

## Project COVERED

Codebook ▾

### Data Dictionary Codebook

06/10/2020 10:37am

Expand all instruments

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)				
37	name_confirm	Section Header: <i>Personal Information</i> Please confirm that your name is accurate: [screening_arm_1][firstname] [screening_arm_1][lastname] <i>pe_2280</i>	yesno, Required, Identifier <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes						
0	No						
38	name_correction Show the field ONLY if: [name_confirm] = '0'	Please correct your name here <i>pe_1726</i>	text, Required, Identifier				
39	email_confirm	Section Header: <i>Contact Information. The project team needs reliable ways of reaching you quickly (within 24 hours). This information will not be shared outside the project team.</i> Please confirm that your primary e-mail address is accurate: [screening_arm_1][email] <i>pe_1365</i>	yesno, Required, Identifier <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes						
0	No						
40	email_correct Show the field ONLY if: [email_confirm] = '0'	Please correct your e-mail address here <i>pe_2856</i>	text (email), Required				
41	cell_number	Cell phone number (###-###-####) <i>pe_3891</i>	text (phone), Required, Identifier				
42	sec_phone	Please provide a secondary phone number. This could be your office phone number, home phone or an additional cell phone number. (###-###-####) <i>pe_1237</i>	text (phone)				

43	type_sec_phone Show the field ONLY if: [sec_phone] <>""	What type of phone number is this? <i>pe_1916</i>	radio <table border="1"> <tr><td>1</td><td>Home</td></tr> <tr><td>2</td><td>Office</td></tr> <tr><td>3</td><td>Secondary cell phone</td></tr> <tr><td>4</td><td>Other</td></tr> </table>	1	Home	2	Office	3	Secondary cell phone	4	Other																																																				
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2	Office																																																														
3	Secondary cell phone																																																														
4	Other																																																														
44	other_secondary_phone Show the field ONLY if: [type_sec_phone] = '4'	Please specify what type of phone this is. <i>pe_4840</i>	text																																																												
45	comm_preference	Please select your communication preference for site coordinators. <i>pe_6432</i>	radio <table border="1"> <tr><td>1</td><td>E-mail</td></tr> <tr><td>2</td><td>Cell phone</td></tr> <tr><td>3</td><td>Secondary phone number</td></tr> </table>	1	E-mail	2	Cell phone	3	Secondary phone number																																																						
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46	street_address	Section Header: <i>Please provide your mailing address. This will be used for mailing compensation.</i> Please provide your street address (include apt/unit# as applicable) <i>pe_3295</i>	text, Required, Identifier																																																												
47	city_address	Please provide your city. <i>pe_1391</i>	text, Required, Identifier																																																												
48	state_address	Please provide your state. <i>pe_1392</i>	dropdown, Required, Identifier <table border="1"> <tr><td>AL</td><td>Alabama</td></tr> <tr><td>AK</td><td>Alaska</td></tr> <tr><td>AZ</td><td>Arizona</td></tr> <tr><td>AR</td><td>Arkansas</td></tr> <tr><td>CA</td><td>California</td></tr> <tr><td>CO</td><td>Colorado</td></tr> <tr><td>CT</td><td>Connecticut</td></tr> <tr><td>DE</td><td>Delaware</td></tr> <tr><td>DC</td><td>District of Columbia</td></tr> <tr><td>FL</td><td>Florida</td></tr> <tr><td>GA</td><td>Georgia</td></tr> <tr><td>HI</td><td>Hawaii</td></tr> <tr><td>ID</td><td>Idaho</td></tr> <tr><td>IL</td><td>Illinois</td></tr> <tr><td>IN</td><td>Indiana</td></tr> <tr><td>IA</td><td>Iowa</td></tr> <tr><td>KS</td><td>Kansas</td></tr> <tr><td>KY</td><td>Kentucky</td></tr> <tr><td>LA</td><td>Louisiana</td></tr> <tr><td>ME</td><td>Maine</td></tr> <tr><td>MD</td><td>Maryland</td></tr> <tr><td>MA</td><td>Massachusetts</td></tr> <tr><td>MI</td><td>Michigan</td></tr> <tr><td>MN</td><td>Minnesota</td></tr> <tr><td>MS</td><td>Mississippi</td></tr> <tr><td>MO</td><td>Missouri</td></tr> <tr><td>MT</td><td>Montana</td></tr> <tr><td>NE</td><td>Nebraska</td></tr> <tr><td>NV</td><td>Nevada</td></tr> <tr><td>NH</td><td>New Hampshire</td></tr> </table>	AL	Alabama	AK	Alaska	AZ	Arizona	AR	Arkansas	CA	California	CO	Colorado	CT	Connecticut	DE	Delaware	DC	District of Columbia	FL	Florida	GA	Georgia	HI	Hawaii	ID	Idaho	IL	Illinois	IN	Indiana	IA	Iowa	KS	Kansas	KY	Kentucky	LA	Louisiana	ME	Maine	MD	Maryland	MA	Massachusetts	MI	Michigan	MN	Minnesota	MS	Mississippi	MO	Missouri	MT	Montana	NE	Nebraska	NV	Nevada	NH	New Hampshire
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WA	Washington																																												
WV	West Virginia																																												
WI	Wisconsin																																												
WY	Wyoming																																												
49	zip_address	Please provide your zip code. <i>pe_2607</i>	text (zipcode), Required, Identifier																																										
50	em_contact1_name	<p>Section Header: <i>Emergency contact information. We would also like to collect a few other ways to reach you, just in case we can't reach you by the above means. This contact information will not be released outside the project and we will not contact these people unless we are unable to reach you after multiple attempts. We will not release any information regarding your project participation or test results to your emergency contacts.</i></p> <p>Emergency Contact 1: Name <i>pe_3164</i></p>	text, Required, Identifier																																										
51	em_contact1_phone	Emergency Contact 1: Phone number <i>pe_1881</i>	text (phone), Required, Identifier																																										
52	em_contact1_email	Emergency Contact 1: E-mail address <i>pe_2755</i>	text (email), Identifier																																										
53	em_contact2_name	Emergency Contact 2: Name <i>pe_2195</i>	text, Identifier																																										
54	em_contact2_phone	Emergency Contact 2: Phone number <i>pe_3063</i>	text (phone), Identifier																																										
55	em_contact2_email	Emergency Contact 2: E-mail address <i>pe_4447</i>	text (email), Identifier																																										
56	dob	<p>Section Header: <i>Demographics</i></p> <p>What is your date of birth (M-D-Y)? <i>pe_4534</i></p>	text (date_mdy, Min: 1940-01-01, Max: 2000-01-01), Required, Identifier Field Annotation: @HIDEBUTTON																																										
57	gender	What is your gender? <i>pe_2094</i>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> <tr><td>3</td><td>Transgender Male</td></tr> <tr><td>4</td><td>Transgender Female</td></tr> <tr><td>5</td><td>Gender Variant/Non-Conforming</td></tr> <tr><td>6</td><td>Not Listed</td></tr> <tr><td>7</td><td>Prefer Not to Answer</td></tr> </table>	1	Male	2	Female	3	Transgender Male	4	Transgender Female	5	Gender Variant/Non-Conforming	6	Not Listed	7	Prefer Not to Answer																												
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58	gender_no_listed Show the field ONLY if: [gender]='6'	What gender identity do you most identify with? <i>pe_4640</i>	text																		
59	race	What is your race? [Check all that apply] <i>pe_2338</i>	checkbox <table border="1"> <tr> <td>1</td> <td>race__1</td> <td>White</td> </tr> <tr> <td>2</td> <td>race__2</td> <td>Black or African American</td> </tr> <tr> <td>3</td> <td>race__3</td> <td>American Indian or Alaska Native</td> </tr> <tr> <td>4</td> <td>race__4</td> <td>Asian</td> </tr> <tr> <td>5</td> <td>race__5</td> <td>Native Hawaiian or Other Pacific Islander</td> </tr> <tr> <td>6</td> <td>race__6</td> <td>Other</td> </tr> </table>	1	race__1	White	2	race__2	Black or African American	3	race__3	American Indian or Alaska Native	4	race__4	Asian	5	race__5	Native Hawaiian or Other Pacific Islander	6	race__6	Other
1	race__1	White																			
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5	race__5	Native Hawaiian or Other Pacific Islander																			
6	race__6	Other																			
60	race_other Show the field ONLY if: [race(6)] = '1'	Please indicate your race. <i>pe_4751</i>	text																		
61	ethnicity	What is your ethnicity? <i>pe_3899</i>	radio <table border="1"> <tr> <td>1</td> <td>Hispanic or Latino</td> </tr> <tr> <td>2</td> <td>Not Hispanic or Latino</td> </tr> </table>	1	Hispanic or Latino	2	Not Hispanic or Latino														
1	Hispanic or Latino																				
2	Not Hispanic or Latino																				
62	medical_school Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5'	Section Header: <i>Practice Characteristics</i> What year did you graduate from medical school or with your advanced practice provider degree? <i>pe_2579</i>	text (number, Min: 1970, Max: 2019), Required																		
63	practice_specialty Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5'	What is your primary practice specialty? If you are an emergency physician (regardless of other practice settings), please select "Emergency Medicine". <i>pe_1042</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Emergency Medicine</td> </tr> <tr> <td>2</td> <td>Critical Care Medicine</td> </tr> <tr> <td>3</td> <td>Internal Medicine</td> </tr> <tr> <td>4</td> <td>Pediatrics</td> </tr> <tr> <td>5</td> <td>Anesthesiology</td> </tr> <tr> <td>6</td> <td>Other</td> </tr> </table>	1	Emergency Medicine	2	Critical Care Medicine	3	Internal Medicine	4	Pediatrics	5	Anesthesiology	6	Other						
1	Emergency Medicine																				
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4	Pediatrics																				
5	Anesthesiology																				
6	Other																				
64	other_practice_specialty Show the field ONLY if: [practice_specialty] = '6'	Please indicate your practice specialty here <i>pe_4107</i>	text																		
65	nursing_school Show the field ONLY if: [screening_arm_1][primary_job] = '6'	What year did you graduate from nursing school (when did you first receive your RN or similar certification)? <i>pe_4986</i>	text, Required																		
66	practice_level Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5'	At what level of training/practice are you? <i>pe_1852</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Attending/Advanced Practice Provider</td> </tr> <tr> <td>2</td> <td>First-year resident</td> </tr> <tr> <td>3</td> <td>Second-year resident</td> </tr> <tr> <td>4</td> <td>Third- or fourth-year resident</td> </tr> <tr> <td>5</td> <td>Fellow</td> </tr> </table>	1	Attending/Advanced Practice Provider	2	First-year resident	3	Second-year resident	4	Third- or fourth-year resident	5	Fellow								
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67	<p>est_career_intubation</p> <p>Show the field ONLY if:  [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5'</p>	<p>In your career, estimate how many intubations have you personally performed?</p> <p><i>pe_3210</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>10 or fewer</td></tr> <tr><td>2</td><td>11-30</td></tr> <tr><td>3</td><td>31-60</td></tr> <tr><td>4</td><td>61-100</td></tr> <tr><td>5</td><td>101-200</td></tr> <tr><td>6</td><td>Over 200</td></tr> </table>	1	10 or fewer	2	11-30	3	31-60	4	61-100	5	101-200	6	Over 200
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68	<p>baseline_avg_clinical_hrs</p> <p>Show the field ONLY if:  [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>On average, over the last 2 weeks, not including today, how many clinical hours have you worked per week?</p> <p><i>pe_4577</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>10 or fewer</td></tr> <tr><td>2</td><td>11-20</td></tr> <tr><td>3</td><td>21-30</td></tr> <tr><td>4</td><td>31-40</td></tr> <tr><td>5</td><td>Over 40</td></tr> </table>	1	10 or fewer	2	11-20	3	21-30	4	31-40	5	Over 40		
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3	21-30														
4	31-40														
5	Over 40														
69	<p>baseline_avg_nonclinical_hrs</p> <p>Show the field ONLY if:  [screening_arm_1][primary_job] = '7'</p>	<p>On average, over the last 2 weeks, not including today, how many hours have you worked in the ED per week?</p> <p><i>pe_4578</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>10 or fewer</td></tr> <tr><td>2</td><td>11-20</td></tr> <tr><td>3</td><td>21-30</td></tr> <tr><td>4</td><td>31-40</td></tr> <tr><td>5</td><td>Over 40</td></tr> </table>	1	10 or fewer	2	11-20	3	21-30	4	31-40	5	Over 40		
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70	<p>baseline_fatigue</p> <p>Show the field ONLY if:  [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>Based on your current work schedule, how fatigued (physically, mentally or emotionally) do you feel while you are at work?</p> <p><i>pe_4347</i></p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Very fatigued</td></tr> </table>	1	Not at all	2	A little	3	Somewhat	4	A lot	5	Very fatigued		
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<p>71</p>	<p>baseline_ppe_training</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>Section Header: <i>Use of personal protective equipment (PPE)</i></p> <p>What type of training have you had in the use of PPE at your current place of employment [check all that apply]? <i>pe_3161</i></p>	<p>checkbox, Required</p> <table border="1"> <tr> <td data-bbox="1039 113 1068 285">0</td> <td data-bbox="1068 113 1318 285">baseline_ppe_training__0</td> <td data-bbox="1318 113 1523 285">None - I have not completed any online training or employer required/directed training</td> </tr> <tr> <td data-bbox="1039 285 1068 352">1</td> <td data-bbox="1068 285 1318 352">baseline_ppe_training__1</td> <td data-bbox="1318 285 1523 352">Self-taught using online training</td> </tr> <tr> <td data-bbox="1039 352 1068 499">2</td> <td data-bbox="1068 352 1318 499">baseline_ppe_training__2</td> <td data-bbox="1318 352 1523 499">Online training (video, reading material) required/directed by employer</td> </tr> <tr> <td data-bbox="1039 499 1068 617">3</td> <td data-bbox="1068 499 1318 617">baseline_ppe_training__3</td> <td data-bbox="1318 499 1523 617">In-person group demonstration in which I only watched</td> </tr> <tr> <td data-bbox="1039 617 1068 764">4</td> <td data-bbox="1068 617 1318 764">baseline_ppe_training__4</td> <td data-bbox="1318 617 1523 764">In-person group session in which I was observed putting PPE on and removing it properly</td> </tr> <tr> <td data-bbox="1039 764 1068 882">5</td> <td data-bbox="1068 764 1318 882">baseline_ppe_training__5</td> <td data-bbox="1318 764 1523 882">In-person individual demonstration in which I only watched</td> </tr> <tr> <td data-bbox="1039 882 1068 1029">6</td> <td data-bbox="1068 882 1318 1029">baseline_ppe_training__6</td> <td data-bbox="1318 882 1523 1029">In-person individual session in which I was observed putting PPE on and removing it properly</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE = '0'</p>	0	baseline_ppe_training__0	None - I have not completed any online training or employer required/directed training	1	baseline_ppe_training__1	Self-taught using online training	2	baseline_ppe_training__2	Online training (video, reading material) required/directed by employer	3	baseline_ppe_training__3	In-person group demonstration in which I only watched	4	baseline_ppe_training__4	In-person group session in which I was observed putting PPE on and removing it properly	5	baseline_ppe_training__5	In-person individual demonstration in which I only watched	6	baseline_ppe_training__6	In-person individual session in which I was observed putting PPE on and removing it properly
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<p>72</p>	<p>comfort_ppe_use</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>Please rate your comfort with being able to use recommended PPE without contaminating yourself. <i>pe_4700</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td data-bbox="1039 1129 1068 1167">1</td> <td data-bbox="1068 1129 1318 1167">Very comfortable</td> </tr> <tr> <td data-bbox="1039 1167 1068 1205">2</td> <td data-bbox="1068 1167 1318 1205">Somewhat comfortable</td> </tr> <tr> <td data-bbox="1039 1205 1068 1243">3</td> <td data-bbox="1068 1205 1318 1243">Somewhat uncomfortable</td> </tr> <tr> <td data-bbox="1039 1243 1068 1281">4</td> <td data-bbox="1068 1243 1318 1281">Very uncomfortable</td> </tr> </table>	1	Very comfortable	2	Somewhat comfortable	3	Somewhat uncomfortable	4	Very uncomfortable													
