case_hdept	1, Yes	Number
Date of first health department visit	Case_hdept_dt1		Date (mm/dd/yyyy)
Date of second health department visit	Case_hdept_dt2		Date (mm/dd/yyyy)
Urgent care	Case_urgent	1, Yes	Number
Date of first urgent care visit	Case_urgent_dt1		Date (mm/dd/yyyy)
Date of second urgent care visit	Case_urgent_dt2		Date (mm/dd/yyyy)
Other place	Case_othcare	1, Yes	Number
If other, specify	Case_othcare_spec		Character
Date of first visit at other place	Case_othcare_dt1		Date (mm/dd/yyyy)
Date of second visit at other place	Case_othcare_dt2		Date (mm/dd/yyyy)
Unknown	Case_unk	1, Yes 1, Yes 0, No	Number
Were you hospitalized for the illness?	Case_hosp_QC_yn	9, Unknown 1, Clinical indication 2, No clinical indication (e.g., isolation for public health)	Number
If patient was hospitalized, purpose of hospitalization?	Case_hosp_purpose		Number
Patient interview - Past medical history			
		1, Yes 0, No	
Do you have any pre-existing medical conditions?	Case_MedCond_yn	9, Unknown 1, Yes	Number
Was the medical chart used to inform this section?	Case_MedChart_yn	0, No 1, Yes 0, No	Number
Chronic lung disease	Case_Cld_yn	9, Unknown 1, Yes 0, No	Number
Asthma/ reactive airway disease	Case_cld_asthma	9, Unknown 1, Yes 0, No	Number
Emphysema/ COPD	Case_cld_copd	9, Unknown 1, Yes 0, No	Number
Other chronic lung disease If yes, specify	Case_cld_other Case_cld_spec	9, Unknown 1, Yes 0, No	Number Character
Active tuberculosis	Case_tb_yn	9, Unknown 1, Yes 0, No	Number
Diabetes Mellitus	Case_diabetes_yn	9, Unknown 1, Yes 0, No	Number
Diabetes Mellitus Type 1	Case_diabetes_dm1	9, Unknown 1, Yes 0, No	Number
Diabetes Mellitus Type 2	Case_diabetes_dm2	9, Unknown 1, Yes 0, No	Number
Cardiovascular disease	Case_cvd_yn	9, Unknown 1, Yes 0, No	Number
Hypertension	Case_cvd_htn	9, Unknown 1, Yes 0, No	Number
Coronary artery disease	Case_cvd_cad	9, Unknown 1, Yes 0, No	Number
Heart failure/ Congestive heart failure	Case_cvd_chf	9, Unknown 1, Yes 0, No	Number
Cerebrovascular accident/ stroke	Case_cvd_stroke	9, Unknown 1, Yes 0, No	Number
Congenital heart disease	Case_cvd_cong	9, Unknown 1, Yes 0, No	Number
Other cardiovascular disease If yes, specify	Case_cvd_other Case_cvd_spec	9, Unknown 1, Yes 0, No	Number Character
Renal disease	Case_renaldis_yn	9, Unknown 1, Yes 0, No	Number
Chronic kidney disease/ insufficiency	Case_renaldis_ckd	9, Unknown 1, Yes 0, No	Number
End-stage renal disease	Case_renaldis_esrd	9, Unknown 1, Yes 0, No	Number
Dialysis	Case_renaldis_hd	9, Unknown 1, Yes 0, No	Number
Other renal disease If yes, specify	Case_renaldis_other Case_renaldis_spec	9, Unknown 1, Yes 0, No	Number Character
Liver disease	Case_liverdis_yn	9, Unknown 1, Yes 0, No	Number
Alcoholic hepatitis	Case_liverdis_alchep	9, Unknown 1, Yes 0, No	Number
Chronic liver disease	Case_liverdis_chron	9, Unknown 1, Yes 0, No	Number
Cirrhosis/ End stage liver disease	Case_liverdis_esld	9, Unknown 1, Yes 0, No	Number
Hepatitis B, chronic	Case_liverdis_hepb	9, Unknown 1, Yes 0, No	Number
Hepatitis C, chronic	Case_liverdis_hepc	9, Unknown 1, Yes 0, No	Number
Non-alcoholic fatty liver disease (NAFLD)/ NASH	Case_liverdis_nash	9, Unknown 1, Yes 0, No	Number
Other liver disease If yes, specify	Case_liverdis_other Case_liverdis_spec	9, Unknown 1, Yes 0, No	Number Character
Immunocompromised Condition	Case_immsupp_yn	9, Unknown 1, Yes 0, No	Number
AIDS or CD4 count <200	Case_AIDS_yn	9, Unknown 1, Yes 0, No	Number
HIV infection	Case_HIV_yn	9, Unknown	Number

