

		11	covid_sx_v2_lt__11	Fatigue
		12	covid_sx_v2_lt__12	Body or muscle aches
		13	covid_sx_v2_lt__13	Loss of appetite
		14	covid_sx_v2_lt__14	Chest pain
		15	covid_sx_v2_lt__15	Lack of cognitive acuity or focus ("brain fog")
		16	covid_sx_v2_lt__16	Depression
		17	covid_sx_v2_lt__17	Anxiety
		9	covid_sx_v2_lt__9	Other
		10	covid_sx_v2_lt__10	None of the above (No remaining symptoms)
		Field Annotation: @NONEOFTHEABOVE=10		
other_symptoms_lt	What other symptoms has the patient experienced in after the acute phase of COVID-19 (i.e., 3 or more months after COVID-19 diagnosis)? Please separate symptoms with a semi-colon (;)	text		
Show the field ONLY if: [covid_sx_v2_lt(9)] = '1'				
func_status	Has the patient's functional status returned to his/her pre-COVID-19 functional status?	radio		
		1	Yes, the patient's functional status has returned to baseline level, pre-COVID-19	
		0	No, the patient's functional status is worse than it was prior to COVID-19	
		2	Unknown functional status	
lung_damage	Section Header: <i>What COMPLICATIONS or SEQUELAE has the patient experienced after his/her COVID-19 illness? For patients with sequelae, please rate as severe or mild/moderate.</i>	radio (Matrix)		
Show the field ONLY if: [covid19_status_v2_lt] = '1'	Lung damage	0	None	
		1	Mild/Moderate	
		2	Severe	
		3	Unsure/Unknown	
heart_damage	Heart damage	radio (Matrix)		
Show the field ONLY if: [covid19_status_v2_lt] = '1'		0	None	
		1	Mild/Moderate	
		2	Severe	
		3	Unsure/Unknown	
		Field Annotation: ischemic events or damage to heart tissue		
neuro	Neurologic decline/effects	radio (Matrix)		
Show the field ONLY if: [covid19_status_v2_lt] = '1'		0	None	
		1	Mild/Moderate	
		2	Severe	
		3	Unsure/Unknown	
kidney_damage		radio (Matrix)		

Show the field ONLY if:			0 None	
[covid19_status_v2_lt] = '1'	Kidney damage		1 Mild/Moderate	
			2 Severe	
			3 Unsure/Unknown	
liver_damage		radio (Matrix)		
Show the field ONLY if:			0 None	
[covid19_status_v2_lt] = '1'	Liver damage		1 Mild/Moderate	
			2 Severe	
			3 Unsure/Unknown	
psych_effects		radio (Matrix)		
Show the field ONLY if:			0 None	
[covid19_status_v2_lt] = '1'	Psychological effects		1 Mild/Moderate	
			2 Severe	
			3 Unsure/Unknown	
	Section Header: <i>Form Status</i>	dropdown		
longterm_followup_on_covid19_status_2_complete	Complete?		0 Incomplete	
			1 Unverified	
			2 Complete	
Instrument:Cancer Follow-up(cancer_followup)				
intro	To accurately link this patient update to previous and future records on this patient, please confirm the patient's primary cancer diagnosis.	descriptive		
icd10_access_fu	Do you have access to the ICD-10 code for the patient's primary cancer diagnosis?It is strongly preferred that ICD-10 codes are entered. If you need to look up an ICD-10 code, please refer to this site: https://www.icd10data.com/ICD10CM/Codes/C00-D49	yesno, Required		
			1 Yes	
			0 No	
icd_10_fu		text, Required		
Show the field ONLY if:	Primary cancer currently being managed: Please enter relevant ICD-10 code, or begin typing cancer type to use auto-fill feature.	BIOPORTAL: ICD10CM	BIOPORTAL:ICD10CM	
[icd10_access_fu] = '1'				
cancer_not_icd10_fu		dropdown (autocomplete), Required		
Show the field ONLY if:			1 Bladder Cancer	
[icd10_access_fu] = '0'			2 Breast Cancer	
			3 Colon and Rectal Cancer	
			4 Endometrial Cancer	
			15 Head and Neck Cancer	
			5 Kidney Cancer	
			6 Leukemia	
	Primary cancer currently being managed:		7 Liver Cancer	
			8 Lung Cancer	
			9 Melanoma	

