2019-nCoV CRF Data Dictionary
Form used: nCoV_CRF_043020
Last updated 2020May1

| Questions | Variable Name | Values, Labels | Type |
|---|---|---|---|
| **Human Infection with 2019 Novel Coronavirus Case Report Form** | | | |
| Reporting jurisdiction | state | | Character |
| Reporting health department | healthdept | | Character |
| Contact ID | contact_id | | Character |
| Case state/local ID | local_id | | Character |
| CDC 2019-nCoV ID | cdc_ncov2019_id | | Character |
| NNDSS loc. Rec. ID/ Case ID | nndss_id | | Character |
| **Interviewer Information** | | | |
| Last name of interviewer | interviewer_ln | | Character |
| First name of interviewer | interviewer_fn | | Character |
| Affiliation/ Organization | interviewer_org | | Character |
| Telephone number | interviewer_tele | | Character |
| Email | interviewer_email | | Character |
| **Case Classification and Identification** | | | |
| What is the current status of this person? | current_status | 5, Laboratory-confirmed case*<br>6, Probable case | Integer |
| If probable, reason for case classification | probable | 1, Meets presumptive lab evidence AND either clinical criteria OR epidemiologic evidence<br>2, Meets presumptive lab evidence AND either clinical criteria OR epidemiologic evidence<br>3, Meets vital records criteria with no confirmatory lab testing | Integer |
| *Under what process was the case first identified? (check all that apply):* | | | |
| Clinical evaluation | process_pui | 1, Yes | Integer |
| Contact tracing of case patient | process_cont | 1, Yes | Integer |
| Routine surveillance | process_surv | 1, Yes | Integer |
| EpiX notification of travelers | process_epix | 1, Yes | Integer |
| If checked, DGMQID | process_dgmqid | | Character |
| Other | process_other | 1, Yes | Integer |
| If other, specify | process_other_spec | | Character |
| Unknown | process_unk | 1, Yes | Integer |
| Report date of case to CDC (MM/DD/YYYY) | case_cdcreport_dt | | Date (mm/dd/yyyy) |
| Date of first positive specimen collection (MM/DD/YYYY) | pos_spec_dt | | Date (mm/dd/yyyy) |
| Check if date unknown | pos_spec_unk | 1, Yes | Integer |
| Check if date not applicable | pos_spec_na | 1, Yes | Integer |
| **Hospitalization, ICU, and Death Information** | | | |
| Was the patient hospitalized? | hosp_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| If yes, hospital admission date 1 (MM/DD/YYYY) | adm1_dt | | Date (mm/dd/yyyy) |
| If yes, hospital discharge date 1 (MM/DD/YYYY) | dis1_dt | | Date (mm/dd/yyyy) |
| If hospitalized, was a translator required? | translator_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| If yes, specify language | translator_spec | | Character |
| Was the patient admitted to an intensive care unit (ICU)? | icu_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| If yes, ICU admission date 1 (MM/DD/YYYY) | icu_adm1_dt | | Date (mm/dd/yyyy) |
| If yes, ICU discharge date 1 (MM/DD/YYYY) | icu_dis1_dt | | Date (mm/dd/yyyy) |
| Did the patient die as a result of this illness? | death_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Date of death (MM/DD/YYYY) | death_dt | | Date (mm/dd/yyyy) |
| Date of death unknown | death_unk | 1, Yes | Integer |
| **Case Demographics** | | | |
| Date of birth (MM/DD/YYYY) | dob | | Date (mm/dd/yyyy) |
| Age | age | | Integer |
| Age units (yr/mo/days): | ageunit | 1, Years<br>2, Months<br>3, Days | Integer |
| State of residence | res_state | | Character |
| County of residence | res_county | | Character |
| Does this case have any tribal affiliation? | tribe | 1, Yes<br>0, No<br>9, Unknown | Integer |
| If yes, which tribe(s)? | tribe_name | | Character |
| If yes, enrolled member? | tribe_member | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Sex | sex | 1, Male<br>2, Female<br>3, Other<br>9,Unknown | Integer |
| If female, currently pregnant? | pregnant_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Ethnicity | ethnicity | 1, Hispanic/Latino<br>0, Non-Hispanic/Latino<br>9, Unknown | Integer |
| Race (Check all that apply) | | | |
| Asian | race_asian | 1, Yes | Integer |
| American Indian/ Alaska Native | race_aian | 1, Yes | Integer |
| Black | race_black | 1, Yes | Integer |
| Native Hawaiian/ Other Pacific Islander | race_nhpi | 1, Yes | Integer |