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<p>73</p>	<p>ppe_protocol_confidence</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>Please rate your confidence in your facility's PPE protocol: <i>pe_1793</i></p>	<p>radio</p> <table border="1"> <tr> <td data-bbox="1039 1455 1068 1514">1</td> <td data-bbox="1068 1455 1523 1514">I am confident that our PPE protocol will keep me completely safe.</td> </tr> <tr> <td data-bbox="1039 1514 1068 1606">2</td> <td data-bbox="1068 1514 1523 1606">I think my facility's protocol puts me at risk and that I should use better PPE than is available, or more often than required by protocol.</td> </tr> <tr> <td data-bbox="1039 1606 1068 1732">3</td> <td data-bbox="1068 1606 1523 1732">I think my facility's PPE protocol is too restrictive, and I feel that I can safely practice without wearing PPE every time that it is required by my institution's protocol.</td> </tr> <tr> <td data-bbox="1039 1732 1068 1791">4</td> <td data-bbox="1068 1732 1523 1791">I am unsure about the safety of our PPE protocol and feel neither safe or unsafe.</td> </tr> </table>	1	I am confident that our PPE protocol will keep me completely safe.	2	I think my facility's protocol puts me at risk and that I should use better PPE than is available, or more often than required by protocol.	3	I think my facility's PPE protocol is too restrictive, and I feel that I can safely practice without wearing PPE every time that it is required by my institution's protocol.	4	I am unsure about the safety of our PPE protocol and feel neither safe or unsafe.													
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74	<p>fitted_n95</p> <p>Show the field ONLY if:          [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>I have been fit-tested for an N95 mask/respirator or powered air-purifying respirator (PAPR) within the last 12 months.  <i>pe_3343</i></p>	<p>yesno, Required</p> <table border="1" data-bbox="1040 111 1118 191"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																															
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75	<p>ppe_nonptcare</p> <p>Show the field ONLY if:          [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>When you are in your ED but not providing patient care (e.g., charting, making telephone calls, etc.), what personal precautions are you currently using [check all that apply]?  <i>pe_2273</i></p>	<p>checkbox, Required</p> <table border="1" data-bbox="1040 436 1524 1304"> <tr> <td>1</td> <td>ppe_nonptcare__1</td> <td>Standard precautions (handwashing, distancing from patients)</td> </tr> <tr> <td>2</td> <td>ppe_nonptcare__2</td> <td>Reusable face shields</td> </tr> <tr> <td>3</td> <td>ppe_nonptcare__3</td> <td>Disposable face-shields (single use)</td> </tr> <tr> <td>4</td> <td>ppe_nonptcare__4</td> <td>Safety glasses/goggles</td> </tr> <tr> <td>5</td> <td>ppe_nonptcare__5</td> <td>Surgical masks</td> </tr> <tr> <td>6</td> <td>ppe_nonptcare__6</td> <td>Reusable fabric masks</td> </tr> <tr> <td>7</td> <td>ppe_nonptcare__7</td> <td>N-95 masks/respirators</td> </tr> <tr> <td>16</td> <td>ppe_nonptcare__16</td> <td>Elastomeric respirators</td> </tr> <tr> <td>8</td> <td>ppe_nonptcare__8</td> <td>Powered air-purifying respirator systems (PAPR, CAPR)</td> </tr> <tr> <td>9</td> <td>ppe_nonptcare__9</td> <td>Disposable surgical hat</td> </tr> <tr> <td>10</td> <td>ppe_nonptcare__10</td> <td>Reusable surgical hat</td> </tr> <tr> <td>11</td> <td>ppe_nonptcare__11</td> <td>Standard disposable isolation gown</td> </tr> <tr> <td>12</td> <td>ppe_nonptcare__12</td> <td>Full-body impermeable suit</td> </tr> <tr> <td>13</td> <td>ppe_nonptcare__13</td> <td>Gloves</td> </tr> <tr> <td>14</td> <td>ppe_nonptcare__14</td> <td>Double gloves</td> </tr> <tr> <td>15</td> <td>ppe_nonptcare__15</td> <td>Foot coverings</td> </tr> <tr> <td>0</td> <td>ppe_nonptcare__0</td> <td>None of the above</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE = '0'</p>	1	ppe_nonptcare__1	Standard precautions (handwashing, distancing from patients)	2	ppe_nonptcare__2	Reusable face shields	3	ppe_nonptcare__3	Disposable face-shields (single use)	4	ppe_nonptcare__4	Safety glasses/goggles	5	ppe_nonptcare__5	Surgical masks	6	ppe_nonptcare__6	Reusable fabric masks	7	ppe_nonptcare__7	N-95 masks/respirators	16	ppe_nonptcare__16	Elastomeric respirators	8	ppe_nonptcare__8	Powered air-purifying respirator systems (PAPR, CAPR)	9	ppe_nonptcare__9	Disposable surgical hat	10	ppe_nonptcare__10	Reusable surgical hat	11	ppe_nonptcare__11	Standard disposable isolation gown	12	ppe_nonptcare__12	Full-body impermeable suit	13	ppe_nonptcare__13	Gloves	14	ppe_nonptcare__14	Double gloves	15	ppe_nonptcare__15	Foot coverings	0	ppe_nonptcare__0	None of the above
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79	<p>baseline_reusing_ppe</p> <p>Show the field ONLY if:          [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>Is your ED currently reusing disposable PPE that you would not have been reusing prior to the COVID-19 outbreak?</p> <p><i>pe_2666</i></p>	<p>yesno, Required</p> <table border="1"> <tr> <td data-bbox="1039 1165 1079 1197">1</td> <td data-bbox="1079 1165 1112 1197">Yes</td> </tr> <tr> <td data-bbox="1039 1197 1079 1228">0</td> <td data-bbox="1079 1197 1112 1228">No</td> </tr> </table>	1	Yes	0	No																																												
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80	<p>baseline_reuse_ppe</p> <p>Show the field ONLY if: [baseline_reusing_ppe] = '1'</p>	<p>Please check all of the following that you are reusing: <i>pe_4204</i></p>	<p>checkbox, Required</p> <table border="1"> <tr> <td data-bbox="1040 113 1081 176">3</td> <td data-bbox="1081 113 1325 176">baseline_reuse_ppe__3</td> <td data-bbox="1325 113 1524 176">Disposable face-shields (single use)</td> </tr> <tr> <td data-bbox="1040 176 1081 239">4</td> <td data-bbox="1081 176 1325 239">baseline_reuse_ppe__4</td> <td data-bbox="1325 176 1524 239">Safety glasses/goggles</td> </tr> <tr> <td data-bbox="1040 239 1081 281">5</td> <td data-bbox="1081 239 1325 281">baseline_reuse_ppe__5</td> <td data-bbox="1325 239 1524 281">Surgical masks</td> </tr> <tr> <td data-bbox="1040 281 1081 344">7</td> <td data-bbox="1081 281 1325 344">baseline_reuse_ppe__7</td> <td data-bbox="1325 281 1524 344">N-95 masks/respirators</td> </tr> <tr> <td data-bbox="1040 344 1081 407">16</td> <td data-bbox="1081 344 1325 407">baseline_reuse_ppe__16</td> <td data-bbox="1325 344 1524 407">Elastomeric respirators</td> </tr> <tr> <td data-bbox="1040 407 1081 596">8</td> <td data-bbox="1081 407 1325 596">baseline_reuse_ppe__8</td> <td data-bbox="1325 407 1524 596">Face shield/hood/shroud for powered air-purifying respirator systems(PAPR, CAPR, etc.)</td> </tr> <tr> <td data-bbox="1040 596 1081 659">11</td> <td data-bbox="1081 596 1325 659">baseline_reuse_ppe__11</td> <td data-bbox="1325 596 1524 659">Standard disposable isolation gown</td> </tr> <tr> <td data-bbox="1040 659 1081 722">12</td> <td data-bbox="1081 659 1325 722">baseline_reuse_ppe__12</td> <td data-bbox="1325 659 1524 722">Full-body impermeable suit</td> </tr> <tr> <td data-bbox="1040 722 1081 764">13</td> <td data-bbox="1081 722 1325 764">baseline_reuse_ppe__13</td> <td data-bbox="1325 722 1524 764">Gloves</td> </tr> <tr> <td data-bbox="1040 764 1081 806">15</td> <td data-bbox="1081 764 1325 806">baseline_reuse_ppe__15</td> <td data-bbox="1325 764 1524 806">Foot coverings</td> </tr> </table>	3	baseline_reuse_ppe__3	Disposable face-shields (single use)	4	baseline_reuse_ppe__4	Safety glasses/goggles	5	baseline_reuse_ppe__5	Surgical masks	7	baseline_reuse_ppe__7	N-95 masks/respirators	16	baseline_reuse_ppe__16	Elastomeric respirators	8	baseline_reuse_ppe__8	Face shield/hood/shroud for powered air-purifying respirator systems(PAPR, CAPR, etc.)	11	baseline_reuse_ppe__11	Standard disposable isolation gown	12	baseline_reuse_ppe__12	Full-body impermeable suit	13	baseline_reuse_ppe__13	Gloves	15	baseline_reuse_ppe__15	Foot coverings
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81	<p>baseline_ppe_shortage</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>In the last 1 week, not including today, has your ED had sufficient PPE for clinical use? <i>pe_4831</i></p>	<p>yesno, Required</p> <table border="1"> <tr> <td data-bbox="1040 848 1081 890">1</td> <td data-bbox="1081 848 1118 890">Yes</td> </tr> <tr> <td data-bbox="1040 890 1081 932">0</td> <td data-bbox="1081 890 1118 932">No</td> </tr> </table>	1	Yes	0	No																										
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<p>82</p>	<p>baseline_ppe_runout</p> <p>Show the field ONLY if: [baseline_ppe_shortage] = '0'</p>	<p>Please check all of the following PPE that have been out of stock or otherwise unavailable for clinical use: <i>pe_1718</i></p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>2</td> <td>baseline_ppe_runout__2</td> <td>Reusable face shields</td> </tr> <tr> <td>3</td> <td>baseline_ppe_runout__3</td> <td>Disposable face-shields (single use)</td> </tr> <tr> <td>4</td> <td>baseline_ppe_runout__4</td> <td>Safety glasses/goggles</td> </tr> <tr> <td>5</td> <td>baseline_ppe_runout__5</td> <td>Surgical masks</td> </tr> <tr> <td>6</td> <td>baseline_ppe_runout__6</td> <td>Reusable fabric masks</td> </tr> <tr> <td>7</td> <td>baseline_ppe_runout__7</td> <td>N-95 masks/respirators</td> </tr> <tr> <td>16</td> <td>baseline_ppe_runout__16</td> <td>Elastomeric respirators</td> </tr> <tr> <td>8</td> <td>baseline_ppe_runout__8</td> <td>Powered air-purifying respirator systems (PAPR, CAPR, etc.)</td> </tr> <tr> <td>9</td> <td>baseline_ppe_runout__9</td> <td>Disposable surgical hat</td> </tr> <tr> <td>10</td> <td>baseline_ppe_runout__10</td> <td>Reusable surgical hat</td> </tr> <tr> <td>11</td> <td>baseline_ppe_runout__11</td> <td>Standard disposable isolation gown</td> </tr> <tr> <td>12</td> <td>baseline_ppe_runout__12</td> <td>Full-body impermeable suit</td> </tr> <tr> <td>13</td> <td>baseline_ppe_runout__13</td> <td>Gloves</td> </tr> <tr> <td>15</td> <td>baseline_ppe_runout__15</td> <td>Foot coverings</td> </tr> </table>	2	baseline_ppe_runout__2	Reusable face shields	3	baseline_ppe_runout__3	Disposable face-shields (single use)	4	baseline_ppe_runout__4	Safety glasses/goggles	5	baseline_ppe_runout__5	Surgical masks	6	baseline_ppe_runout__6	Reusable fabric masks	7	baseline_ppe_runout__7	N-95 masks/respirators	16	baseline_ppe_runout__16	Elastomeric respirators	8	baseline_ppe_runout__8	Powered air-purifying respirator systems (PAPR, CAPR, etc.)	9	baseline_ppe_runout__9	Disposable surgical hat	10	baseline_ppe_runout__10	Reusable surgical hat	11	baseline_ppe_runout__11	Standard disposable isolation gown	12	baseline_ppe_runout__12	Full-body impermeable suit	13	baseline_ppe_runout__13	Gloves	15	baseline_ppe_runout__15	Foot coverings
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<p>83</p>	<p>ppe_removal_monitor</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>In your ED, is PPE doffing (removal) monitored by an observer to identify breaks in doffing technique after care for COVID-19 patients? <i>pe_1582</i></p>	<p>yesno, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																						
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0	No																																												
<p>84</p>	<p>scenario1</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>Consider the following scenario: You care for a 65-year old patient with shortness of breath and orthopnea thought to be related to heart failure. Vital signs show oxygen saturation of 90% and respiratory rate of 28. After your initial assessment, how do you decontaminate yourself when you leave the patient's room? [choose answer that best applies] <i>pe_4415</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>I remove none of my PPE for the entire shift.</td> </tr> <tr> <td>2</td> <td>I remove some of my PPE (gloves, gown), but reuse some of my PPE (masks).</td> </tr> <tr> <td>3</td> <td>I remove all my PPE between patients and replace PPE before the next patient.</td> </tr> </table>	1	I remove none of my PPE for the entire shift.	2	I remove some of my PPE (gloves, gown), but reuse some of my PPE (masks).	3	I remove all my PPE between patients and replace PPE before the next patient.																																				
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85	<p>baseline_hh_betweenpts</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>How do you perform hand hygiene between patients that you have touched? <i>pe_1193</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td data-bbox="1042 113 1068 147">1</td> <td data-bbox="1075 113 1523 147">Soap and water after I leave every patient</td> </tr> <tr> <td data-bbox="1042 155 1068 189">2</td> <td data-bbox="1075 155 1523 189">Alcohol-based hand sanitizer after I leave every patient</td> </tr> <tr> <td data-bbox="1042 197 1068 231">3</td> <td data-bbox="1075 197 1523 231">Soap and water only if my hands are visibly soiled, otherwise alcohol-based hand sanitizer</td> </tr> <tr> <td data-bbox="1042 239 1068 273">4</td> <td data-bbox="1075 239 1523 273">Hand hygiene (handwashing or hand sanitizer) sometimes based on degree of contact</td> </tr> <tr> <td data-bbox="1042 281 1068 315">6</td> <td data-bbox="1075 281 1523 315">Change gloves but do not wash my hands or use alcohol sanitizer</td> </tr> <tr> <td data-bbox="1042 323 1068 357">5</td> <td data-bbox="1075 323 1523 357">I don't have the resources to perform hand hygiene between every patient because we are running out of supplies.</td> </tr> </table>		1	Soap and water after I leave every patient	2	Alcohol-based hand sanitizer after I leave every patient	3	Soap and water only if my hands are visibly soiled, otherwise alcohol-based hand sanitizer	4	Hand hygiene (handwashing or hand sanitizer) sometimes based on degree of contact	6	Change gloves but do not wash my hands or use alcohol sanitizer	5	I don't have the resources to perform hand hygiene between every patient because we are running out of supplies.												
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86	<p>baseline_decontaminate</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>After your clinical shift, how do you decontaminate? [check all that apply] <i>pe_2926</i></p>	<p>checkbox, Required</p> <table border="1"> <tr> <td data-bbox="1042 558 1068 592">1</td> <td data-bbox="1075 558 1344 592">baseline_decontaminate__1</td> <td data-bbox="1351 558 1523 592">Wash my hands with soap and water before I leave my place of employment</td> </tr> <tr> <td data-bbox="1042 600 1068 634">2</td> <td data-bbox="1075 600 1344 634">baseline_decontaminate__2</td> <td data-bbox="1351 600 1523 634">Change out of my work clothing before I leave my place of employment</td> </tr> <tr> <td data-bbox="1042 642 1068 676">3</td> <td data-bbox="1075 642 1344 676">baseline_decontaminate__3</td> <td data-bbox="1351 642 1523 676">Shower before I leave my place of employment</td> </tr> <tr> <td data-bbox="1042 684 1068 718">4</td> <td data-bbox="1075 684 1344 718">baseline_decontaminate__4</td> <td data-bbox="1351 684 1523 718">Take my work clothing off prior to walking into my home so that it can be immediately washed</td> </tr> <tr> <td data-bbox="1042 726 1068 760">5</td> <td data-bbox="1075 726 1344 760">baseline_decontaminate__5</td> <td data-bbox="1351 726 1523 760">Shower immediately when I get home</td> </tr> <tr> <td data-bbox="1042 768 1068 802">6</td> <td data-bbox="1075 768 1344 802">baseline_decontaminate__6</td> <td data-bbox="1351 768 1523 802">I am staying at the hospital because of my risk of infecting my family/roommates(s)</td> </tr> <tr> <td data-bbox="1042 810 1068 844">7</td> <td data-bbox="1075 810 1344 844">baseline_decontaminate__7</td> <td data-bbox="1351 810 1523 844">I am staying someplace other than home and other than the hospital because of the risk of infecting my family/roommate(s)</td> </tr> <tr> <td data-bbox="1042 852 1068 886">8</td> <td data-bbox="1075 852 1344 886">baseline_decontaminate__8</td> <td data-bbox="1351 852 1523 886">Other</td> </tr> </table>		1	baseline_decontaminate__1	Wash my hands with soap and water before I leave my place of employment	2	baseline_decontaminate__2	Change out of my work clothing before I leave my place of employment	3	baseline_decontaminate__3	Shower before I leave my place of employment	4	baseline_decontaminate__4	Take my work clothing off prior to walking into my home so that it can be immediately washed	5	baseline_decontaminate__5	Shower immediately when I get home	6	baseline_decontaminate__6	I am staying at the hospital because of my risk of infecting my family/roommates(s)	7	baseline_decontaminate__7	I am staying someplace other than home and other than the hospital because of the risk of infecting my family/roommate(s)	8	baseline_decontaminate__8	Other
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87	<p>baseline_decontaminate_oth</p> <p>Show the field ONLY if: [baseline_decontaminate(8)] = '1'</p>	<p>Please specify 'other' <i>pe_6543</i></p>	<p>text</p>																									

