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Questions	Variable Name	Values, Labels	Туре
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_In		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	Interviewer_email		Character
What is the current status of this person?	current_status	5, Laboratory-confirmed case*	Integer
What is the current status of this person:	current_status	6, Probable case	Integer
If any habitance of the same allow if in the			1-4
If probable, reason for case classification	probable	1, Meets presumptive lab evidence AND	Integer
		either clinical criteria OR epidemiologic	
		evidence	
		2, Meets presumptive lab evidence AND	
		either clinical criteria OR epidemiologic	
		evidence	
		3, Meets vital records criteria with no	
		confirmatory lab testing	
Under what process was the case first identified? (check all that apply):			
Clinical evaluation	process_pui	1, Yes	Integer
Contact tracing of case patient		1, Yes	
	process_cont		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 on applicable	i	1, Yes	
	pos_spec_na	1, 163	Integer
Hospitalization, ICU, and Death Information	ı.		
Was the patient hospitalized?	hosp_yn	1, Yes	Integer
		0, No	
		9, Unknown	
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	Integer
If hospitalized, was a translator required?	translator_yn		Integer
If hospitalized, was a translator required?	translator_yn	0, No	Integer
If yes, specify language	translator_spec	0, No 9, Unknown	Character
		0, No 9, Unknown 1, Yes	
If yes, specify language	translator_spec	0, No 9, Unknown 1, Yes 0, No	Character
If yes, specify language Was the patient admitted to an intensive care unit (ICU)?	translator_spec icu_yn	0, No 9, Unknown 1, Yes	Character Integer
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY)	translator_spec icu_yn icu_adm1_dt	0, No 9, Unknown 1, Yes 0, No	Character Integer Date (mm/dd/yyyy)
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY)	translator_spec icu_yn icu_adm1_dt icu_dis1_dt	0, No 9, Unknown 1, Yes 0, No 9, Unknown	Character Integer
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY)	translator_spec icu_yn icu_adm1_dt	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes	Character Integer Date (mm/dd/yyyy)
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY)	translator_spec icu_yn icu_adm1_dt icu_dis1_dt	0, No 9, Unknown 1, Yes 0, No 9, Unknown	Character Integer Date (mm/dd/yyyy) Date (mm/dd/yyyy)
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY)	translator_spec icu_yn icu_adm1_dt icu_dis1_dt	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes	Character Integer Date (mm/dd/yyyy) Date (mm/dd/yyyy)
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY)	translator_spec icu_yn icu_adm1_dt icu_dis1_dt	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No	Character Integer Date (mm/dd/yyyy) Date (mm/dd/yyyy) Integer
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY) Did the patient die as a result of this illness?	translator_spec icu_yn icu_adm1_dt icu_dis1_dt death_yn death_dt	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown	Character Integer Date (mm/dd/yyyy) Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy)
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY) Did the patient die as a result of this illness? Date of death (MM/DD/YYYY) Date of death unknown	translator_spec icu_yn icu_adm1_dt icu_dis1_dt death_yn death_dt	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No	Character Integer Date (mm/dd/yyyy) Date (mm/dd/yyyy) Integer
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY) Did the patient die as a result of this illness? Date of death (MM/DD/YYYY) Date of death unknown Case Demographics	translator_spec icu_yn icu_adm1_dt icu_dis1_dt death_yn death_dt death_unk	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown	Character Integer Date (mm/dd/yyyy) Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY) Did the patient die as a result of this illness? Date of death (MM/DD/YYYY) Date of death unknown Case Demographics Date of birth (MM/DD/YYYY)	translator_spec icu_yn icu_adm1_dt icu_dis1_dt death_yn death_dt death_unk dob	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown	Character Integer Date (mm/dd/yyyy) Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy)
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY) Did the patient die as a result of this illness? Date of death (MM/DD/YYYY) Date of death unknown Case Demographics Date of birth (MM/DD/YYYY) Age	translator_spec icu_yn icu_adm1_dt icu_dis1_dt death_yn death_dt death_unk dob age	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 9, Unknown	Character Integer Date (mm/dd/yyyy) Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer
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If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY) Did the patient die as a result of this illness? Date of death (MM/DD/YYYY) Date of death unknown Case Demographics Date of birth (MM/DD/YYYY) Age Age units (yr/mo/days): State of residence County of residence County of residence Does this case have any tribal affiliation? If yes, which tribe(s)? If yes, enrolled member?	translator_spec icu_yn icu_adm1_dt icu_dis1_dt death_yn death_dt death_unk dob age ageunit res_state res_county tribe tribe_name tribe_member	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 1, Years 2, Months 3, Days 1, Yes 0, No 9, Unknown 1, Yes 1, Yes 2, Months 3, Days 1, Yes 2, Months 3, Days 1, Yes 3, Ono 9, Unknown 1, Yes 9, Unknown 1, Male 2, Female 3, Other	Character Integer Date (mm/dd/yyyy) Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Character Character Integer Character Integer Integer