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| White | race_white | 1, Yes | Integer |
| Unknown | race_unk | 1, Yes | Integer |
| Other | race_other | 1, Yes | Integer |
| If other, specify race | race_spec | | Character |
| Which would best describe where the patient was staying at the time of illness onset? | housing | 1, House/single family home<br>2, Apartment<br>3, Hotel/motel<br>4, Long term care facility<br>5, Nursing home/assisted living facility<br>6, Acute care inpatient facility<br>7, Rehabilitation facility<br>8, Correctional facility<br>9, Mobile home<br>10, Group home<br>11, Homeless shelter<br>12, Outside, in a car, or other location not meant for human habitation<br>13, Other, specify<br>14, Unknown | Integer |
| If other, specify housing | housing_spec | | Character |

**Healthcare Worker Information**

| | | | |
|---|---|---|---|
| Is the patient a health care worker in the United States? | hc_work_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| If yes, what is their occupation (type of job)? | hc_job | 1, Physician<br>2, Nurse<br>3, Respiratory therapist<br>4, Environmental services<br>5, Other, specify<br>9, Unknown | |
| If other, specify occupation | hc_job_spec | | Character |
| If yes, what is their job setting? | hc_setting | 1, Hospital<br>2, Long-term care facility<br>3, Rehabilitation facility<br>4, Nursing home/assisted living facility<br>5, Other, specify<br>9, Unknown | Integer |
| If other, specify setting | hc_setting_spec | | Character |

**Exposure Information**

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|---|---|---|---|
| *In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):* | | | |
| Domestic travel (outside state of normal residence) | exp_othstate | 1, Yes | Integer |
| If yes, specify state(s) | exp_othstate_spec | | Character |
| International travel | exp_othcountry | 1, Yes | Integer |
| If yes, specify country(s) | exp_othcountry_spec | | Character |
| Cruise ship or vessel travel as passenger or crew member | exp_ship | 1, Yes | Integer |
| If yes, specify name of ship | exp_ship_spec | | Character |
| Workplace | exp_work | 1, Yes | Integer |
| If yes, is the workplace critical infrastructure? | exp_work_critical | 1, Yes<br>0, No<br>9, Unknown | Integer |
| If critical infrastructure, specify workplace setting | exp_work_critical_spec | | Character |
| Airport/airplane | exp_airport | 1, Yes | Integer |
| Adult congregate living facility | exp_adultfacility | 1, Yes | Integer |
| School/university/childcare center | exp_school | 1, Yes | Integer |
| Correctional facility | exp_correctional | 1, Yes | Integer |
| Community event/mass gathering | exp_gathering | 1, Yes | Integer |
| Animal with confirmed or suspected COVID-19 | exp_animal | 1, Yes | Integer |
| If yes, specify type of animal | exp_animal_spec | | Character |
| Other exposures | exp_other | 1, Yes | Integer |
| If other exposures, specify | exp_other_spec | | Character |
| Unknown exposures in the 14 days prior to illness onset | exp_unk | 1, Yes | Integer |
| Contact with a known COVID-19 case (probable or confirmed) | exp_contact | 1, Yes | Integer |
| Household contact with a known COVID-19 case | exp_house | 1, Yes | Integer |
| Community contact with a known COVID-19 case | exp_community | 1, Yes | Integer |
| Healthcare-associated contact (patient, visitor, or healthcare worker) | exp_health | 1, Yes | Integer |
| If the patient had contact with another COVID-19 case, was this person a U.S. case? | cont_lab_us | 1, Yes<br>0, No<br>9, Unknown | Integer |
| If yes, specify nCoV ID of source case | cdc_ncov2019_sourceid_2 | | Character |
| If yes, specify nCoV ID of source case | cdc_ncov2019_sourceid_3 | | Character |
| If yes, specify nCoV ID of source case | cdc_ncov2019_sourceid_4 | | Character |
| Is this case part of an outbreak? | outbreak_associated | 1, Yes<br>0, No<br>9, Unknown | Integer |
| If yes, specify outbreak name: | outbreak_name | | Character |