		10 Non-Hodgkin Lymphoma	
		11 Pancreatic Cancer	
		12 Prostate Cancer	
		13 Thyroid Cancer	
		14 Other	
other_cancer_type_fu			
Show the field ONLY if:	Other cancer type:	text, Required	
[cancer_not_icd10_fu] = '14'			
new_primary	Does this patient have a new primary cancer?	yesno	
		1 Yes	
		0 No	
icd10_access_2nd_prim	Do you have access to the ICD-10 code for the patient's new primary cancer?It is strongly preferred that ICD-10 codes are entered. If you need to look up and ICD_10 code, please refer to this site:	yesno	
Show the field ONLY if:	https://www.icd10data.com/ICD10CM/Codes/C00-D49	1 Yes	
[new_primary]='1'		0 No	
icd10_newprimary		text	
Show the field ONLY if:	New (2nd) primary cancer currently being managed:Please enter relevant ICD-10 code, or begin typing cancer type to use auto-fill feature.	BIOPORTAL: ICD10CM	BIOPORTAL:ICD10CM
[icd10_access_2nd_prim]='1'			
no_icd10_newprimary		radio	
Show the field ONLY if:	New (2nd) primary cancer currently being managed:	1 Bladder Cancer	
[icd10_access_2nd_prim]='0'		2 Breast Cancer	
		3 Colon and Rectal Cancer	
		4 Endometrial Cancer	
		15 Head and Neck Cancer	
		5 Kidney Cancer	
		6 Leukemia	
		7 Liver Cancer	
		8 Lung Cancer	
		9 Melanoma	
		10 Non-Hodgkin Lymphoma	
		11 Pancreatic Cancer	
		12 Prostate Cancer	
		13 Thyroid Cancer	
	14 Other		
other_new_primary		text	
Show the field ONLY if:	Other cancer type:		
[no_icd10_newprimary]='14'			
	Section Header: <i>UPDATES TO CANCER STATUS AND CANCER TREATMENTS SINCE LAST DATA ENTRY</i>	radio	

extent_fu	For patients who have solid tumors, what was the last known cancer extent?	1	Localized	
		2	Regional	
		3	Metastatic	
		4	Patient has no evidence of disease	
		5	Cancer is not a solid tumor (e.g., myeloma, leukemia)	
cancer_status_fu	What was the last known status of the patient's cancer?	radio		
Show the field ONLY if: [extent_fu] = '1' or [extent_fu] = '2' or [extent_fu] = '3'		0	Progressing	
		1	Stable disease	
		3	Responding to treatment	
		4	Other change to cancer status (e.g., patient has a new primary cancer currently being managed)	
		2	Unknown	
clinical_trial_fu	Is the patient enrolled on a therapeutic cancer clinical trial?	yesno		
		1	Yes	
		0	No	
hospice_fu	Has or was the patient enrolled in hospice?	yesno		
		1	Yes	
		0	No	
surg_fu	Section Header: <i>CANCER TREATMENTS</i> Has the patient had the following ANTI-CANCER TREATMENTS or SURGERIES since the last data update?	radio (Matrix), Required		
	Surgery	1	Yes	
		0	No	
		2	Unknown	
rad_fu	Radiation Therapy	radio (Matrix), Required		
		1	Yes	
		0	No	
		2	Unknown	
drug_fu	Drug-Based Therapy	radio (Matrix), Required		
		1	Yes	
		0	No	
		2	Unknown	
transplant_fu	Transplant (e.g., BMT) or Cellular Therapy (e.g., CAR-T cell Therapy)	radio (Matrix), Required		
		1	Yes	
		0	No	
		2	Unknown	
surg_date_fu	Date of SURGERY:	text (date_mdy)		
Show the field ONLY if: [surg_fu]='1'				
covtest_surg_fu		Was SARS-CoV-2 testing performed to confirm COVID-19 positivity after surgery?	yesno	