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Solid organ transplant	Case_solid_trans_yn	1, Yes 0, No 9, Unknown	Number
Stem cell transplant (e.g., bone marrow transplant)	Case_stem_trans_yn	1, Yes 0, No 9, Unknown	Number
Cancer: current/in treatment of diagnosed in last 12 months	Case_Cancer_yn	1, Yes 0, No 9, Unknown	Number
Other immunosuppressive condition/therapy If yes, specify	Case_immsupp_other Case_immsupp_spec	1, Yes 0, No 9, Unknown	Number Character
Neurologic/ neurodevelopmental disorder If yes, specify	Case_Neuro_yn Case_neuro_spec	1, Yes 0, No 9, Unknown	Number Character
Other chronic diseases If yes, specify	Case_otherdis_yn Case_otherdis_spec	1, Yes 0, No 9, Unknown	Number Character
Current height - inches	Case_height_in		Number
Current height - centimeters	Case_height_cm		Number
Current weight - lbs	Case_weight_lbs		Number
Current weight - kg	Case_weight_kg		Number
If female, are you currently pregnant? Weeks pregnant at onset	Case_pregnant_yn Case_Pregnant_wks	1, Yes 0, No 9, Unknown	Number Number
If female, are you postpartum (12 months postpartum or less)?	Case_postpart_yn	1, Yes 0, No 9, Unknown	Number
If female, are you breastfeeding?	Case_breastfeed_yn	1, Yes 0, No 9, Unknown	Number
If child, is he/she being breastfed?	Case_breastfeed_chd_yn	1, Yes 0, No 9, Unknown	Number
Patient interview - Social history			
Do you currently smoke cigarettes? If yes, how many packs of cigarettes per day? For how many years?	Case_smoke_curr_yn Case_smoke_curr_freq Case_smoke_curr_years	1, Yes 0, No 9, Unknown	Number Number Number
Have you <u>ever</u> smoked cigarettes? If yes, how many packs of cigarettes per day? For how many years? How long since you last smoked a cigarette? - months How long since you last smoked a cigarette? - years	Case_smoke_yn Case_smoke_freq Case_smoke_years Case_smoke_since_mon Case_smoke_since_years	1, Yes 0, No 9, Unknown	Number Number Number Number Number
Do you currently use e-cigarettes/ vape-pens	Case_smoke_ecig_yn	1, Yes 0, No 9, Unknown 0, Never	Number
In the past year, how often do you have a drink containing alcohol?	Case_alcohol_amt	1, Monthly or less 2, 2-4 times a month 3, 2-3 times per week 4, 4 or more times per week	Number
Patient interview - Travel history			
In the 14 days prior to illness onset, were you traveling away from your home (domestic and international)? <i>Where did you travel 14 days prior to illness onset (list ALL locations, including overnight transits and layovers)?</i>	Case_travel_yn	1, Yes 0, No (Skip to Q. 25) 9, Unknown (skip to Q.25)	Number
Trip departure date - 1	Case_trip_dep_dt1		Date (mm/dd/yyyy)
Trip departure city, state/province/country - 1	Case_trip_dep_city1		Character
Trip arrival date - 1	Case_trip_arr_dt1		Date (mm/dd/yyyy)
Trip arrival city, state/province/country -1	Case_trip_arr_city1		Character