**Clinical course, symptoms, past medical history, and social history**

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| *Collected from (check all that apply):* | | | |
| Patient interview | collect_ptinterview | 1, Yes | Integer |
| Medical record review | collect_medchart | 1, Yes | Integer |
| Symptoms present during course of illness: | sympstatus | 1, Symptomatic<br>0, Asymptomatic<br>9, Unknown | Integer |
| If symptomatic, onset date (MM/DD/YYYY) | onset_dt | | Date (mm/dd/yyyy) |
| If symptomatic, onset date - unknown | onset_unk | 1, Yes | Integer |
| If symptomatic, date of symptom resolution (MM/DD/YYYY) | symp_res_dt | | Date (mm/dd/yyyy) |
| If symptomatic, status of symptom resolution | symp_res_yn | 1, No, still symptomatic<br>0, Symptoms resolved, unknown date<br>9, Unknown if symptoms resolved | Integer |

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| Did the patient develop pneumonia? | pna_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Did the patient have acute respiratory distress syndrome? | acuterespdistress_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Did the patient have an abnormal chest X-ray? | abxchest_yn | 1, Yes<br>0, No<br>9, Unknown<br>5, NA | Integer |
| Did the patient have another diagnosis/etiology for their illness? | diagother | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Did the patient have an abnormal EKG? | abxekg_yn | 1, Yes<br>0, No<br>9, Unknown<br>5, NA | Integer |
| Did the patient receive mechanical ventilation (MV)/intubation? | mechvent_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| If yes, total days with MV (days) | mechvent_dur | | Integer |
| Did the patient receive extracorporeal membrane oxygenation (ECMO)? | ecmo_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| ***If symptomatic, which of the following did the patient experience during their illness?*** | | | |
| Fever >100.4F (38C) | fever_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Subjective fever (felt feverish) | sfever_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Chills | chills_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Rigors | rigors_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Muscle aches (myalgia) | myalgia_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Runny nose (rhinorrhea) | runnose_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Sore throat | sthroat_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| New olfactory and taste disorder(s) | taste_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Headache | headache_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Fatigue | fatigue_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Cough (new onset or worsening of chronic cough) | cough_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Wheezing | wheezing_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Shortness of breath (dyspnea) | sob_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Difficulty breathing | breathing_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Chest pain | chestpain_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Nausea or Vomiting | nauseavomit_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Abdominal pain | abdom_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Diarrhea (≥3 loose/looser than normal stools/24hr period) | diarrhea_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Other symptoms | othsym1_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Other symptoms, specify: | othsym1_spec1 | | Character |
| Other symptoms, specify: | othsym1_spec2 | | Character |
| Other symptoms, specify: | othsym1_spec3 | | Character |
| ***Did they have any underlying medical conditions and/or risk behaviors?*** | medcond_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Diabetes Mellitus | diabetes_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |

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| Hypertension | hypertension_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Severe obesity (BMI >= 40) | obesity_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Cardiovascular disease | cvd_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Chronic renal disease | renaldis_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Chronic liver disease | liverdis_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Chronic lung disease (asthma/emphysema/COPD) | cld_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Other chronic diseases | otherdis_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
|     If yes, specify | otherdis_spec | | Character |
| Other underlying condition or risk behavior | othercond_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
|     If yes, specify | othercond_spec | | Character |
| Immunosuppressive condition | immsupp_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Autoimmune condition | autoimm_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Current smoker | smoke_curr_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Former smoker | smoke_former_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Substance abuse or misuse | substance_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
| Disability<br>(neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) | neuro_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
|     If yes, specify | neuro_spec | | Character |
| Psychological/psychiatric condition | psych_yn | 1, Yes<br>0, No<br>9, Unknown | Integer |
|     If yes, specify | psych_spec | | Character |
| **SARS-CoV-2-Testing** | | | |
| Molecular amplification test (RT PCR) | test_PCR | 1, Positive<br>2, Negative<br>3, Indeterminate/inconclusive<br>4, Pending<br>5, Not done | Integer |
| Serologic test | test_serologic | 1, Positive<br>2, Negative<br>3, Indeterminate/inconclusive<br>4, Pending<br>5, Not done | Integer |
| Other | test_other | 1, Positive<br>2, Negative<br>3, Indeterminate/inconclusive<br>4, Pending<br>5, Not done | Integer |
|     Other specify | test_other_spec | | Character |
| **Specimens for COVID-19 Testing** | | | |
| Other: Local Specimen ID - 1 | spec_otherspecimen1id | | Character |
| Other: Local Specimen ID - 2 | spec_otherspecimen2id | | Character |
| Other: Local Specimen ID - 3 | spec_otherspecimen3id | | Character |
| **Additional Comments** | | | |
| Additional comments/notes | final_notes | | Character |