<p>88</p>	<p>endotrach_int_photo</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>Please refer to this photo when answering the following question</p>	<p>descriptive</p>  <p>Examples of Intubation Barrier Protection</p>																								
<p>89</p>	<p>endotrach_int</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>For endotracheal intubation, which of the following (if any) is your ED using all or most of the time for patients with confirmed or suspected COVID-19 [check all that apply]? <i>pe_2528</i></p>	<p>checkbox, Required</p> <table border="1" data-bbox="1040 436 1523 993"> <tr> <td>1</td> <td>endotrach_int__1</td> <td>Negative pressure rooms</td> </tr> <tr> <td>2</td> <td>endotrach_int__2</td> <td>Video laryngoscopy</td> </tr> <tr> <td>3</td> <td>endotrach_int__3</td> <td>Intubation barrier protection (e.g., intubating boxes , intubating bags, etc.)</td> </tr> <tr> <td>4</td> <td>endotrach_int__4</td> <td>Intubation barrier protection with integrated suction (e.g., intubating boxes connected to suction; negative pressure hood)</td> </tr> <tr> <td>5</td> <td>endotrach_int__5</td> <td>Intubation response teams (with dedicated staff)</td> </tr> <tr> <td>6</td> <td>endotrach_int__6</td> <td>Intubation through a supraglottic device (e.g., intubating LMA, etc.)</td> </tr> <tr> <td>7</td> <td>endotrach_int__7</td> <td>Other</td> </tr> <tr> <td>0</td> <td>endotrach_int__0</td> <td>None of these</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE = '0'</p>	1	endotrach_int__1	Negative pressure rooms	2	endotrach_int__2	Video laryngoscopy	3	endotrach_int__3	Intubation barrier protection (e.g., intubating boxes , intubating bags, etc.)	4	endotrach_int__4	Intubation barrier protection with integrated suction (e.g., intubating boxes connected to suction; negative pressure hood)	5	endotrach_int__5	Intubation response teams (with dedicated staff)	6	endotrach_int__6	Intubation through a supraglottic device (e.g., intubating LMA, etc.)	7	endotrach_int__7	Other	0	endotrach_int__0	None of these
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<p>90</p>	<p>other_endotrach_int</p> <p>Show the field ONLY if: [endotrach_int(7)] = '1'</p>	<p>Please specify other things your ED is doing for endotracheal intubation. <i>pe_3518</i></p>	<p>text</p>																								
<p>91</p>	<p>ooh_cardiacarrest_pts</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>Is your ED receiving out-of-hospital cardiac arrest patients prior to return of spontaneous circulation (with chest compressions ongoing, intra-arrest)? <i>pe_2521</i></p>	<p>yesno, Required</p> <table border="1" data-bbox="1040 1199 1117 1276"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
<p>92</p>	<p>baseline_covid_hfnc</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>For patients with confirmed or suspected COVID-19, is your ED practice/protocol that patients will be treated with high-flow nasal cannula (HFNC), if needed? <i>pe_4417</i></p>	<p>yesno, Required</p> <table border="1" data-bbox="1040 1518 1117 1596"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										