Other trip date information - 1	Case_trip_approx_dt1		Character
Trip departure date - 2	Case_trip_dep_dt2		Date (mm/dd/yyyy)
Trip departure city, state/province/country - 2	Case_trip_dep_city2		Character
Trip arrival date - 2	Case_trip_arr_dt2		Date (mm/dd/yyyy)
Trip arrival city, state/province/country -2	Case_trip_arr_city2		Character
Other trip date information - 2	Case_trip_approx_dt2		Character
Trip departure date - 3	Case_trip_dep_dt3		Date (mm/dd/yyyy)
Trip departure city, state/province/country - 3	Case_trip_dep_city3		Character
Trip arrival date - 3	Case_trip_arr_dt3		Date (mm/dd/yyyy)
Trip arrival city, state/province/country -3	Case_trip_arr_city3		Character
Other trip date information - 3	Case_trip_approx_dt3		Character
Trip departure date - 4	Case_trip_dep_dt4		Date (mm/dd/yyyy)
Trip departure city, state/province/country - 4	Case_trip_dep_city4		Character
Trip arrival date - 4	Case_trip_arr_dt4		Date (mm/dd/yyyy)
Trip arrival city, state/province/country -4	Case_trip_arr_city4		Character
Other trip date information - 4	Case_trip_approx_dt4		Character
Trip departure date - 5	Case_trip_dep_dt5		Date (mm/dd/yyyy)
Trip departure city, state/province/country - 5	Case_trip_dep_city5		Character
Trip arrival date - 5	Case_trip_arr_dt5		Date (mm/dd/yyyy)
Trip arrival city, state/province/country -5	Case_trip_arr_city5		Character
Other trip date information - 5	Case_trip_approx_dt5		Character
Patient interview - Exposure history			
In the 14 DAYS prior to illness, did you have close contact with another lab-confirmed 2019-nCoV case-patient? If yes, please fill out the "Household/Close Contact Investigation Form". <i>Relationship to 2019-nCoV source case (select all that apply)</i>	Case_contact_yn	1, Yes 0, No 9, Unknown	Number
Spouse/Partner	Case_relat_spouse	1, Yes	Number
Child	Case_relate_child	1, Yes	Number
Parent	Case_relate_parent	1, Yes	Number
Other family	Case_relate_fam	1, Yes	Number
Friend	Case_relat_friend	1, Yes	Number
HCW	Case_relat_hcw	1, Yes	Number
Co-worker	Case_relat_cowork	1, Yes	Number
Classmate	Case_relat_class	1, Yes	Number
Roommate	Case_relat_room	1, Yes	Number
Contact only - no relationship	Case_relat_none	1, Yes	Number
Other If other, specify	Case_relat_oth Case_relat_spec	1, Yes	Number Character
<i>Exposure setting to the 2019-nCoV source case (select all that apply):</i>			
Household	Case_expset_house	1, Yes	Number
Work	Case_expset_work	1, Yes	Number
Daycare	Case_expset_dc	1, Yes	Number
School/ University	Case_expset_sch	1, Yes	Number
Transit	Case_expset_tran	1, Yes	Number
Rideshare	Case_expset_rs	1, Yes	Number
Hotel	Case_expset_hotel	1, Yes	Number
Healthcare	Case_expset_hc	1, Yes	Number
Other If other, specify	Case_expset_oth Case_expset_spec	1, Yes	Number Character
In the 14 days prior to illness onset, did you			