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If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY) Did the patient die as a result of this illness? Date of death (MM/DD/YYYY) Date of death unknown Case Demographics Date of birth (MM/DD/YYYY) Age Age units (yr/mo/days): State of residence County of residence Does this case have any tribal affiliation? If yes, which tribe(s)? If yes, enrolled member? Sex If female, currently pregnant?	translator_spec icu_yn icu_adm1_dt icu_dis1_dt death_yn death_dt death_unk dob age ageunit res_state res_county tribe tribe_name tribe_member sex	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 1, Years 2, Months 3, Days 1, Yes 0, No 9, Unknown 1, Yes 2, Months 3, Days	Character Integer Date (mm/dd/yyyy) Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Character Character Integer Integer Integer Integer Integer Integer Integer Integer
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY) Did the patient die as a result of this illness? Date of death (MM/DD/YYYY) Date of death unknown Case Demographics Date of birth (MM/DD/YYYY) Age Age units (yr/mo/days): State of residence County of residence County of residence Does this case have any tribal affiliation? If yes, which tribe(s)? If yes, enrolled member?	translator_spec icu_yn icu_adm1_dt icu_dis1_dt death_yn death_dt death_unk dob age ageunit res_state res_county tribe tribe_name tribe_member	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 1, Years 2, Months 3, Days 1, Yes 0, No 9, Unknown 1, Hale 2, Female 3, Other 9, Unknown 1, Yes 0, No 9, Unknown 1, Hispanic/Latino	Character Integer Date (mm/dd/yyyy) Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Character Character Integer Character Integer Integer Integer Integer Integer Integer
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY) Did the patient die as a result of this illness? Date of death (MM/DD/YYYY) Date of death unknown Case Demographics Date of birth (MM/DD/YYYY) Age Age units (yr/mo/days): State of residence County of residence Does this case have any tribal affiliation? If yes, which tribe(s)? If yes, enrolled member? Sex If female, currently pregnant?	translator_spec icu_yn icu_adm1_dt icu_dis1_dt death_yn death_dt death_unk dob age ageunit res_state res_county tribe tribe_name tribe_member sex	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 1, Yes 1, Yes 1, Years 2, Months 3, Days 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Hale 2, Female 3, Other 9, Unknown 1, Hispanic/Latino 0, No 9, Unknown	Character Integer Date (mm/dd/yyyy) Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Character Character Integer Integer Integer Integer Integer Integer Integer Integer
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY) Did the patient die as a result of this illness? Date of death (MM/DD/YYYY) Date of death unknown Case Demographics Date of birth (MM/DD/YYYY) Age Age units (yr/mo/days): State of residence County of residence Does this case have any tribal affiliation? If yes, which tribe(s)? If yes, enrolled member? Sex If female, currently pregnant?	translator_spec icu_yn icu_adm1_dt icu_dis1_dt death_yn death_dt death_unk dob age ageunit res_state res_county tribe tribe_name tribe_member sex	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 1, Years 2, Months 3, Days 1, Yes 0, No 9, Unknown 1, Hale 2, Female 3, Other 9, Unknown 1, Yes 0, No 9, Unknown 1, Hispanic/Latino	Character Integer Date (mm/dd/yyyy) Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Character Character Integer Integer Integer Integer Integer Integer Integer Integer
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY) Did the patient die as a result of this illness? Date of death (MM/DD/YYYY) Date of death unknown Case Demographics Date of birth (MM/DD/YYYY) Age Age units (yr/mo/days): State of residence County of residence Does this case have any tribal affiliation? If yes, which tribe(s)? If yes, enrolled member? Sex If female, currently pregnant?	translator_spec icu_yn icu_adm1_dt icu_dis1_dt death_yn death_dt death_unk dob age ageunit res_state res_county tribe tribe_name tribe_member sex	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 1, Yes 1, Yes 1, Years 2, Months 3, Days 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Hale 2, Female 3, Other 9, Unknown 1, Hispanic/Latino 0, No 9, Unknown	Character Integer Date (mm/dd/yyyy) Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Character Character Integer Integer Integer Integer Integer Integer Integer Integer
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY) Did the patient die as a result of this illness? Date of death (MM/DD/YYYY) Date of death unknown Case Demographics Date of birth (MM/DD/YYYY) Age Age units (yr/mo/days): State of residence County of residence Does this case have any tribal affiliation? If yes, which tribe(s)? If yes, enrolled member? Sex If female, currently pregnant?	translator_spec icu_yn icu_adm1_dt icu_dis1_dt death_yn death_dt death_unk dob age ageunit res_state res_county tribe tribe_name tribe_member sex	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 1, Yes 1, Yes 1, Years 2, Months 3, Days 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Hale 2, Female 3, Other 9, Unknown 1, Hispanic/Latino 0, No 9, Unknown	Character Integer Date (mm/dd/yyyy) Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Character Character Integer Integer Integer Integer Integer Integer
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY) Did the patient die as a result of this illness? Date of death (MM/DD/YYYY) Date of birth (MM/DD/YYYY) Age Age units (yr/mo/days): State of residence County of residence Does this case have any tribal affiliation? If yes, which tribe(s)? If yes, enrolled member? Sex If female, currently pregnant? Ethnicity Race (Check all that apply)	translator_spec icu_yn icu_adm1_dt icu_dis1_dt death_yn death_dt death_unk dob age ageunit res_state res_county tribe tribe_mame tribe_member sex pregnant_yn ethnicity	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 1, Years 2, Months 3, Days 1, Yes 0, No 9, Unknown 1, Hispanic/Latino 0, Non-Hispanic/Latino 9, Unknown	Character Integer Date (mm/dd/yyyy) Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Character Character Integer Integer Integer Integer Integer Integer Integer