93	<p>baseline_covid_nippv</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>For patients with confirmed or suspected COVID-19, is your ED practice/protocol that patients will be treated with noninvasive positive pressure ventilation (NIPPV, including CPAP or BiPAP), if needed?</p> <p><i>pe_1755</i></p>	<p>yesno, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No					
1	Yes											
0	No											
94	<p>baseline_nippv</p> <p>Show the field ONLY if: [baseline_covid_nippv] = '1'</p>	<p>Under what circumstances might NIPPV be used in a COVID-19 confirmed or suspected patient [check all that apply]?</p> <p><i>pe_4187</i></p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>baseline_nippv__1</td> <td>Any patient with respiratory failure that I think will benefit from NIPPV (if indicated)</td> </tr> <tr> <td>2</td> <td>baseline_nippv__2</td> <td>Only patients who have a "Do Not Intubate" or a "Do Not Resuscitate" order</td> </tr> <tr> <td>3</td> <td>baseline_nippv__3</td> <td>Only when mechanical ventilators are scarce</td> </tr> </table>	1	baseline_nippv__1	Any patient with respiratory failure that I think will benefit from NIPPV (if indicated)	2	baseline_nippv__2	Only patients who have a "Do Not Intubate" or a "Do Not Resuscitate" order	3	baseline_nippv__3	Only when mechanical ventilators are scarce
1	baseline_nippv__1	Any patient with respiratory failure that I think will benefit from NIPPV (if indicated)										
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3	baseline_nippv__3	Only when mechanical ventilators are scarce										
95	<p>baseline_intubation_covid</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5'</p>	<p>Section Header: <i>COVID-19 exposures</i></p> <p>Have you ever personally intubated a suspected or confirmed COVID-19 patient?</p> <p><i>pe_1561</i></p>	<p>yesno, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No					
1	Yes											
0	No											
96	<p>baseline_intubation_2wks</p> <p>Show the field ONLY if: [baseline_intubation_covid] = '1'</p>	<p>How many times in the last 2 weeks, not including today?</p> <p><i>pe_2995</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>1</td> <td>1-5</td> </tr> <tr> <td>2</td> <td>5-10</td> </tr> <tr> <td>3</td> <td>Over 10</td> </tr> </table>	0	0	1	1-5	2	5-10	3	Over 10	
0	0											
1	1-5											
2	5-10											
3	Over 10											
97	<p>baseline_cardiac_covid</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5'</p>	<p>Have you ever personally managed cardiac arrest in a suspected or confirmed COVID-19 patient?</p> <p><i>pe_2758</i></p>	<p>yesno, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No					
1	Yes											
0	No											
98	<p>baseline_cardiac_2wks</p> <p>Show the field ONLY if: [baseline_cardiac_covid] = '1'</p>	<p>How many times in the last 2 weeks, not including today?</p> <p><i>pe_3742</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>1</td> <td>1-5</td> </tr> <tr> <td>2</td> <td>5-10</td> </tr> <tr> <td>3</td> <td>Over 10</td> </tr> </table>	0	0	1	1-5	2	5-10	3	Over 10	
0	0											
1	1-5											
2	5-10											
3	Over 10											
99	<p>baseline_covid_2wks</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>In the last 2 weeks, not including today, estimate how many confirmed COVID-19-positive patients or persons under investigation (PUI) you have personally cared for?</p> <p><i>pe_1011</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>1</td> <td>1-5</td> </tr> <tr> <td>2</td> <td>6-10</td> </tr> <tr> <td>3</td> <td>More than 10</td> </tr> </table>	0	0	1	1-5	2	6-10	3	More than 10	
0	0											
1	1-5											
2	6-10											
3	More than 10											