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...have any household members, friends, acquaintances, or co-workers who had symptoms like you?	Case_cont_hhsym_yn	1, Yes 0, No 9, Unknown	Number
Date of exposure - start date	Case_cont_hhsym_start_dt		Date (mm/dd/yyyy)
Date of exposure - end date	Case_cont_hhsym_end_dt		Date (mm/dd/yyyy)
Date of exposure - approximate	Case_cont_hhsym_approx_dt		Character
...have close contact (e.g. caring for, speaking with, or touching) with any ill persons?	Case_cont_ill_yn	1, Yes 0, No 9, Unknown	Number
Date of exposure - start date	Case_cont_ill_start_dt		Date (mm/dd/yyyy)
Date of exposure - end date	Case_cont_ill_end_dt		Date (mm/dd/yyyy)
Date of exposure - approximate	Case_cont_ill_approx_dt		Character
... Attend a mass gathering (e.g., religious event, wedding, party, dance, concert, banquet, festival, sports event, or other event)?	Case_cont_mass_yn	1, Yes 0, No 9, Unknown	Number
Date of exposure - start date	Case_cont_mass_start_dt		Date (mm/dd/yyyy)
Date of exposure - end date	Case_cont_mass_end_dt		Date (mm/dd/yyyy)
Date of exposure - approximate	Case_cont_mass_approx_dt		Character
...have a household member who attended school or daycare?	Case_cont_sch_yn	1, Yes 0, No 9, Unknown	Number
Date of exposure - start date	Case_cont_sch_start_dt		Date (mm/dd/yyyy)
Date of exposure - end date	Case_cont_sch_end_dt		Date (mm/dd/yyyy)
Date of exposure - approximate	Case_cont_sch_approx_dt		Character
... Have a close contact with an ill person who had contact with a lab-confirmed 2019-nCoV case-patient (i.e., secondary contact to confirmed case)?	Case_cont_lab_yn	1, Yes 0, No 9, Unknown	Number
Date of exposure - start date	Case_cont_lab_start_dt		Date (mm/dd/yyyy)
Date of exposure - end date	Case_cont_lab_end_dt		Date (mm/dd/yyyy)
Date of exposure - approximate	Case_cont_lab_approx_dt		Character
... Have close contact with a person who had a fever and/ or acute respiratory illness and recent travel in China?	Case_fever_china_yn	1, Yes 0, No 9, Unknown	Number
Date of exposure - start date	Case_fever_china_start_dt		Date (mm/dd/yyyy)
Date of exposure - end date	Case_fever_china_end_dt		Date (mm/dd/yyyy)
Date of exposure - approximate	Case_fever_approx_end_dt		Character
... Have close contact with a person who recently travelled in China?	Case_cont_china_yn	1, Yes 0, No 9, Unknown	Number
Date of exposure - start date	Case_cont_china_start_dt		Date (mm/dd/yyyy)
Date of exposure - end date	Case_cont_china_end_dt		Date (mm/dd/yyyy)
Date of exposure - approximate	Case_cont_china_approx_dt		Character
... Visit a live animal market?	Case_animalmkt_yn	1, Yes 0, No 9, Unknown	Number
Date of exposure - start date	Case_animalmkt_start_dt		Date (mm/dd/yyyy)
Date of exposure - end date	Case_animalmkt_end_dt		Date (mm/dd/yyyy)
Date of exposure - approximate	Case_animalmkt_approx_dt		Character
During 14 days prior to illness onset, did you have any direct contact with any type of animals including livestock, pets, or wildlife, whether at home or away from home? (list ALL animal exposures including livestock, pets, and wildlife?)	Case_animaldirect_yn	1, Yes 0, No 9, Unknown	Number
City/Country contact(s) occurred - 1	Case_animal_city1		Character
Type of animal contacted (one type of animal per row) - 1	Case_animal_type1		Character
Date(s) contact start - 1	Case_animal_start_dt1		Date (mm/dd/yyyy)
Date(s) contact end - 1	Case_animal_end_dt1		Date (mm/dd/yyyy)
Date(s) contact - approximate - 1	Case_animal_approx_dt1		Character
Contact setting(s) (check all that apply)			
Contact setting - home -1	Case_animal_setting_home1	1, Yes	Number
Contact setting - work - 1	Case_animal_setting_work1	1, Yes	Number
Contact setting - farm - 1	Case_animal_setting_farm1	1, Yes	Number
Contact setting - animal market -1	Case_animal_setting_mkt1	1, Yes	Number