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY) Did the patient die as a result of this illness? Date of death (MM/DD/YYYY) Date of death unknown Case Demographics Date of birth (MM/DD/YYYY) Age Age units (yr/mo/days): State of residence County of residence Does this case have any tribal affiliation? If yes, which tribe(s)? If yes, enrolled member? Sex Ethnicity Race (Check all that apply) Asian American Indian/ Alaska Native	translator_spec icu_yn icu_adm1_dt icu_dis1_dt death_yn death_dt death_unk dob age ageunit res_state res_county tribe tribe_name tribe_member sex pregnant_yn ethnicity race_asian race_aian	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 1, Yes 1, Yes 1, Years 2, Months 3, Days 1, Yes 0, No 9, Unknown 1, Hes 1, Yes	Character Integer Date (mm/dd/yyyy) Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Character Character Integer Integer Integer Integer Integer Integer Integer Integer
If yes, specify language Was the patient admitted to an intensive care unit (ICU)? If yes, ICU admission date 1 (MM/DD/YYYY) If yes, ICU discharge date 1 (MM/DD/YYYY) Did the patient die as a result of this illness? Date of death (MM/DD/YYYY) Date of death unknown Case Demographics Date of birth (MM/DD/YYYY) Age Age units (yr/mo/days): State of residence County of residence Does this case have any tribal affiliation? If yes, which tribe(s)? If yes, enrolled member? Sex If female, currently pregnant? Ethnicity Race (Check all that apply) Asian	translator_spec icu_yn icu_adm1_dt icu_dis1_dt death_yn death_dt death_unk dob age ageunit res_state res_county tribe tribe_name tribe_member sex pregnant_yn ethnicity race_asian race_aian race_black	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 1, Years 2, Months 3, Days 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Hale 2, Female 3, Other 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Hispanic/Latino 0, Non-Hispanic/Latino 9, Unknown	Character Integer Date (mm/dd/yyyy) Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Date (mm/dd/yyyy) Integer Character Character Integer Integer Integer Integer Integer Integer Integer Integer

White			
University 1	race_white	1, Yes	Integer
Unknown Other	race_unk race_other	1, Yes 1, Yes	Integer
		1, res	Integer
If other, specify race Which would best describe where the patient was staying at the time of illness onset?	race_spec housing	1, House/single family home	Character Integer
which would best describe where the patient was staying at the time of liness offset:	libusing	2, Apartment	linteger
		3, Hotel/motel	
		4, Long term care facility	
		5, Nursing home/assisted living facility	
		6, Acute care inpatient facility	
		7, Rehabilitation facility	
		8, Correctional facility	
		9, Mobile home	
		10, Group home	
		11, Homeless shelter	
		12, Outside, in a car, or other location not	
		meant for human habitation	
		13, Other, specify	
		14, Unknown	
If other, specify housing	housing_spec		Character
Healthcare Worker Information	mousing_spec		character
Is the patient a health care worker in the United States?	hc_work_yn	1, Yes	Integer
		0, No	
		9, Unknown	
If yes, what is their occupation (type of job)?	hc_job	1, Physician	
		2, Nurse	
		3, Respiratory therapist	
		4, Environmental services	
		5, Other, specify	
		9, Unknown	
If other, specify occupation	hc_job_spec		Character
If yes, what is their job setting?	hc_setting	1, Hospital	Integer
		2, Long-term care facility	_
		3, Rehabilitation facility	
		4, Nursing home/assisted living facility	
		5, Other, specify	
		9, Unknown	
If other, specify setting	hc_setting_spec		Character
Exposure Information	0_1		
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	Integer
		0, No	
		9, Unknown	
	exp_work_critical_spec		Character
If critical infrastructure, specify workplace setting			
Airport/airplane	exp_airport	1, Yes	Integer
Airport/airplane Adult congregate living facility	exp_adultfacility	1, Yes	Integer
Airport/airplane Adult congregate living facility School/university/childcare center		1, Yes 1, Yes	
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility	exp_adultfacility exp_school exp_correctional	1, Yes 1, Yes 1, Yes	Integer Integer Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering	exp_adultfacility exp_school exp_correctional exp_gathering	1, Yes 1, Yes 1, Yes 1, Yes	Integer Integer Integer Integer Integer
Airport/airplane Adult Congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19	exp_adultfacility exp_school exp_correctional	1, Yes 1, Yes 1, Yes	Integer Integer Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_animal_spec	1, Yes 1, Yes 1, Yes 1, Yes	Integer Integer Integer Integer Integer Integer Character
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_animal_spec exp_other	1, Yes 1, Yes 1, Yes 1, Yes	Integer Integer Integer Integer Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_animal exp_animal exp_other exp_other	1, Yes	Integer Integer Integer Integer Integer Integer Character Integer Character