100	baseline_covid_nomask_2wks Show the field ONLY if: [baseline_covid_2wks] = '1' or [baseline_covid_2wks] = '2' or [baseline_covid_2wks] = '3'	In the last 2 weeks, not including today, how many times have you been within 6 feet of a confirmed COVID-19-positive patient without wearing an N-95 mask/respirator or PAPR during an aerosol-generating procedure. Commonly performed medical procedures that are often considered AGPs, or that created uncontrolled respiratory secretions, include: open suctioning of airways sputum induction cardiopulmonary resuscitation endotracheal intubation and extubation non-invasive ventilation (e.g., BiPAP, CPAP) bronchoscopy manual ventilation <i>pe_1071</i>	radio, Required 0 0 1 1-3 2 4-10 3 More than 10
101	baseline_covid_noppe_2wks Show the field ONLY if: [baseline_covid_2wks] = '1' or [baseline_covid_2wks] = '2' or [baseline_covid_2wks] = '3'	In the last 2 weeks, not including today, how many times have you cared for a confirmed COVID-19 patient with close personal contact (physical examination, etc.) with no protective equipment (e.g., gloves, surgical mask, etc.)? <i>pe_4449</i>	radio, Required 0 0 1 1-3 2 4-10 3 More than 10
102	other_employment	Do you have any other employment? <i>pe_1248</i>	yesno, Required 1 Yes 0 No
103	other_employ_hlthcare Show the field ONLY if: [other_employment] = '1'	Is your other employment in healthcare? <i>pe_2905</i>	yesno, Required 1 Yes 0 No
104	other_employ_covid Show the field ONLY if: [other_employ_hlthcare] = '1'	Do you care for patients with COVID-19 (suspected or confirmed) in your other employment? <i>pe_1420</i>	yesno 1 Yes 0 No
105	other_employ_public Show the field ONLY if: [other_employment] = '1' and [other_employ_hlthcare] = '0'	In your other job, do you have regular contact with the public? <i>pe_2499</i>	yesno 1 Yes 0 No
106	baseline_contact_sx_noppe	Have you had any known personal contact (e.g., within 6 feet without PPE) with friends or community members who had symptoms consistent with COVID-19 in the last 2 weeks, not including today? <i>pe_4865</i>	radio 1 Yes 0 No
107	baseline_gathering_2wks	Have you attended any mass gathering (e.g., religious event, wedding, party, dance, concert, banquet, funeral, festival, sports event, professional meeting, or other event with more than 10 people) in the last 2 weeks, not including today? <i>pe_4504</i>	yesno 1 Yes 0 No
108	baseline_publictrans_2wks	In the last 2 weeks, not including today, have you used any public transportation (bus, train, airplane, boat)? <i>pe_3091</i>	yesno 1 Yes 0 No
109	baseline_publictrans_crowd Show the field ONLY if: [baseline_publictrans_2wks] = '1'	Did your use of public transportation occur when it was crowded (e.g., crowded means you were unable to maintain at least 6 feet between you and other passengers)? <i>pe_2097</i>	yesno 1 Yes 0 No
110	baseline_wearmask	Outside of work, while in public, how often do you currently wear face masks or face coverings to cover your mouth and nose? <i>pe_4602</i>	radio 1 Always 2 Sometimes 3 Rarely 4 Never
111	baseline_covid_infect	Section Header: COVID-19 infection I have been infected by COVID-19. <i>pe_3015</i>	yesno, Required 1 Yes 0 No