Contact setting - zoo -1	Case_animal_setting_zoo1	1, Yes	Number
Contact setting - other -1	Case_animal_setting_other1	1, Yes	Number
Contact setting - specify if other -1	Case_animal_setting_spec1		Character
City/Country contact(s) occurred - 2	Case_animal_city2		Character
Type of animal contacted (one type of animal per row) - 2	Case_animal_type2		Character
Date(s) contact start - 2	Case_animal_start_dt2		Date (mm/dd/yyyy)
Date(s) contact end - 2	Case_animal_end_dt2		Date (mm/dd/yyyy)
Date(s) contact - approximate - 2	Case_animal_approx_dt2		Character
Contact setting(s) (check all that apply)			
Contact setting - home -2	Case_animal_setting_home2	1, Yes	Number
Contact setting - work - 2	Case_animal_setting_work2	1, Yes	Number
Contact setting - farm - 2	Case_animal_setting_farm2	1, Yes	Number
Contact setting - animal market -2	Case_animal_setting_mkt2	1, Yes	Number
Contact setting - zoo -2	Case_animal_setting_zoo2	1, Yes	Number
Contact setting - other -2	Case_animal_setting_other2	1, Yes	Number
Contact setting - specify if other -2	Case_animal_setting_spec2		Character
City/Country contact(s) occurred - 3	Case_animal_city3		Character
Type of animal contacted (one type of animal per row) - 3	Case_animal_type3		Character
Date(s) contact start - 3	Case_animal_start_dt3		Date (mm/dd/yyyy)
Date(s) contact end - 3	Case_animal_end_dt3		Date (mm/dd/yyyy)
Date(s) contact - approximate - 3	Case_animal_approx_dt3		Character
Contact setting(s) (check all that apply)			
Contact setting - home -3	Case_animal_setting_home3	1, Yes	Number
Contact setting - work - 3	Case_animal_setting_work3	1, Yes	Number
Contact setting - farm - 3	Case_animal_setting_farm3	1, Yes	Number
Contact setting - animal market -3	Case_animal_setting_mkt3	1, Yes	Number
Contact setting - zoo -3	Case_animal_setting_zoo3	1, Yes	Number
Contact setting - other -3	Case_animal_setting_other3	1, Yes	Number
Contact setting - specify if other -3	Case_animal_setting_spec3		Character
City/Country contact(s) occurred - 4	Case_animal_city4		Character
Type of animal contacted (one type of animal per row) - 4	Case_animal_type4		Character
Date(s) contact start - 4	Case_animal_start_dt4		Date (mm/dd/yyyy)
Date(s) contact end - 4	Case_animal_end_dt4		Date (mm/dd/yyyy)
Date(s) contact - approximate - 4	Case_animal_approx_dt4		Character
Contact setting(s) (check all that apply)			
Contact setting - home -4	Case_animal_setting_home4	1, Yes	Number
Contact setting - work - 4	Case_animal_setting_work4	1, Yes	Number
Contact setting - farm - 4	Case_animal_setting_farm4	1, Yes	Number
Contact setting - animal market -4	Case_animal_setting_mkt4	1, Yes	Number
Contact setting - zoo -4	Case_animal_setting_zoo4	1, Yes	Number
Contact setting - other -4	Case_animal_setting_other4	1, Yes	Number
Contact setting - specify if other -4	Case_animal_setting_spec4		Character
City/Country contact(s) occurred - 5	Case_animal_city5		Character
Type of animal contacted (one type of animal per row) - 5	Case_animal_type5		Character
Date(s) contact start - 5	Case_animal_start_dt5		Date (mm/dd/yyyy)
Date(s) contact end - 5	Case_animal_end_dt5		Date (mm/dd/yyyy)
Date(s) contact - approximate - 5	Case_animal_approx_dt5		Character
Contact setting(s) (check all that apply)			
Contact setting - home -5	Case_animal_setting_home5	1, Yes	Number
Contact setting - work - 5	Case_animal_setting_work5	1, Yes	Number
Contact setting - farm - 5	Case_animal_setting_farm5	1, Yes	Number
Contact setting - animal market -5	Case_animal_setting_mkt5	1, Yes	Number
Contact setting - zoo -5	Case_animal_setting_zoo5	1, Yes	Number
Contact setting - other -5	Case_animal_setting_other5	1, Yes	Number
Contact setting - specify if other -5	Case_animal_setting_spec5		Character
In the 14 DAYS prior to illness onset, did you....		1, Yes 0, No	
Work in healthcare setting - yes or no	Case_hc_work_yn	9, Unknown	Number