Airport/airplane Adult Congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_other exp_other exp_other exp_unk	1, Yes	Integer Integer Integer Integer Integer Integer Integer Integer Character Integer Integer Integer Integer Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal_spec exp_other exp_other_spec exp_unk exp_contact	1, Yes	Integer Integer Integer Integer Integer Integer Integer Character Integer Character Integer Integer Integer Integer Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_animal spec exp_other exp_other exp_other_spec exp_unk exp_contact exp_house	1, Yes	Integer Integer Integer Integer Integer Integer Integer Integer Character Integer Integer Integer Integer Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal_spec exp_other exp_other exp_other_spec exp_unk exp_contact exp_house exp_community	1, Yes	Integer Integer Integer Integer Integer Integer Integer Character Integer Character Integer Integer Integer Integer Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures If other exposures or to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker)	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_animal spec exp_other exp_other spec exp_unk exp_contact exp_house exp_community exp_health	1, Yes	Integer Integer Integer Integer Integer Integer Character Integer Character Integer Integer Integer Integer Integer Integer Integer Integer Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal_spec exp_other exp_other exp_other_spec exp_unk exp_contact exp_house exp_community	1, Yes	Integer Integer Integer Integer Integer Integer Integer Character Integer Character Integer Integer Integer Integer Integer Integer Integer Integer Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures If other exposures or to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker)	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_animal spec exp_other exp_other spec exp_unk exp_contact exp_house exp_community exp_health	1, Yes 1, Ves 1, Ves 1, Ves 1, Ves 1, Yes 1, Nes 1,	Integer Integer Integer Integer Integer Integer Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case?	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal_spec exp_other exp_other_spec exp_unk exp_contact exp_house exp_community exp_health cont_lab_us	1, Yes	Integer Integer Integer Integer Integer Integer Integer Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case?	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_animal exp_other exp_other exp_other_spec exp_unk exp_contact exp_house exp_community exp_health cont_lab_us cdc_ncov2019_sourceid_2	1, Yes 1, Ves 1, Ves 1, Ves 1, Ves 1, Yes 1, Nes 1,	Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case? If yes, specify nCOV ID of source case If yes, specify nCOV ID of source case If yes, specify nCOV ID of source case	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_other exp_other exp_other exp_other exp_unk exp_contact exp_house exp_community exp_health cont_lab_us cdc_ncov2019_sourceid_2 cdc_ncov2019_sourceid_3	1, Yes 1, Ves 1, Ves 1, Ves 1, Ves 1, Yes 1, Nes 1,	Integer Integer Integer Integer Integer Integer Integer Character Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case? If yes, specify nCoV ID of source case	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_animal_spec exp_other exp_other_spec exp_unk exp_contact exp_house exp_community exp_health cont_lab_us cdc_ncov2019_sourceid_2 cdc_ncov2019_sourceid_3 cdc_ncov2019_sourceid_4	1, Yes 1,	Integer Integer Integer Integer Integer Integer Integer Character Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case? If yes, specify nCOV ID of source case If yes, specify nCOV ID of source case If yes, specify nCOV ID of source case	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_other exp_other exp_other exp_other exp_unk exp_contact exp_house exp_community exp_health cont_lab_us cdc_ncov2019_sourceid_2 cdc_ncov2019_sourceid_3	1, Yes	Integer Integer Integer Integer Integer Integer Integer Character Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case? If yes, specify nCOV ID of source case	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_animal_spec exp_other exp_other_spec exp_unk exp_contact exp_house exp_community exp_health cont_lab_us cdc_ncov2019_sourceid_2 cdc_ncov2019_sourceid_3 cdc_ncov2019_sourceid_4	1, Yes 0, No 9, Unknown	Integer Integer Integer Integer Integer Integer Integer Character Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case? If yes, specify nCoV ID of source case Is this case part of an outbreak?	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_other exp_other exp_other exp_contact exp_house exp_community exp_health cont_lab_us cdc_ncov2019_sourceid_2 cdc_ncov2019_sourceid_3 cdc_ncov2019_sourceid_4 outbreak_associated	1, Yes	Integer Integer Integer Integer Integer Integer Integer Character Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case? If yes, specify nCOV ID of source case	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_animal_spec exp_other exp_other_spec exp_unk exp_contact exp_house exp_community exp_health cont_lab_us cdc_ncov2019_sourceid_2 cdc_ncov2019_sourceid_3 cdc_ncov2019_sourceid_4	1, Yes 0, No 9, Unknown	Integer Integer Integer Integer Integer Integer Integer Character Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case? If yes, specify nCoV ID of source case	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_other exp_other exp_other exp_contact exp_house exp_community exp_health cont_lab_us cdc_ncov2019_sourceid_2 cdc_ncov2019_sourceid_3 cdc_ncov2019_sourceid_4 outbreak_associated	1, Yes 0, No 9, Unknown	Integer Integer Integer Integer Integer Integer Integer Character Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case? If yes, specify nCOV ID of source case If yes, specify outbreak name: Clinical course, symptoms, past medical history, and social history Collected from (check all that apply):	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_other exp_other exp_other exp_contact exp_house exp_community exp_lealth cont_lab_us cdc_ncov2019_sourceid_2 cdc_ncov2019_sourceid_3 cdc_ncov2019_sourceid_4 outbreak_associated	1, Yes 0, No 9, Unknown	Integer Integer Integer Integer Integer Integer Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case? If yes, specify nCOV ID of source case If yes, specify nov ID of source case	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_other exp_other exp_other exp_contact exp_house exp_community exp_health cont_lab_us cdc_ncov2019_sourceid_2 cdc_ncov2019_sourceid_3 cdc_ncov2019_sourceid_4 outbreak_associated	1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes	Integer Integer Integer Integer Integer Integer Integer Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case? If