112	baseline_pcr_pos Show the field ONLY if: [baseline_covid_infect] = '1'	Did you have a PCR test (throat or nose swab)? <i>pe_1114</i>	radio, Required 1 Yes, it was positive 2 Yes, it was negative 3 I have not had a PCR test  Stop actions on 1
113	baseline_covid_isolate Show the field ONLY if: [baseline_pcr_pos] = '1'	Have you been quarantined because of an active infection with COVID-19? <i>pe_4253</i>	radio, Required 1 Yes, by a public health authority 2 Yes, by my employer 3 Yes, by my own decision 0 No
114	baseline_isolation_release Show the field ONLY if: [baseline_covid_isolate] = '1' or [baseline_covid_isolate]='2'	When were you released from quarantined? <i>pe_4502</i>	radio, Required 1 Within the last 2 weeks 2 Prior to the last 2 weeks
115	baseline_quar_requested	Have you been quarantined because of an exposure or potential exposure to COVID-19? <i>pe_2898</i>	radio, Required 1 Yes, by a public health authority 2 Yes, by my employer 3 Yes, by my own decision 0 No
116	baseline_ed_infected	To the best of your knowledge, since the onset of the pandemic, how many health care personnel in your ED have been infected with COVID-19? <i>pe_4147</i>	radio 0 0 1 1-5 2 6-10 3 More than 10
117	baseline_covidstress	Section Header: <i>COVID-19 related stress &amp; anxiety</i> In the past week, how much has the COVID-19 pandemic affected your stress or anxiety levels? <i>pe_8317</i>	radio (Matrix), Required 1 Not at all (1) 2 2 3 3 4 Somewhat (4) 5 5 6 6 7 Extremely (7)
118	baseline_jobstress	In the past week, to what extent are you experiencing severe, ongoing job stress where you felt emotionally exhausted, burned out, cynical about your work and fatigued, even when you wake up? <i>pe_8291</i>	radio (Matrix), Required 1 Not at all (1) 2 2 3 3 4 Somewhat (4) 5 5 6 6 7 Very much (7)
119	baseline_priorex	To what extent do you agree or disagree with the following statement: Knowing my prior exposure and immunity to COVID-19 by serologic (blood) testing would decrease my anxiety. <i>pe_7498</i>	radio, Required 1 Strongly disagree 2 Disagree 3 Somewhat disagree 4 Neither disagree or agree 5 Somewhat agree 6 Agree 7 Strongly agree



120	nightmares	Section Header: <i>In the past week, have you ...</i> had nightmares related to the pandemic or thought about the pandemic when you did not want to?pe_6658	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: pe_6658	1	Yes	0	No										
1	Yes																
0	No																
121	avoid	tried hard not to think about the pandemic or gone out of your way to avoid situations that reminded you of it?pe_5473	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: pe_5473	1	Yes	0	No										
1	Yes																
0	No																
122	on_edge	been constantly on guard, watchful, or easily startled?pe_8964	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: pe_8964	1	Yes	0	No										
1	Yes																
0	No																
123	numb	felt numb or detached from people, activities or your surroundings?pe_5721	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: pe_5721	1	Yes	0	No										
1	Yes																
0	No																
124	guilty	felt guilty or unable to stop blaming yourself or others for the effects of the pandemic or any problems and the pandemic may have caused?pe_5587	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: pe_5587	1	Yes	0	No										
1	Yes																
0	No																
125	sec_expose	Section Header: <i>To what extent are you experiencing the following worries and concerns about COVID-19?</i> I worry that I may be secondarily exposing family members or others because of my work.pe_6633	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Extremely</td></tr> </table> Field Annotation: pe_6633	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely
1	Not at all																
2	2																
3	3																
4	Somewhat																
5	5																
6	6																
7	Extremely																
126	pts_expose	I worry that patients with unclear diagnoses are exposing others in the community.pe_8014	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Extremely</td></tr> </table> Field Annotation: pe_8014	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely
1	Not at all																
2	2																
3	3																
4	Somewhat																
5	5																
6	6																
7	Extremely																