Variable Name	Values, Labels	Type
	1, Physician	
	2, Nurse	
	3, Administration staff	
	4, Housekeeping	
	5, Patient transport	
	8, Other	
If yes, what was your role? Work in healthcare setting-role, specify if other Facility type(s) (check all that apply) Work in healthcare setting - Hospital Work in healthcare setting - Urgent Care Work in healthcare setting - Doctor's Office/Clinic Work in healthcare setting - Other Work in healthcare setting, specify if other Work in healthcare setting-Date(s) exposure start Work in healthcare setting-Date(s) exposure end Work in healthcare setting-Date(s) exposure approximate	Case_hc_work_role Case_hc_work_role_spec Case_hc_work_facility_hosp Case_hc_work_facility_urg Case_hc_work_facility_dr Case_hc_work_facility_oth Case_hc_work_facility_spec Case_hc_work_start_dt Case_hc_work_end_dt Case_hc_work_approx_dt	Number Character Number Number Number Number Character Date (mm/dd/yyyy) Date (mm/dd/yyyy) Character
Contact with a known 2019-nCoV case-patient in a healthcare setting - yes or no Facility type(s) (check all that apply) Contact with a known 2019-nCoV case-patient in a healthcare setting - Hospital Contact with a known 2019-nCoV case-patient in a healthcare setting - Urgent Care Contact with a known 2019-nCoV case-patient in a healthcare setting - Doctor's Office/Clinic Contact with a known 2019-nCoV case-patient in a healthcare setting - Other Contact with a known 2019-nCoV case-patient in a healthcare setting, specify if other Contact with a known 2019-nCoV case-patient in a healthcare setting-Date(s) exposure start Contact with a known 2019-nCoV case-patient in a healthcare setting-Date(s) exposure end Contact with a known 2019-nCoV case-patient in a healthcare setting-Date(s) exposure approximate	case_hc_contact_yn Case_hc_contact_facility_hosp Case_hc_contact_facility_urg Case_hc_contact_facility_dr Case_hc_contact_facility_oth Case_hc_contact_facility_spec Case_hc_contact_start_dt Case_hc_contact_end_dt Case_hc_contact_approx_dt	Number Number Number Number Character Date (mm/dd/yyyy) Date (mm/dd/yyyy) Character
Volunteer in healthcare setting - yes or no Facility type(s) (check all that apply) Volunteer in healthcare setting - Hospital Volunteer in healthcare setting - Urgent Care Volunteer in healthcare setting - Doctor's Office/Clinic Volunteer in healthcare setting - Other Volunteer in healthcare setting-Facility type, specify if other Volunteer in healthcare setting-Date(s) exposure start Volunteer in healthcare setting-Date(s) exposure end Volunteer in healthcare setting-Date(s) exposure approximate	Case_hc_volunteer_yn Case_hc_volunteer_facility_hosp Case_hc_volunteer_facility_urg Case_hc_volunteer_facility_dr Case_hc_volunteer_facility_oth Case_hc_volunteer_facility_spec Case_hc_volunteer_start_dt Case_hc_volunteer_end_dt Case_hc_volunteer_approx_dt	Number Number Number Number Character Date (mm/dd/yyyy) Date (mm/dd/yyyy) Character
Visit healthcare setting as a patient - yes or no Facility type(s) (check all that apply) Visit healthcare setting as a patient - Hospital Visit healthcare setting as a patient - Urgent Care Visit healthcare setting as a patient - Doctor's Office/Clinic Visit healthcare setting as a patient - Other Visit healthcare setting as a patient-Facility type, specify if other Visit healthcare setting as a patient-Date(s) exposure start Visit healthcare setting as a patient-Date(s) exposure end Visit healthcare setting as a patient-Date(s) exposure approximate	Case_hc_visit_pt_yn Case_hc_visit_pt_facility_hosp Case_hc_visit_pt_facility_urg Case_hc_visit_pt_facility_dr Case_hc_visit_pt_facility_oth Case_hc_visit_pt_facility_spec Case_hc_visit_pt_start_dt Case_hc_visit_pt_end_dt Case_hc_visit_pt_approx_dt	Number Number Number Number Character Date (mm/dd/yyyy) Date (mm/dd/yyyy) Character