Show the field ONLY if: [surg_fu]='1'	was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to SURGERY?	1 Yes	
		0 No	
sars_test_fu1			
Show the field ONLY if: [covtest_surg_fu]='1'	Date of SARS-CoV-2 test to confirm negative status:	text (date_mdy)	
rad_start_fu	Date of start of RADIATION THERAPY after COVID-19 diagnosis:		
Show the field ONLY if: [rad_fu] = '1'	[If exact date is not known, please list an approximate date.]	text (date_mdy)	
rad_last_fu	Date of most recent dose of RADIATION THERAPY:		
Show the field ONLY if: [rad_fu] = '1'	[If exact date is not known, please list an approximate date.]	text (date_mdy)	
covtest_rad_fu		yesno	
Show the field ONLY if: [rad_fu]='1'	Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to RADIATION therapy?	1 Yes	
		0 No	
sars_test_fu2			
Show the field ONLY if: [covtest_rad_fu]='1'	Date of SARS-CoV-2 test to confirm negative status:	text (date_mdy)	
rad_continue_fu		radio	
Show the field ONLY if: [rad_fu] = '1'	Is the patient scheduled to continue receiving RADIATION THERAPY?	0	No, the patient has completed the prescribed radiation therapy regimen
		1	No, the patient stopped radiation therapy prior to completion of prescribed regimen
		2	Yes, the patient will receive at least one more dose of radiation therapy
		3	Unknown if the patient will receive more radiation therapy.
radtx_stop_reason_fu		radio	
Show the field ONLY if: [rad_continue_fu]='1'	Why did the patient stop radiation therapy prior to completion of prescribed regimen?	0	Progressive or recurrent disease
		1	Treatment-related toxicity
		2	Patient's COVID-19 disease
		3	Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
		4	Patient's choice
		5	Other/Unknown
drugs_current_fu		radio	
Show the field ONLY if: [drug_fu]='1'	How many DRUG-BASED therapies has the patient received since the last data follow-up (including those entered at last follow-up)?	1	1
		2	2
		3	3 or more
covtest_drug2_fu		yesno	
Show the field ONLY if: [drug_fu]='1'	Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to receipt of DRUG-BASED AGENTS?	1 Yes	
		0 No	

sars_test_fu3			
Show the field ONLY if:	Date of SARS-CoV-2 test to confirm negative status:	text (date_mdy)	
[covtest_drug2_fu]='1'			
drug_1_fu	Please enter the 1st of the ANTI-CANCER DRUGS (generic name) the patient has received since the last data entry for this patient:	text	
Show the field ONLY if:	<i>This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.</i>	BIOPORTAL: NCIT	BIOPORTAL:NCIT
[drugs_current_fu] = '1' or [drugs_current_fu] = '2' or [drugs_current_fu] = '3'			
drug_start_1_fu			
Show the field ONLY if:	Date of first dose of [drug_1_fu] since last data update:	text (date_mdy)	
[drugs_current_fu] = '1' or [drugs_current_fu] = '3' or [drugs_current_fu] = '2'			
drug_last_1_fu			
Show the field ONLY if:	Date of most recent dose of [drug_1_fu].	text (date_mdy)	
[drugs_current_fu] = '1' or [drugs_current_fu] = '2' or [drugs_current_fu] = '3'			
continue_drug1_fu		radio	
Show the field ONLY if:	Is the patient scheduled to continue receiving [drug_1_fu]?	0	No, the patient has completed the prescribed [drug_1_fu] regimen
[drugs_current_fu] = '1' or [drugs_current_fu] = '2' or [drugs_current_fu] = '3'		1	No, the patient stopped [drug_1_fu] prior to completion of prescribed regimen
		2	Yes, the patient will receive at least one more dose of [drug_1_fu]
drug1_stop_reason_fu		radio	
Show the field ONLY if:	Why did the patient stop [drug_1_fu] prior to completion of prescribed regimen?	0	Progressive or recurrent disease
[continue_drug1_fu]='1'		1	Treatment-related toxicity
		2	Patient's COVID-19 disease
		3	Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
		4	Patient's choice
		5	Other/Unknown
drug1_mod_fu		yesno	
Show the field ONLY if:	Has the patient skipped any doses of [drug_1_fu], or had dose modifications, since the last data update?	1	Yes
[drugs_current_fu] = '1' or [drugs_current_fu] = '2' or [drugs_current_fu] = '3'		0	No
drug_2_fu	Please enter the 2nd of the ANTI-CANCER DRUGS (generic name) the patient has received since the last data entry for this patient:	text	
Show the field ONLY if:	<i>This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.</i>	BIOPORTAL: NCIT	BIOPORTAL:NCIT
[drugs_current_fu] = '2' or [drugs_current_fu] = '3'			