127	afraid_contact	I worry that others at home or elsewhere are afraid to come in contact with me because I work in an emergency department.pe_9208	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Extremely</td></tr> </table> <p>Field Annotation: pe_9208</p>	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely
1	Not at all																
2	2																
3	3																
4	Somewhat																
5	5																
6	6																
7	Extremely																
128	unclear_dx	I worry that we are having to send patients home without a clear diagnosis.pe_3322	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Extremely</td></tr> </table> <p>Field Annotation: pe_3322</p>	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely
1	Not at all																
2	2																
3	3																
4	Somewhat																
5	5																
6	6																
7	Extremely																
129	not_prepared	I worry that our ED, clinic, or hospital is not prepared enough for the pandemic.pe_1606	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Extremely</td></tr> </table> <p>Field Annotation: pe_1606</p>	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely
1	Not at all																
2	2																
3	3																
4	Somewhat																
5	5																
6	6																
7	Extremely																
130	staff_quar	I worry that we will not have enough staffing as co-workers are quarantined.pe_1022	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Extremely</td></tr> </table> <p>Field Annotation: pe_1022</p>	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely
1	Not at all																
2	2																
3	3																
4	Somewhat																
5	5																
6	6																
7	Extremely																
131	worry_ppe	I worry that personal protective equipment is unavailable or inadequate.pe_5201	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Extremely</td></tr> </table> <p>Field Annotation: pe_5201</p>	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely
1	Not at all																
2	2																
3	3																
4	Somewhat																
5	5																
6	6																
7	Extremely																

132	cowrker_dx	I worry about the well-being of co-workers who have been diagnosed with COVID-19.pe_1808	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Extremely</td></tr> </table> <p>Field Annotation: pe_1808</p>	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely	
1	Not at all																	
2	2																	
3	3																	
4	Somewhat																	
5	5																	
6	6																	
7	Extremely																	
133	worry_dx	I worry that we are not able to accurately diagnose COVID-19 cases quickly enough.pe_7237	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Extremely</td></tr> </table> <p>Field Annotation: pe_7237</p>	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely	
1	Not at all																	
2	2																	
3	3																	
4	Somewhat																	
5	5																	
6	6																	
7	Extremely																	
134	worry_quar	I worry that I might have to undergo quarantine and will not be able to work. pe_1607	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Extremely</td></tr> </table> <p>Field Annotation: pe_1607</p>	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely	
1	Not at all																	
2	2																	
3	3																	
4	Somewhat																	
5	5																	
6	6																	
7	Extremely																	
135	baseline_live_with	<p>Section Header: <i>Living situation. For the purpose of this survey, an individual should be included as a household member if they slept in the household at least half of the nights in the last 2 weeks.</i></p> <p>I currently live with [check all that apply]: pe_1187</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>0</td><td>baseline_live_with__0</td><td>No one (I live alone)</td></tr> <tr><td>1</td><td>baseline_live_with__1</td><td>Spouse or significant other</td></tr> <tr><td>2</td><td>baseline_live_with__2</td><td>Roommate(s)</td></tr> <tr><td>3</td><td>baseline_live_with__3</td><td>Children</td></tr> <tr><td>4</td><td>baseline_live_with__4</td><td>Parents, grandparents, aunts, uncles, or other family not including a spouse/significant other and/or children</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE = '0'</p>	0	baseline_live_with__0	No one (I live alone)	1	baseline_live_with__1	Spouse or significant other	2	baseline_live_with__2	Roommate(s)	3	baseline_live_with__3	Children	4	baseline_live_with__4	Parents, grandparents, aunts, uncles, or other family not including a spouse/significant other and/or children
0	baseline_live_with__0	No one (I live alone)																
1	baseline_live_with__1	Spouse or significant other																
2	baseline_live_with__2	Roommate(s)																
3	baseline_live_with__3	Children																
4	baseline_live_with__4	Parents, grandparents, aunts, uncles, or other family not including a spouse/significant other and/or children																
136	baseline_housing	I currently live in: pe_4803	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Single family home</td></tr> <tr><td>2</td><td>Multi-unit housing, owned</td></tr> <tr><td>3</td><td>Multi-unit housing, rented</td></tr> </table>	1	Single family home	2	Multi-unit housing, owned	3	Multi-unit housing, rented									
1	Single family home																	
2	Multi-unit housing, owned																	
3	Multi-unit housing, rented																	
137	baseline_hhold_size Show the field ONLY if: [baseline_live_with(1)] <> '0'	How many total people, including yourself, live in your home or unit? If you live in a multi-unit housing, do not include the total number of people in your complex. pe_1899	text (number, Min: 1, Max: 10), Required															
138	baseline_sleep_home	In the last 7 days, how many nights did you sleep at home? If working night shifts, please consider post-night shift sleep as the "night" for this question. pe_2153	text (number, Max: 7), Required															

139	baseline_where_sleep Show the field ONLY if: [baseline_sleep_home] <> "" and [baseline_sleep_home]<7	If you did not sleep at home, where did you stay? <i>pe_1163</i>	radio <table border="1"> <tr><td>1</td><td>Hospital</td></tr> <tr><td>2</td><td>Hotel</td></tr> <tr><td>3</td><td>Friend's House</td></tr> <tr><td>4</td><td>Other</td></tr> </table>	1	Hospital	2	Hotel	3	Friend's House	4	Other
1	Hospital										
2	Hotel										
3	Friend's House										
4	Other										
140	baseline_sleep_other Show the field ONLY if: [baseline_where_sleep] = '4'	Please specify where you have been sleeping. <i>pe_2517</i>	text								
141	baseline_home_iso Show the field ONLY if: [baseline_live_with(1)] <> '0'	While at home, did you isolate yourself from others in your household? For the purpose of this question, this means that you used a separate bedroom and did not share any common areas (e.g., kitchen, bathroom)? <i>pe_4433</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
142	baseline_hhold_covid Show the field ONLY if: [baseline_live_with(1)] <> '0'	Do any of your household members, excluding yourself, believe they have been infected by COVID-19? <i>pe_4329</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
143	baseline_hhold_covidpos Show the field ONLY if: [baseline_hhold_covid] = '1' and [baseline_live_with(1)] <> '0'	Did any of your household members have a positive COVID-19 test? <i>pe_4848</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
144	baseline_hhold_sxend Show the field ONLY if: [baseline_hhold_covid] = '1' and [baseline_live_with(1)] <> '0'	When did their symptoms consistent with COVID-19 end? If multiple people were thought to be infected, please refer to when symptoms ended for the LAST one? <i>pe_4045</i>	radio <table border="1"> <tr><td>1</td><td>Within the last 2 weeks</td></tr> <tr><td>2</td><td>Prior to the last 2 weeks</td></tr> <tr><td>3</td><td>Ongoing</td></tr> </table>	1	Within the last 2 weeks	2	Prior to the last 2 weeks	3	Ongoing		
1	Within the last 2 weeks										
2	Prior to the last 2 weeks										
3	Ongoing										
145	baseline_hhold_contact Show the field ONLY if: [baseline_hhold_covid] = '1' and [baseline_live_with(1)] <> '0'	Did you have close personal contact (defined as sharing a bedroom or using a common area ) with this person during the time that he/she had symptoms? <i>pe_2260</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
146	baseline_hhold_quar Show the field ONLY if: [baseline_live_with(1)] <> '0'	Has a household member been quarantined by request of a public health authority because of an exposure or potential exposure to COVID-19? <i>pe_1017</i>	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										