yes, specify nCoV ID of source case If yes, specify nC	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_animal_spec exp_other exp_other_spec exp_unk exp_contact exp_house exp_community exp_health cont_lab_us cdc_ncov2019_sourceid_2 cdc_ncov2019_sourceid_3 cdc_ncov2019_sourceid_4 outbreak_associated	1, Yes 1, Ves 1, Ves 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes	Integer Integer Integer Integer Integer Integer Integer Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case? If yes, specify nCOV ID of source case If yes, specify nov ID of source case	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_other exp_other exp_other exp_contact exp_house exp_community exp_health cont_lab_us cdc_ncov2019_sourceid_2 cdc_ncov2019_sourceid_3 cdc_ncov2019_sourceid_4 outbreak_associated	1, Yes 0, No 9, Unknown 1, Yes 1, Symptomatic	Integer Integer Integer Integer Integer Integer Integer Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case? If yes, specify nCoV ID of source case If yes, specify nC	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_animal_spec exp_other exp_other_spec exp_unk exp_contact exp_house exp_community exp_health cont_lab_us cdc_ncov2019_sourceid_2 cdc_ncov2019_sourceid_3 cdc_ncov2019_sourceid_4 outbreak_associated	1, Yes 0, No 9, Unknown 1, Yes 1, Yes 1, Yes 0, No 9, Unknown 1, Yes 1, Symptomatic 0, Asymptomatic	Integer Integer Integer Integer Integer Integer Integer Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case? If yes, specify nCoV ID of source case If yes, specify nCoV ID of source case If yes, specify nCoV ID of source case If yes, specify out ID of source case If yes, specify out ID of source case If yes, specify out ID of source case If yes, specify ncov	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_animal_spec exp_other exp_other exp_other_spec exp_unk exp_contact exp_house exp_community exp_health cont_lab_us cdc_ncov2019_sourceid_2 cdc_ncov2019_sourceid_3 cdc_ncov2019_sourceid_3 outbreak_associated outbreak_name	1, Yes 0, No 9, Unknown 1, Yes 1, Symptomatic	Integer Integer Integer Integer Integer Integer Integer Integer Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case? If yes, specify nCoV ID of source case If yes, specify nCOV ID	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_other exp_other exp_other exp_contact exp_bouse exp_community exp_health cont_lab_us cdc_ncov2019_sourceid_2 cdc_ncov2019_sourceid_3 cdc_ncov2019_sourceid_4 outbreak_associated outbreak_name collect_ptinterview collect_medchart sympstatus	1, Yes 0, No 9, Unknown 1, Yes 1, Yes 0, No 9, Unknown 1, Yes 1, Yes 0, No 9, Unknown	Integer Integer Integer Integer Integer Integer Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case? If yes, specify nCoV ID of source case If yes, specify nc	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_animal exp_other exp_other exp_other exp_other exp_contact exp_house exp_community exp_lealth cont_lab_us cdc_ncov2019_sourceid_2 cdc_ncov2019_sourceid_3 cdc_ncov2019_sourceid_4 outbreak_associated outbreak_name collect_ptinterview collect_medchart sympstatus onset_dt onset_unk	1, Yes 0, No 9, Unknown 1, Yes 1, Yes 1, Yes 0, No 9, Unknown 1, Yes 1, Symptomatic 0, Asymptomatic	Integer Integer Integer Integer Integer Integer Integer Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case? If yes, specify nCOV ID of source case If yes, specify outbreak name: Clinical course, symptoms, past medical history, and social history Collected from (check all that apply): Patient interview Medical record review Symptoms present during course of illness: If symptomatic, onset date (MM/DD/YYYY) If symptomatic, onset date - unknown If symptomatic, onset date - unknown If symptomatic, date of symptom resolution (MM/DD/YYYY)	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_other exp_other exp_other exp_contact exp_house exp_community exp_health cont_lab_us cdc_ncov2019_sourceid_2 cdc_ncov2019_sourceid_3 cdc_ncov2019_sourceid_4 outbreak_associated outbreak_name collect_ptinterview collect_medchart sympstatus onset_dt onset_unk symp_res_dt	1, Yes 0, No 9, Unknown 1, Yes 1, Yes 1, Yes 0, No 9, Unknown 1, Yes	Integer Integer Integer Integer Integer Integer Integer Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case? If yes, specify nCoV ID of source case If yes, specify ncoV ID	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_animal exp_other exp_other exp_other exp_other exp_contact exp_house exp_community exp_lealth cont_lab_us cdc_ncov2019_sourceid_2 cdc_ncov2019_sourceid_3 cdc_ncov2019_sourceid_4 outbreak_associated outbreak_name collect_ptinterview collect_medchart sympstatus onset_dt onset_unk	1, Yes 0, No 9, Unknown 1, Yes 1, Yes 0, No 9, Unknown 1, Yes 1, Yes 1, Yes 0, No 9, Unknown 1, Yes 1, Symptomatic 9, Unknown 1, Yes 1, No, still symptomatic	Integer Integer Integer Integer Integer Integer Integer Integer Character Integer
Airport/airplane Adult congregate living facility School/university/childcare center Correctional facility Community event/mass gathering Animal with confirmed or suspected COVID-19 If yes, specify type of animal Other exposures If other exposures If other exposures, specify Unknown exposures in the 14 days prior to illness onset Contact with a known COVID-19 case (probable or confirmed) Household contact with a known COVID-19 case Community contact with a known COVID-19 case Healthcare-associated contact (patient, visitor, or healthcare worker) If the patient had contact with another COVID-19 case, was this person a U.S. case? If yes, specify nCOV ID of source case If yes, specify outbreak name: Clinical course, symptoms, past medical history, and social history Collected from (check all that apply): Patient interview Medical record review Symptoms present during course of illness: If symptomatic, onset date (MM/DD/YYYY) If symptomatic, onset date - unknown If symptomatic, date of symptom resolution (MM/DD/YYYY)	exp_adultfacility exp_school exp_correctional exp_gathering exp_animal exp_animal exp_other exp_other exp_other exp_contact exp_house exp_community exp_health cont_lab_us cdc_ncov2019_sourceid_2 cdc_ncov2019_sourceid_3 cdc_ncov2019_sourceid_4 outbreak_associated outbreak_name collect_ptinterview collect_medchart sympstatus onset_dt onset_unk symp_res_dt	1, Yes 0, No 9, Unknown 1, Yes 1, Yes 1, Yes 0, No 9, Unknown 1, Yes	Integer Integer Integer Integer Integer Integer Integer Integer Character Integer