drug_start_2_fu			
Show the field ONLY if:	Date of first dose of [drug_2_fu] since last data update:	text (date_mdy)	
[drugs_current_fu] = '3' or [drugs_current_fu] = '2'			
drug_last_2_fu			
Show the field ONLY if:	Date of most recent dose of [drug_2_fu].	text (date_mdy)	
[drugs_current_fu] = '2' or [drugs_current_fu] = '3'			
continue_drug2_fu		radio	
Show the field ONLY if:	Is the patient scheduled to continue receiving [drug_2_fu]?	0	No, the patient has completed the prescribed [drug_2_fu] regimen
[drugs_current_fu] = '2' or [drugs_current_fu] = '3'		1	No, the patient stopped [drug_2_fu] prior to completion of prescribed regimen
		2	Yes, the patient will receive at least one more dose of [drug_2_fu]
drug2_stop_reason_fu		radio	
Show the field ONLY if:	Why did the patient stop [drug_2_fu] prior to completion of prescribed regimen?	0	Progressive or recurrent disease
[continue_drug2_fu]='1'		1	Treatment-related toxicity
		2	Patient's COVID-19 disease
		3	Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
		4	Patient's choice
		5	Other/Unknown
drug2_mod_fu		yesno	
Show the field ONLY if:	Has the patient skipped any doses of [drug_2_fu], or had dose modifications, since the last data update?	1	Yes
[drugs_current_fu] = '2' or [drugs_current_fu] = '3'		0	No
drug_3_fu	Please enter the 3rd of the ANTI-CANCER DRUGS (generic name) the patient has received since the last data entry for this patient:	text	
Show the field ONLY if:	<i>This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.</i>	BIOPORTAL: NCIT	BIOPORTAL:NCIT
[drugs_current_fu] = '3'			
drug_start_3_fu			
Show the field ONLY if:	Date of first dose of [drug_3_fu] since last data update:	text (date_mdy)	
[drugs_current_fu] = '3'			
drug_last_3_fu			
Show the field ONLY if:	Date of most recent dose of [drug_3_fu] received after COVID-19 diagnosis.	text (date_mdy)	
[drugs_current_fu] = '3'			
drug3_mod_fu		yesno	
Show the field ONLY if:	Has the patient skipped any doses of [drug_3_fu], or had dose modifications, since the last data update?	1	Yes
[drugs_current_fu] = '3'		0	No
continue_drug3_fu		radio	
Show the field ONLY if:		0	No, the patient has completed the prescribed [drug_3_fu] regimen