Visit healthcare setting for any other reason than as a patient - yes or no Facility type(s) (check all that apply) Visit healthcare setting for any other reason than as a patient - Hospital Visit healthcare setting for any other reason than as a patient - Urgent Care Visit healthcare setting for any other reason than as a patient - Doctor's Office/Clinic Visit healthcare setting for any other reason than as a patient - Other Visit healthcare setting for any other reason than as a patient-Facility type, specify if other Visit healthcare setting for any other reason than as a patient-Date(s) exposure start Visit healthcare setting for any other reason than as a patient-Date(s) exposure end Visit healthcare setting for any other reason than as a patient-Date(s) exposure approximate	Case_hc_visit_oth_yn Case_hc_visit_oth_facility_hosp Case_hc_visit_oth_facility_urg Case_hc_visit_oth_facility_dr Case_hc_visit_oth_facility_oth Case_hc_visit_oth_facility_spec Case_hc_visit_oth_start_dt Case_hc_visit_oth_end_dt Case_hc_visit_oth_approx_dt	Number Number Number Number Character Date (mm/dd/yyyy) Date (mm/dd/yyyy) Character
Have direct patient contact with other patients - yes or no Facility type(s) (check all that apply) Have direct patient contact with other patients - Hospital Have direct patient contact with other patients - Urgent Care Have direct patient contact with other patients - Doctor's Office/Clinic Have direct patient contact with other patients - Other Have direct patient contact with other patients-Facility type, specify if other Have direct patient contact with other patients-Date(s) exposure start Have direct patient contact with other patients-Date(s) exposure end Have direct patient contact with other patients-Date(s) exposure approximate	Case_hc_oth_pt_yn Case_hc_oth_pt_facility_hosp Case_hc_oth_pt_facility_urg Case_hc_oth_pt_facility_dr Case_hc_oth_pt_facility_oth Case_hc_oth_pt_facility_spec Case_hc_oth_pt_start_dt Case_hc_oth_pt_end_dt Case_hc_oth_pt_approx_dt	Number Number Number Number Character Date (mm/dd/yyyy) Date (mm/dd/yyyy) Character
Outpatient chart abstraction		
Did this patient seek medical care in an outpatient setting? If yes, did the patient receive the following medications or were they prescribed?	Case_out_yn	Number
Antivirals? If yes, specify antivirals	Case_out_antivr_yn Case_out_antivr_spec	Number Character
Antibiotics? If yes, specify antibiotics	Case_out_antibio_yn Case_out_antibio_spec	Number Character
Bronchodilators? If yes, specify bronchodilators	Case_out_broncho_yn Case_out_broncho_spec	Number Character
IV/ IM steroids? If yes, specify IV/ IM steroids	Case_out_ivster_yn Case_out_ivster_spec	Number Character
Inhaled steroids? If yes, specify inhaled steroids	Case_out_inhale_yn Case_out_inhale_spec	Number Character
Hospital chart abstraction		
<i>If hospitalized more than once, please enter the second hospitalization's admission and discharge dates:</i>		
Admission date 2 Discharge date 2 First Record Temperature (F)	Case_adm2_dt Case_dis2_dt Case_vital_temp	Date (mm/dd/yyyy) Date (mm/dd/yyyy) Number
Blood pressure - systolic Blood pressure - diastolic Heart rate Respiratory rate	Case_vital_sbp Case_vital_dbp Case_vital_hr Case_vital_rr	Number Number Number Number
Did the patient receive supplemental oxygen during hospitalization?	Case_suppO2_yn	Number
Was the patient admitted to an intensive care unit (ICU)? ICU admission date 1 ICU discharge date 1	Case_icu_QC_yn Case_icuadm1_dt Case_icudis1_dt	Number Date (mm/dd/yyyy) Date (mm/dd/yyyy)