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

No New Control (1845 > 40) No New Control				
Section Sect	Hypertension	hypertension_yn	1, Yes	Integer
Seed sebang (RMI) + 40)				
A BO			9, Unknown	
Carried unidase Carried un	Severe obesity (BMI >= 40)	obesity_yn		Integer
Section Sect				
Check				
Content and decase Content	Cardiovascular disease	cvd_yn		Integer
Change C				
Chronic liver disease Chro			1	
Carea	Chronic renal disease	renaldis_yn		Integer
Chronic Neer disease Chronic N				
Chronic lung disease (anthmolomphysenas/COPO) dispare chronic lung disease (anthmolomphysenas/COPO) dispare chronic disease dispare dispare chronic disease dispare disp	Chronic liver disease	livordic vn	1	Integer
Control fund disease (ashima/emphysman/CPPD)	Citionic liver disease	liveruis_yii		Integer
Chance Lung disease (ashhan/orphysema/CDPD)				
Cher channel diseases	Chronic lung disease (asthma/emphysema/COPD)	cld vn	1	Integer
December of the content of the con		J,		
Fig. 1, specify				
Processor Proc	Other chronic diseases	otherdis_yn	1, Yes	Integer
Mes specify			0, No	
Dilet underlying condition or risk behavior Dilet underlying condition or risk behavior Dilet underlying condition or risk behavior Dilet underlying condition Dilet underlying cond			9, Unknown	
No	If yes, specify	otherdis_spec		Character
Yes. specify	Other underlying condition or risk behavior	othercond_yn		Integer
Mes. specify				
mmunouppressive condition mmsupp_yn			9, Unknown	
District		othercond_spec		
Motion/mune condition	Immunosuppressive condition	immsupp_yn		Integer
Autoimmune condition Lyes O, No O,				
D. No D. No D. Unknown D. No D. Unknown D. No D. Unknown D. Yes D. Unknown D. No D. Unknown D. Yes D. Unknown D. No D. No D. No D. No D. No D. Unknown D. Yes D. Yes D. Unknown D. Yes				
Marca	Autoimmune condition	autoimm_yn		Integer
Current smoker Smoke_curr_yn ON 0				
Former smoker Fo				
Substance abuse or misuse substance abuse or	Current smoker	smoke_curr_yn		Integer
Former smoker Substance abuse or misuse Substance abuse or misuse Substance abuse or misuse Substance yn Integer Substance yn Integer Substance yn Integer Substance yn Integer Inte				
Substance abuse or misuse substance abuse or	F		1	lut
Subtance abuse or misuse Negret Integer A lyes O, No O,				
Substance abuse or misuse Substance abuse or misuse Substance abuse or misuse Substance abuse or misuse Substance yn		smoke_former_yn		integer
Disability Dis		smoke_tormer_yn	0, No	integer
Sukhnown			0, No 9, Unknown	
(neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify neuro_spec neuro_spec psych_yn 1, Yes 0, No 0, No 0, No 9, Unknown If yes, specify psych_spec If yes, specify SARS-CGV2-Testing Wolecular amplification test (RT PCR) Serologic test Serologic test test_serologic test_serologic test_serologic test_serologic test_serologic test_serologic 1, Positive 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done Other Other Serologic Other Specify test_other test_other test_other Other Specify test_other Other Specify spec_otherspecimen ID - 1 Other: Local Specimen ID - 2 Other: Local Specimen ID - 2 Other Local Specimen ID - 3 Character Charac	Substance abuse or misuse		0, No 9, Unknown 1, Yes	
(neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify neuro_spec neuro_spec psych_yn 1, Yes 0, No 0, No 0, No 9, Unknown If yes, specify psych_spec If yes, specify SARS-CGV2-Testing Wolecular amplification test (RT PCR) Serologic test Serologic test test_serologic test_serologic test_serologic test_serologic test_serologic test_serologic 1, Positive 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done Other Other Serologic Other Specify test_other test_other test_other Other Specify test_other Other Specify spec_otherspecimen ID - 1 Other: Local Specimen ID - 2 Other: Local Specimen ID - 2 Other Local Specimen ID - 3 Character Charac			0, No 9, Unknown 1, Yes 0, No	
If yes, specify Psychological/psychiatric condition Psychological/psychiatric condition Psychological/psychiatric condition Psych_yn 1, Yes 0, No 9, Unknown Psych_spec Character SARS-CoV-2-Testing Molecular amplification test (RT PCR) Serologic test test_PCR 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done Unteger Rest_other 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done Unteger Rest_other 1, Positive 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done Unteger Other Other Other Other Specify Specimens for COVID-19 Testing Other: Local Specimen ID - 1 Other: Local Specimen ID - 2 Others specimen ID - 3 Other: Local Specimen ID - 2 Others specimen ID - 3 Other Specimen ID - 3 Other: Local Specimen ID - 3 Others specimen ID - 3 Others specimen ID - 3 Others specimen ID - 3 Other: Local Specimen ID - 3 Others specimen ID - 3 Others specimen ID - 3 Other Specimen ID -	Substance abuse or misuse	substance_yn	0, No 9, Unknown 1, Yes 0, No 9, Unknown	Integer
Psychological/psychiatric condition psych_yn if yes, specify psych_spec If yes, specify psych_spec SARS-CoV-2-Testing Molecular amplification test (RT PCR) beside the properties of the	Substance abuse or misuse Disability	substance_yn	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes	Integer
Second	Substance abuse or misuse Disability	substance_yn	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No	Integer
If yes, specify	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment)	substance_yn neuro_yn	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No	Integer