[drugs_current_fu] = '3'	Is the patient scheduled to continue receiving [drug_3_fu]?	1 No, the patient stopped [drug_3_fu] prior to completion of prescribed regimen	
		2 Yes, the patient will receive at least one more dose of [drug_3_fu]	
drug3_stop_reason_fu	Why did the patient stop [drug_3_fu] prior to completion of prescribed regimen?	radio	
Show the field ONLY if:		0 Progressive or recurrent disease	
[continue_drug3_fu]='1'		1 Treatment-related toxicity	
		2 Patient's COVID-19 disease	
		3 Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)	
		4 Patient's choice	
		5 Other/Unknown	
transplant_date_fu	Date of TRANSPLANT or CELLULAR THERAPY:	text (date_mdy)	
Show the field ONLY if:			
[transplant_fu]='1'			
covtest_transplant2_fu	Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to TRANSPLANT or CELLULAR THERAPY?	yesno	
Show the field ONLY if:		1 Yes	
[transplant_fu]='1'		0 No	
sars_test_fu4	Date of SARS-CoV-2 test to confirm negative status:	text (date_mdy)	
Show the field ONLY if:			
[covtest_transplant2_fu]='1'			
growth_factors_2	Did the patient receive any WBC growth factors as part of his/her ANTI-CANCER treatment regimens after COVID-19 Infection?	yesno	
Show the field ONLY if:		1 Yes	
[drugs_current_fu] = '1' or [drugs_current_fu] = '2' or [drugs_current_fu] = '3'		0 No	
cancer_followup_complete	Section Header: <i>Form Status</i>	dropdown	
	Complete?	0 Incomplete	
		1 Unverified	
		2 Complete	
Instrument:18 and 24 Month Followup On Covid19 Status(month_followup_on_covid19_status)			
date_of_clinical_encounter_18mo	Date of last clinical encounter with patient:	text (date_mdy), Required	
date_warning15_18mo		calc	
		Calculation: datediff([date_of_clinical_encounter_18mo],"today","d","mdy",true)	
		Field Annotation: @HIDDEN	
warning_text15_18mo	The date you entered is in the future. Please revisit the date field above and revise your entry.	descriptive	
Show the field ONLY if:			
[date_warning15_18mo]<0			
died_yn_covid_18mo	Has the patient died since the last clinical encounter?	yesno, Required	
		1 Yes	

		0 No	
last_alive_3_18mo	What is the last date the patient was known to still be alive?	text (date_mdy), Required	
Show the field ONLY if:			
[died_yn_covid_18mo] = '0'			
dod_18mo	Date of death:	text (date_mdy), Required	
Show the field ONLY if:			
[died_yn_covid_18mo] = '1'			
date_warning16_18mo		calc	
		Calculation: datediff([dod_18mo],"today","d","mdy",true)	
		Field Annotation: @HIDDEN	
warning_text16_18mo	The date you entered is in the future. Please revisit the date field above and revise your entry.	descriptive	
Show the field ONLY if:			
[date_warning16_18mo]<0			
cause_death_18mo	The patient's death was likely most related to which of the following?	radio	
Show the field ONLY if:		1	Cancer progression
[died_yn_covid_18mo] = '1'		2	Complication of cancer treatment
		3	COVID-19 or complications due to COVID-19
		4	Another cause unrelated to Cancer or COVID-19
		5	Unknown cause of death
ecog_18mo	Patient's ECOG performance status at most recent clinical encounter:	radio, Required	
Show the field ONLY if:		0	0 - Fully active, able to continue with all pre-disease activities without restriction.
[died_yn_covid_18mo] = '0'		1	1 - Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work.
		2	2 - Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.
		3	3 - Capable of only limited self-care. Confined to bed or chair more than 50% of waking hours.
		4	4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
		6	6 Unknown ECOG status
complete_ecog_death_18mo	Although the patient has died, please complete the following information regarding the patient's risk factors and patient's COVID-19 experience prior to his/her death, and the next form regarding the patient's cancer status and treatment prior to his/her death.	descriptive	
Show the field ONLY if:			
[died_yn_covid_18mo] = '1'			
use_of_tobacco_products_18mo	Use of tobacco products:	radio, Required	
		1	Current smoker (including e-cigarettes and vaping)
		2	Former smoker (including e-cigarettes and vaping)
		3	Never smoked