CRF Question

ICU admission date 2
 ICU discharge date 2

Variable Name

Case_icuadm2_dt
 Case_icudis2_dt

Values, Labels

1, Yes
 0, No

Type

Date (mm/dd/yyyy)
 Date (mm/dd/yyyy)

Was the patient placed on non-invasive ventilation (BiPAP/ CPAP)?

Case_bipap_yn

9, Unknown
 1, Yes
 0, No

Number

Did the patient receive mechanical ventilation (MV)/intubation?

Case_mechvent_QC_yn
 Case_mechvent_start_dt
 Case_mechvent_QC_dur
 Case_mechvent_end_dt

9, Unknown

Number
 Date (mm/dd/yyyy)
 Number
 Date (mm/dd/yyyy)

Start date of mechanical ventilation
 Total days with mechanical ventilation
 Date last extubated

1, Yes
 0, No

Did the patient have ECMO?

Case_ecmo_yn
 Case_ecmo_start_dt
 Case_ecmo_dur

9, Unknown

Number
 Date (mm/dd/yyyy)
 Number

Start date of ECMO
 Length of ECMO

1, Yes
 0, No

Did the patient have a new abnormality on chest x-ray or CT scan?

Case_chestab_yn

9, Unknown
 1, Yes
 0, No

Number

Did the patient receive a discharge diagnosis of pneumonia (refer to clinical discharge summary)?

Case_dispneum_yn

9, Unknown
 1, Clinical

Number

If yes, was the determination ...

Case_dispneum_determ

2, Radiographic
 1, Yes
 0, No

Number

Did the patient receive a discharge diagnosis of acute respiratory distress syndrome (ARDS)?

Case_disards_yn
 Case_disdiag
 Case_disdiag_icd

9, Unknown

Number
 Character
 Character

Clinical Discharge Diagnoses and ICD10 Discharge Codes
 ICD-10-CM Code

Did the patient receive the following medications during hospitalization for this illness?

1, Yes
 0, No

Antivirals?

Case_hosp_antivrl_yn
 Case_hosp_antivrl_spec

9, Unknown

Number
 Character

If yes, specify antivirals

1, Yes
 0, No

Antibiotics?

Case_hosp_antibio_yn
 Case_hosp_antibio_spec

9, Unknown

Number
 Character

If yes, specify antibiotics

1, Yes
 0, No

Bronchodilators?

Case_hosp_broncho_yn
 Case_hosp_broncho_spec

9, Unknown

Number
 Character

If yes, specify bronchodilators

1, Yes
 0, No

IV/ IM steroids?

Case_hosp_ivster_yn
 Case_hosp_ivster_spec

9, Unknown

Number
 Character

If yes, specify IV/ IM steroids

1, Yes
 0, No

Inhaled steroids?

Case_hosp_inhale_yn
 Case_hosp_inhale_spec

9, Unknown

Number
 Character

If yes, specify inhaled steroids

1, Yes
 0, No

Did the patient die as a result of this illness?

Case_death_QC_yn
 Case_death_QC_dt

9, Unknown

Number
 Date (mm/dd/yyyy)

Date of death

0, No contribution to death
 1, Underlying/ primary
 2, Contributing/ secondary

Contribution of 2019-novel coronavirus to death

Case_death_ncov

9, Unknown
 1, Yes
 0, No

Number

Was autopsy performed?

Case_death_autopsy
 Case_death_cause

9, Unknown

Number
 Character

Primary cause of death (death certificate/ coroner)

1, Home
 2, Nursing facility/ rehab
 3, Hospice
 8, Other

To where was the patient discharged?

Case_discharge_place

9, Unknown

Number

Specified other place of discharge

Case_discharge_spec

Character

Laboratory testing

For the following section, please complete for any specimen tested for a respiratory pathogen

1 - Specimen collection date

Case_lab_spec_dt

2, Nasopharyngeal aspirate
 3, Nasal aspirate
 4, Nasal swab
 5, Sputum
 6, Oropharyngeal swab
 7, Endotracheal aspirate
 8, Chest tube fluid
 9, Bronchoalveolar lavage specimen
 10, Serum
 11, Stool
 12, Urine
 88, Other

Date (mm/dd/yyyy)

1 - Specimen type

Case_lab_spec_type

99, Unknown

Number

Specified specimen type

Case_lab_spec_type_spec

1, reverse transcriptase-Polymerase
 Chain Reaction
 2, Viral/ Bacterial culture
 3, Rapid antigen test
 4, Fluorescent antibody test
 8, Other

Character

1 - Test type

Case_lab_spec_test

9, Unknown

Number

Specified test type

Case_lab_spec_test_spec

9, Unknown

Character

1 - Pathogen

Case_lab_spec_path

0, Negative
 1, Positive
 2, Pending

Character

1 - Result

Case_lab_spec_res

3, Indeterminate

Number

1 - Sent to CDC?

Case_lab_spec_cdc

1, Yes

Number

1 - If sent to CDC, Specimen ID number

Case_lab_spec_cdcid

Any additional comments or notes?

Case_lab_notes

Character