149	baseline_medhx	<p>Section Header: <i>Personal Medical History.</i></p> <p>Have you been diagnosed by a healthcare provider with the following chronic medical conditions? Please do not include mental health conditions [check all that apply]</p> <p><i>mh_1267</i></p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>baseline_medhx__1</td><td>Asthma</td></tr> <tr><td>2</td><td>baseline_medhx__2</td><td>Allergic rhinitis</td></tr> <tr><td>3</td><td>baseline_medhx__3</td><td>COPD/Emphysema</td></tr> <tr><td>4</td><td>baseline_medhx__4</td><td>Other chronic lung disease</td></tr> <tr><td>5</td><td>baseline_medhx__5</td><td>Hypertension (high blood pressure)</td></tr> <tr><td>6</td><td>baseline_medhx__6</td><td>Coronary artery disease</td></tr> <tr><td>7</td><td>baseline_medhx__7</td><td>Other heart condition (valve abnormality, history of non-coronary heart surgery, pacemaker)</td></tr> <tr><td>8</td><td>baseline_medhx__8</td><td>History of stroke</td></tr> <tr><td>9</td><td>baseline_medhx__9</td><td>Diabetes mellitus, type I</td></tr> <tr><td>10</td><td>baseline_medhx__10</td><td>Diabetes mellitus, type II</td></tr> <tr><td>11</td><td>baseline_medhx__11</td><td>Chronic kidney disease</td></tr> <tr><td>12</td><td>baseline_medhx__12</td><td>Dialysis</td></tr> <tr><td>13</td><td>baseline_medhx__13</td><td>Organ transplant (kidney, liver, lungs, heart)</td></tr> <tr><td>14</td><td>baseline_medhx__14</td><td>Autoimmune disease</td></tr> <tr><td>15</td><td>baseline_medhx__15</td><td>Active cancer</td></tr> <tr><td>18</td><td>baseline_medhx__18</td><td>Deep vein thrombosis or pulmonary embolism</td></tr> <tr><td>16</td><td>baseline_medhx__16</td><td>Other medical conditions</td></tr> <tr><td>0</td><td>baseline_medhx__0</td><td>None of these</td></tr> <tr><td>17</td><td>baseline_medhx__17</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE = '0'</p>	1	baseline_medhx__1	Asthma	2	baseline_medhx__2	Allergic rhinitis	3	baseline_medhx__3	COPD/Emphysema	4	baseline_medhx__4	Other chronic lung disease	5	baseline_medhx__5	Hypertension (high blood pressure)	6	baseline_medhx__6	Coronary artery disease	7	baseline_medhx__7	Other heart condition (valve abnormality, history of non-coronary heart surgery, pacemaker)	8	baseline_medhx__8	History of stroke	9	baseline_medhx__9	Diabetes mellitus, type I	10	baseline_medhx__10	Diabetes mellitus, type II	11	baseline_medhx__11	Chronic kidney disease	12	baseline_medhx__12	Dialysis	13	baseline_medhx__13	Organ transplant (kidney, liver, lungs, heart)	14	baseline_medhx__14	Autoimmune disease	15	baseline_medhx__15	Active cancer	18	baseline_medhx__18	Deep vein thrombosis or pulmonary embolism	16	baseline_medhx__16	Other medical conditions	0	baseline_medhx__0	None of these	17	baseline_medhx__17	Prefer not to answer
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17	baseline_medhx__17	Prefer not to answer																																																										
150	baseline_other_med Show the field ONLY if: [baseline_medhx(16)]=1	Please specify your other medical conditions. <i>mh_4098</i>	text, Required																																																									
151	baseline_immune_med	Do you currently take any immune suppressing medications (for autoimmune disease, organ transplant, or otherwise)? <i>mh_1019</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	2	Prefer not to answer																																																			
1	Yes																																																											
0	No																																																											
2	Prefer not to answer																																																											
152	baseline_chemo	Are you currently undergoing chemotherapy treatment? <i>mh_1524</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	2	Prefer not to answer																																																			
1	Yes																																																											
0	No																																																											
2	Prefer not to answer																																																											
153	baseline_tob	Which best characterizes your smoking status? <i>mh_1162</i>	radio, Required <table border="1"> <tr><td>0</td><td>Never smoked</td></tr> <tr><td>1</td><td>Current smoker (defined as any tobacco smoking within the last 30 days)</td></tr> <tr><td>2</td><td>Former smoker (defined as a previous tobacco smoker with no tobacco use within the last 30 days)</td></tr> <tr><td>3</td><td>Prefer not to answer</td></tr> </table>	0	Never smoked	1	Current smoker (defined as any tobacco smoking within the last 30 days)	2	Former smoker (defined as a previous tobacco smoker with no tobacco use within the last 30 days)	3	Prefer not to answer																																																	
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154	baseline_pg Show the field ONLY if: [gender] = '2' or [gender]='4' or [gender]='5' or [gender]='6' or [gender]='7'	Are you currently pregnant? <i>mh_1525</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	2	Prefer not to answer																								
1	Yes																																
0	No																																
2	Prefer not to answer																																
155	baseline_covid_meds	Have you taken any medications (prescribed or as part of a study protocol) specifically for the prevention or treatment of COVID-19? <i>mh_3466</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																										
1	Yes																																
0	No																																
156	baseline_covid_medlist Show the field ONLY if: [baseline_covid_meds] = '1'	Which one(s)? For those taking medications on a study protocol, please indicate the active ingredient of the study, even if you may be allocated to a placebo group [check all that apply]. <i>mh_2002</i>	checkbox <table border="1"> <tr><td>1</td><td>baseline_covid_medlist__1</td><td>Chloroquine</td></tr> <tr><td>2</td><td>baseline_covid_medlist__2</td><td>Hydroxychloroquine</td></tr> <tr><td>3</td><td>baseline_covid_medlist__3</td><td>Azithromycin</td></tr> <tr><td>4</td><td>baseline_covid_medlist__4</td><td>Ivermectin</td></tr> <tr><td>5</td><td>baseline_covid_medlist__5</td><td>Remdesivir</td></tr> <tr><td>6</td><td>baseline_covid_medlist__6</td><td>Zinc</td></tr> <tr><td>7</td><td>baseline_covid_medlist__7</td><td>Other</td></tr> </table>	1	baseline_covid_medlist__1	Chloroquine	2	baseline_covid_medlist__2	Hydroxychloroquine	3	baseline_covid_medlist__3	Azithromycin	4	baseline_covid_medlist__4	Ivermectin	5	baseline_covid_medlist__5	Remdesivir	6	baseline_covid_medlist__6	Zinc	7	baseline_covid_medlist__7	Other									
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6	baseline_covid_medlist__6	Zinc																															
7	baseline_covid_medlist__7	Other																															
157	baseline_covid_med_other Show the field ONLY if: [baseline_covid_medlist(7)]=1	Please specify what other medications you are taking for the prevention or treatment of COVID-19. <i>mh_2980</i>	text																														
158	baseline_sx	I have or have had the following symptoms within the past 2 weeks [check all that apply]: <i>mh_1340</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>baseline_sx__1</td><td>Cough (dry)</td></tr> <tr><td>2</td><td>baseline_sx__2</td><td>Cough (productive)</td></tr> <tr><td>3</td><td>baseline_sx__3</td><td>Sore throat</td></tr> <tr><td>4</td><td>baseline_sx__4</td><td>Runny nose</td></tr> <tr><td>5</td><td>baseline_sx__5</td><td>Shortness of breath</td></tr> <tr><td>6</td><td>baseline_sx__6</td><td>Muscle aches</td></tr> <tr><td>7</td><td>baseline_sx__7</td><td>Fatigue</td></tr> <tr><td>8</td><td>baseline_sx__8</td><td>Fever/chills (subjective)</td></tr> <tr><td>9</td><td>baseline_sx__9</td><td>Loss of smell or taste</td></tr> <tr><td>0</td><td>baseline_sx__0</td><td>None</td></tr> </table> Field Annotation: @NONEOFTHEABOVE = '0'	1	baseline_sx__1	Cough (dry)	2	baseline_sx__2	Cough (productive)	3	baseline_sx__3	Sore throat	4	baseline_sx__4	Runny nose	5	baseline_sx__5	Shortness of breath	6	baseline_sx__6	Muscle aches	7	baseline_sx__7	Fatigue	8	baseline_sx__8	Fever/chills (subjective)	9	baseline_sx__9	Loss of smell or taste	0	baseline_sx__0	None
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0	baseline_sx__0	None																															
159	baseline_temp_2wks	Have you taken your temperature within the last 2 weeks? <i>mh_4742</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																										
1	Yes																																
0	No																																
160	baseline_hightemp_2wks Show the field ONLY if: [baseline_temp_2wks] = '1'	What was your highest temperature recorded within the last 2 weeks (Fahrenheit, ##.#)? <i>mh_1299</i>	text (number_1dp)																														
161	password	Section Header: <i>Serology and COVID-19 PCR testing results password</i> Please enter the password you would like to use to access your serology and COVID-19 PCR testing results. Please remember this password so that you are able to access your test results. You will be asked to login every 2 weeks to receive your test results, after they are reported. <i>mh_5013</i>	text, Required																														
162	password_verify	Please re-enter your password. <i>mh_5114</i>	text, Required																														
163	pass_not_match Show the field ONLY if: [password_verify] <> "" and ([password]<>[password_veri fy])	Your passwords do not match. Please verify your password.	descriptive																														