		4	Unsure	
type_of_smoking_18mo	Type of tobacco products for former or current smokers: (check all that apply)	checkbox		
Show the field ONLY if:		1	type_of_smoking_18mo__1	Cigarette
[use_of_tobacco_products_18mo] = '1' or [use_of_tobacco_products_18mo] = '2'		2	type_of_smoking_18mo__2	E-cigarette or vaping
		3	type_of_smoking_18mo__3	Cigar
		4	type_of_smoking_18mo__4	Pipe
		5	type_of_smoking_18mo__5	Unknown
smoking_duration_18mo	How many years ago did the patient start smoking (any type of tobacco product)?	radio		
Show the field ONLY if:		1	< 1 year	
[use_of_tobacco_products_18mo] = '1'		2	1 - 5 years	
		3	6 - 9 years	
		4	10 or more years	
		5	Unknown	
please_specify_the_time_pe_18mo	How long since the patient quit smoking?	radio		
Show the field ONLY if:		1	< 1 year	
[use_of_tobacco_products_18mo] = '2'		2	1 - 5 years	
		3	6 - 9 years	
		4	10 or more years	
		5	Unknown	
comorbidities_or_healthcar_18mo	Comorbidities or healthcare conditions requiring active treatment since the patient has tested positive for SARS-CoV-2:	checkbox, Required		
	(check all that apply)	1	comorbidities_or_healthcar_18mo__1	Alcoholism
		2	comorbidities_or_healthcar_18mo__2	Chronic supplemental oxygen needed
		3	comorbidities_or_healthcar_18mo__3	Cirrhosis
		4	comorbidities_or_healthcar_18mo__4	Congestive heart failure (CHF)
		5	comorbidities_or_healthcar_18mo__5	Coronary artery disease (CAD)
		6	comorbidities_or_healthcar_18mo__6	Dementia
		7	comorbidities_or_healthcar_18mo__7	Diabetes
		8	comorbidities_or_healthcar_18mo__8	Hepatitis
		9	comorbidities_or_healthcar_18mo__9	History of solid organ transplant
		10	comorbidities_or_healthcar_18mo__10	HIV/AIDS
		11	comorbidities_or_healthcar_18mo__11	Hypertension

		12	comorbidities_or_healthcar_18mo__12	Immuno-suppressed due to non-cancer related treatment (defined as outpatient use of systemic corticosteroids (>=10mg/d prednisone), use of chemotherapy, use of immunosuppressive agents for solid organ transplant or for an autoimmune disease).
		13	comorbidities_or_healthcar_18mo__13	Inflammatory bowel disease
		14	comorbidities_or_healthcar_18mo__14	Pulmonary disease (specify pulmonary condition below)
		15	comorbidities_or_healthcar_18mo__15	Renal (specify renal condition below)
		16	comorbidities_or_healthcar_18mo__16	Systemic autoimmune disease
		17	comorbidities_or_healthcar_18mo__17	Patient has NONE of the above listed comorbidities or conditions
ace_inhibitor_18mo		radio		
Show the field ONLY if:		1	Yes	
[comorbidities_or_healthcar_18mo(11)] = '1'	Is the patient taking an ACE inhibitor for his/her hypertension?	2	No	
		3	Unsure	
pulmonary_con_18mo	Please specify pulmonary conditions:	checkbox		
Show the field ONLY if:	(check all that apply)	1	pulmonary_con_18mo__1	Asthma
[comorbidities_or_healthcar_18mo(14)] = '1'		2	pulmonary_con_18mo__2	COPD/Emphysema
		3	pulmonary_con_18mo__3	Obstructive sleep apnea
		4	pulmonary_con_18mo__4	History of pulmonary embolism
		5	pulmonary_con_18mo__5	Radiation pneumonitis
		6	pulmonary_con_18mo__6	Immune checkpoint inhibitor pneumonitis
renal_con_18mo	Please specify renal conditions:	checkbox		
Show the field ONLY if:	(check all that apply)	1	renal_con_18mo__1	Chronic renal insufficiency (CRI/CKD)
[comorbidities_or_healthcar_18mo(15)] = '1'		2	renal_con_18mo__2	End-stage renal disease, NOT on dialysis
		3	renal_con_18mo__3	End-stage renal disease, on dialysis
other_comorbidities_18mo	What other comorbidities or health conditions has the patient received treatment for in since his/her positive SARS-CoV-2 test?	notes		
	Please separate multiple conditions with a semicolon (;).	Custom alignment: LH		
height_18mo	Patient's height (in cm):	text (number, Min: 90, Max: 210), Required		
		Custom alignment: LH		
weight_18mo	Patient's weight (in kg):	text (number, Min: 32, Max: 160), Required		
		Custom alignment: LH		
bmi_18mo	Patient's BMI is:	calc		
	<i>If patient's BMI is available in his/her chart, please check for consistency with this calculation.</i>	Calculation: round((weight_18mo)*10000/((height_18mo)*(height_18mo)),2)		
vaccine_18mo	Section Header: COVID-19 INFORMATION:	radio		
	Has the patient received at least one dose of a COVID-19 vaccine?	1	Yes	
		0	No	