If yes, specify psych_spec Character SARS-COV-2-Testing Molecular amplification test (RT PCR) Serologic test Character Serologic test Cherr Local Specimen ID - 1 Other: Local Specimen ID - 2 Other: Local Specimen ID - 3 Additional Comments Lest_PCR 1. Positive 2. Negative 3. Indeterminate/inconclusive 4. Pending 5. Not done Integer 2. Negative 3. Indeterminate/inconclusive 4. Pending 5. Not done Lest_other 1. Positive 2. Negative 3. Indeterminate/inconclusive 4. Pending 5. Not done Character Character Character Character Character Character Character Character Character Character Character Additional Comments	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify	substance_yn neuro_yn neuro_spec	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown	Integer Integer Character
SARS-CoV-2-Testing Molecular amplification test (RT PCR) test_PCR 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done Serologic test test_serologic 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done Other Other Other Other jecify Other specify Total specimen ID - 1 Other: Local Specimen ID - 2 Other: Local Specimen ID - 3 Additional Comments Test_Other specimen ID - 3 Additional Comments Integer 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done Integer Character Otherspecimen ID - 2 Spec_otherspecimen IId Additional Comments	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify	substance_yn neuro_yn neuro_spec	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown	Integer Integer Character
Molecular amplification test (RT PCR) A pending 5, Not done Serologic test Serologic test Cherr Capability 1, Positive 2, Negative 3, Indeterminate/Inconclusive 4, Pending 5, Not done Test_serologic Lest_serologic Lest_serologic Lest_serologic Lest_serologic Lest_other L	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition	substance_yn neuro_yn neuro_spec psych_yn	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown	Integer Integer Character Integer
Part	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify	substance_yn neuro_yn neuro_spec psych_yn	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Yes 0, No 9, Unknown	Integer Integer Character Integer
Serologic test test_serologic 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done Serologic test test_serologic 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done Other	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing	substance_yn neuro_yn neuro_spec psych_yn psych_spec	0, No 9, Unknown 1, Yes 0, No 9, Unknown	Integer Integer Character Integer Character
A Pending 5, Not done Integer	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing	substance_yn neuro_yn neuro_spec psych_yn psych_spec	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Positive	Integer Integer Character Integer Character
Serologic test Lest_serologic Lest_serologic Lest_serologic Lest_serologic Lest_serologic Lest_serologic Lest_serologic Lest_serologic Lest_other Lest_ot	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing	substance_yn neuro_yn neuro_spec psych_yn psych_spec	0, No 9, Unknown 1, Yes 0, No 9, Unknown	Integer Integer Character Integer Character
Serologic test test_serologic 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done Other test_other 1, Positive 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done Integer A Pending 5, Not done Other specify 5 pending 5, Not done Other specify 5 pecimens for COVID-19 Testing Other: Local Specimen ID - 1 Other: Local Specimen ID - 2 Other: Local Specimen ID - 3 Additional Comments spec_otherspecimen3id Additional Comments	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing	substance_yn neuro_yn neuro_spec psych_yn psych_spec	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Positive 2, Negative 3, Indeterminate/inconclusive	Integer Integer Character Integer Character
2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done Other test_other 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done Integer 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done Other specify Specimens for COVID-19 Testing Other: Local Specimen ID - 1 Other: Local Specimen ID - 2 Spec_otherspecimen2id Other: Local Specimen ID - 3 Spec_otherspecimen3id Additional Comments	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing	substance_yn neuro_yn neuro_spec psych_yn psych_spec	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending	Integer Integer Character Integer Character
Specimens for COVID-19 Testing Other: Local Specimen ID - 2 Specimen ID - 3	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing Molecular amplification test (RT PCR)	substance_yn neuro_yn neuro_spec psych_yn psych_spec test_PCR	0, No 9, Unknown 1, Yes 2, No 9, Unknown 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done	Integer Integer Character Integer Character Integer
4, Pending 5, Not done Other Lest_other Le	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing	substance_yn neuro_yn neuro_spec psych_yn psych_spec test_PCR	0, No 9, Unknown 1, Yes 2, No 9, Unknown 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive	Integer Integer Character Integer Character Integer
Other Other	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing Molecular amplification test (RT PCR)	substance_yn neuro_yn neuro_spec psych_yn psych_spec test_PCR	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Positive 2, Negative 3, Positive 2, Negative 3, Note one	Integer Integer Character Integer Character Integer
2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done Other specify test_other_spec test_other_spec test_other_spec Character Specimens for COVID-19 Testing Other: Local Specimen ID - 1 spec_otherspecimen1id Character Other: Local Specimen ID - 2 spec_otherspecimen2id Other: Local Specimen ID - 3 spec_otherspecimen3id Additional Comments	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing Molecular amplification test (RT PCR)	substance_yn neuro_yn neuro_spec psych_yn psych_spec test_PCR	0, No 9, Unknown 1, Yes 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive	Integer Integer Character Integer Character Integer