		2	Unsure	
vaccine_date_yn_18mo		yesno		
Show the field ONLY if:	Do you have the date that the COVID-19 vaccine (1st injection) was obtained?	1	Yes	
[vaccine_18mo] = '1'		0	No	
approx_vaccine_date_18mo		radio		
Show the field ONLY if:	Approximately when did the patient receive the COVID-19 vaccine (1st injection)?	1	Within the last 7 days	
[vaccine_date_yn_18mo] = '0'		2	2 - 4 weeks ago	
		3	More than 1 month ago	
		4	Unsure	
vacc_date_18mo		text (date_mdy)		
Show the field ONLY if:	Date of COVID-19 vaccine (1st injection):			
[vaccine_date_yn_18mo] = '1'				
vacc_co_18mo		radio		
Show the field ONLY if:	Which vaccine did the patient receive?	1	Moderna	
[vaccine_18mo]='1'		2	Pfizer	
		5	Johnson & Johnson / Janssen	
		3	AstraZeneca	
		4	Unsure/Unknown	
vaccine_date_yn2_18mo		yesno		
Show the field ONLY if:	Do you have the date that the COVID-19 vaccine (2nd injection) was obtained?	1	Yes	
[vaccine_18mo] = '1'		0	No	
approx_vaccine_date2_18mo		radio		
Show the field ONLY if:	Approximately when did the patient receive the COVID-19 vaccine (2nd injection)?	1	Within the last 7 days	
[vaccine_date_yn2_18mo] = '0'		2	2 - 4 weeks ago	
		3	More than 1 month ago	
		5	Has not received it yet	
		6	Will not be getting a second dose	
		4	Unsure	
vacc_date2_18mo		text (date_mdy)		
Show the field ONLY if:	Date of 2nd injection of vaccine (if received):			
[vaccine_date_yn2_18mo] = '1'				
third_vax_18mo		radio		
Show the field ONLY if:		1	Yes	

[approx_vaccine_date2_18mo] = '2' or [approx_vaccine_date2_18mo] = '3' or [approx_vaccine_date2_18mo] = '4' or [vaccine_date_yn2_18mo] = '1'	Has the patient received a 3rd dose of the COVID-19 vaccine (3rd injection)?	0	No	
		2	Unsure	
vaccine_date_yn3_18mo		yesno		
Show the field ONLY if:	Do you have the date that the COVID-19 vaccine (3rd injection) was obtained?	1	Yes	
[third_vax_18mo] = '1'		0	No	
approx_vaccine_date3_18mo		radio		
Show the field ONLY if:		1	Within the last 7 days	
[vaccine_date_yn3_18mo] = '0'	Approximately when did the patient receive the COVID-19 vaccine (3rd injection)?	2	2 - 4 weeks ago	
		3	More than 1 month ago	
		5	Has not received it yet	
		6	Will not be getting a third dose	
		4	Unsure	
vacc_date3_18mo		text (date_mdy)		
Show the field ONLY if:	Date of 3rd injection of vaccine (if received):			
[vaccine_date_yn3_18mo] = '1'				
vacc_co_18mo_3rd		radio		
Show the field ONLY if:		1	Moderna	
[third_vax_18mo]='1'	For the patient's third vaccine, which vaccine did the patient receive?	2	Pfizer	
		5	Johnson & Johnson / Janssen	
		3	AstraZeneca	
		4	Unsure/Unknown	
covid19_status_18mo	What is the patient's current (or last known) COVID-19 status?	radio, Required		
		1	Patient still reports symptoms or has complications believed to be related to COVID-19	
		2	Patient is alive and has no symptoms or lingering effects of COVID-19	
		3	Deceased	
covid_sx_18mo	What symptoms or sequelae has the patient experienced after the acute phase of COVID-19 disease (i.e., 3 or more months after COVID-19 diagnosis)?	checkbox, Required		
Show the field ONLY if:	(check all that apply)	2	covid_sx_18mo__2	Headache
[covid19_status_18mo] = '1'		3	covid_sx_18mo__3	Sore throat
		4	covid_sx_18mo__4	Cough
		5	covid_sx_18mo__5	Shortness of breath
		56	6 covid_sx_18mo__6	Loss of taste or smell

		11	covid_sx_18mo__11	Fatigue
		12	covid_sx_18mo__12	Body or muscle aches
		13	covid_sx_18mo__13	Loss of appetite
		14	covid_sx_18mo__14	Chest pain
		15	covid_sx_18mo__15	Lack of cognitive acuity or focus ("brain fog")
		16	covid_sx_18mo__16	Depression
		17	covid_sx_18mo__17	Anxiety
		9	covid_sx_18mo__9	Other
		10	covid_sx_18mo__10	None of the above (No remaining symptoms)
		Field Annotation: @NONEOFTHEABOVE=10		
other_symptoms_18mo	What other symptoms has the patient experienced in after the acute phase of COVID-19 (i.e., 3 or more months after COVID-19 diagnosis)? Please separate symptoms with a semi-colon (;)	text		
Show the field ONLY if: [covid_sx_18mo(9)] = '1'				
func_status_18mo	Has the patient's functional status returned to his/her pre-COVID-19 functional status?	radio		
		1	Yes, the patient's functional status has returned to baseline level, pre-COVID-19	
		0	No, the patient's functional status is worse than it was prior to COVID-19	
		2	Unknown functional status	
lung_damage_18mo	Section Header: <i>What COMPLICATIONS or SEQUELAE has the patient experienced after his/her COVID-19 illness? For patients with sequelae, please rate as severe or mild/moderate.</i>	radio (Matrix)		
Show the field ONLY if: [covid19_status_18mo] = '1'	Lung damage	0	None	
		1	Mild/Moderate	
		2	Severe	
		3	Unsure/Unknown	
heart_damage_18mo	Heart damage	radio (Matrix)		
Show the field ONLY if: [covid19_status_18mo] = '1'		0	None	
		1	Mild/Moderate	
		2	Severe	
		3	Unsure/Unknown	
		Field Annotation: ischemic events or damage to heart tissue		
neuro_18mo	Neurologic decline/effects	radio (Matrix)		
Show the field ONLY if: [covid19_status_18mo] = '1'		0	None	
		1	Mild/Moderate	
		2	Severe	
		3	Unsure/Unknown	
kidney_damage_18mo		radio (Matrix)		

Show the field ONLY if:		0	None	
[covid19_status_18mo] = '1'	Kidney damage	1	Mild/Moderate	
		2	Severe	
		3	Unsure/Unknown	
liver_damage_18mo		radio (Matrix)		
Show the field ONLY if:		0	None	
[covid19_status_18mo] = '1'	Liver damage	1	Mild/Moderate	
		2	Severe	
		3	Unsure/Unknown	
psych_effects_18mo		radio (Matrix)		
Show the field ONLY if:		0	None	
[covid19_status_18mo] = '1'	Psychological effects	1	Mild/Moderate	
		2	Severe	
		3	Unsure/Unknown	
	Section Header: <i>Form Status</i>	dropdown		
month_followup_on_covid19_status_complete	Complete?	0	Incomplete	
		1	Unverified	
		2	Complete	