2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done Other specify test_other_spec test_other_spec test_other_spec Character Specimens for COVID-19 Testing Other: Local Specimen ID - 1 spec_otherspecimen1id Character Other: Local Specimen ID - 2 spec_otherspecimen2id Other: Local Specimen ID - 3 spec_otherspecimen3id Additional Comments	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing Molecular amplification test (RT PCR)	substance_yn neuro_yn neuro_spec psych_yn psych_spec test_PCR	0, No 9, Unknown 1, Yes 2, No 9, Unknown 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Indeterminate/inconclusive 4, Pending	Integer Integer Character Integer Character Integer
3, Indeterminate/inconclusive 4, Pending 5, Not done Other specify Specimens for COVID-19 Testing Other: Local Specimen ID - 1 Other: Local Specimen ID - 2 Other: Local Specimen ID - 3 Additional Comments spec_otherspecimen3id Additional Comments	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing Molecular amplification test (RT PCR) Serologic test	substance_yn neuro_yn neuro_spec psych_yn psych_spec test_PCR test_serologic	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done	Integer Character Integer Character Integer Integer
Specimen ID - 1 Other: Local Specimen ID - 2 Other: Local Specimen ID - 3 Additional Comments	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing Molecular amplification test (RT PCR) Serologic test	substance_yn neuro_yn neuro_spec psych_yn psych_spec test_PCR test_serologic	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive	Integer Character Integer Character Integer Integer
Other specify test_other_spec Character Specimens for COVID-19 Testing Other: Local Specimen ID - 1	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing Molecular amplification test (RT PCR) Serologic test	substance_yn neuro_yn neuro_spec psych_yn psych_spec test_PCR test_serologic	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Regulary 1, Not done 1, Positive 3, Indeterminate/inconclusive	Integer Character Integer Character Integer Integer
Specimens for COVID-19 Testing Other: Local Specimen ID - 1 Other: Local Specimen ID - 2 Other: Local Specimen ID - 3 spec_otherspecimen2id Other: Local Specimen ID - 3 Additional Comments	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing Molecular amplification test (RT PCR) Serologic test	substance_yn neuro_yn neuro_spec psych_yn psych_spec test_PCR test_serologic	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending	Integer Character Integer Character Integer Integer
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	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing Molecular amplification test (RT PCR) Serologic test	substance_yn neuro_yn neuro_spec psych_yn psych_spec test_PCR test_serologic	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending	Integer Character Integer Character Integer Integer
Other: Local Specimen ID - 2 spec_otherspecimen2id Character Other: Local Specimen ID - 3 spec_otherspecimen3id Character Additional Comments	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing Molecular amplification test (RT PCR) Serologic test Other	substance_yn neuro_yn neuro_spec psych_yn psych_spec test_PCR test_serologic	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending	Integer Character Integer Character Integer Integer Integer
Other: Local Specimen ID - 3 spec_otherspecimen3id Character Additional Comments	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing Molecular amplification test (RT PCR) Serologic test Other Other specify Specimens for COVID-19 Testing	substance_yn neuro_yn neuro_spec psych_yn psych_spec test_PCR test_serologic	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending	Integer Character Integer Character Integer Integer Integer
Additional Comments	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing Molecular amplification test (RT PCR) Serologic test Other Other Other Specify Specimens for COVID-19 Testing Other: Local Specimen ID - 1	substance_yn neuro_yn neuro_spec psych_yn psych_spec test_PCR test_serologic test_other test_other spec_otherspecimen1id	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending	Integer Character Integer Character Integer Integer Integer Integer Integer Integer Integer Integer
	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing Molecular amplification test (RT PCR) Serologic test Other Other Specify Specimens for COVID-19 Testing Other: Local Specimen ID - 1 Other: Local Specimen ID - 2	substance_yn neuro_yn neuro_spec psych_yn psych_spec test_PCR test_serologic test_other test_other_spec spec_otherspecimen1id spec_otherspecimen2id	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending	Integer Character Integer Character Integer Integer Integer Integer Integer Character Character Character
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	Substance abuse or misuse Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) If yes, specify Psychological/psychiatric condition If yes, specify SARS-COV-2-Testing Molecular amplification test (RT PCR) Serologic test Other Other Specify Specimens for COVID-19 Testing Other: Local Specimen ID - 1 Other: Local Specimen ID - 2 Other: Local Specimen ID - 3 Additional Comments	substance_yn neuro_yn neuro_spec psych_yn psych_spec test_PCR test_serologic test_other test_other spec_otherspecimen1id spec_otherspecimen3id	0, No 9, Unknown 1, Yes 0, No 9, Unknown 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending	Integer Character Integer Character Integer Integer Character Integer Integer Integer Integer Character Character Character Character Character Character Character