Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

Notes:

Value '9999' denotes "Information not documented or not available in chart" – application to all forms but Telephone Follow-up Data Collection
Value '8888' denotes "RAs asked the question but patient don't know / can't remember" – applicable to Telephone Follow-up Data Collection only

Table of Contents

Canadian COVID-19 ED Network

Prospective Data Collection

Variable	Description	Condition / Explanation	REDCap Data element / Database	Type	Code or Value
studyid	Patient study ID		REDCap Prospective form	Free-Text	Number
Hospital	Hospital site		REDCap Prospective form	Categorical	3-digit number assigned to each participating hospital site 101, Vancouver General Hospital 102, Lions Gate Hospital 103, Saint Paul's Hospital 104, Mount St Joseph's 105, Surrey Memorial Hospital 106, Royal Columbian Hospital 107, Abbotsford Regional Hospital 108, Eagle Ridge Hospital 109, Victoria General Hospital 110, Royal Jubilee Hospital 111, Nanaimo General Hospital 112, Royal Inland Hospital 113, Midway Medical Clinic 114, Williams Lake 115, Kelowna General Hospital 116, Kootenay Boundary Regional Hospital 117, Queen Victoria Hospital 118, Sparwood Health Centre 119, Boundary Hospital 201, University of Alberta Hospital, Edmonton 202, Foothills, Calgary 203, Rockyview, Calgary 204, Peter Lougheed Centre 205, South Campus, Calgary 206, Northeast Community Health Centre, Edmonton 301, Pasqua Hospital, Regina 302, Regina General Hospital, Regina 303, St Paul's Hospital, Saskatoon 304, Royal University, Saskatoon 305, Saskatoon City Hospital, Saskatoon 306, Royal Alexandra Hospital, Edmonton 307, Health Sciences Centre and St. Boniface Hospital, Winnipeg 401, Sunnybrook

					402, Sinai Health
					403, The Ottawa Hospital - Civic Campus
					404, The Ottawa Hospital - General Campus
					405, St Michael's Hospital
					406, Kingston General Hospital
					407, Hamilton General Hospital
					408, Health Science North, Sudbury Ontario
					409, University Hospital - LHSC
					410, North York General Hospital, Toronto
					411, Juravinski Hospital
					412, Victoria Hospital - LHSC
					413, Toronto General Hospital
					414, Toronto Western Hospital
					415, Hotel Dieu Hospital, Kingston
					701, Hotel-Dieu de Lévis
					702, Jewish General Hospital
					703, Centre Hospitalier de l'Université Laval (CHU de Québec)
					704, Department of Emergency MUHC
					705, L'hôpital Royal Victoria - Royal Victoria Hospital
					706, Hôpital de l'Enfant-Jésus,CHU de Québec
					707, Hôpital du Saint-Sacrement, CHU de Québec
					708, Hôpital Saint-François d'Assise,CHU de Québec
					709, Hôtel-Dieu de Québec,CHU de Québec
					710, IUCPQ: Institut universitaire de cardiologie et de pneumologie de Québec
					711, Hôpital du Sacré-Coeur de Montreal
					712, Montréal General Hospital (MUHC)
					901, Saint John Regional Hospital, New Brunswick
					902, Halifax Infirmary
					903, Dartmouth General Hospital
					904, Hants Community Hospital
					905, Cobequid Community Health Centre
					906, QE Hospital, Charlottetown, PEI
					907, Horizon HN, St John's, New Brunswick
					908, Secondary Assessment Centers of Dartmouth General and Halifax Infirmary
edvisitdate	Date of ED visit		REDCap Prospective form	Date	YYYY-MM-DD (Min: 2020-03-01)

edarrivaltime	ED arrival time in hours and minutes		REDCap Prospective form	Time	hh:mm
providertype	Initial data collector's provider type		REDCap Prospective form	Categorical	1, Physician 2, Nurse
arrivalfrom	Where patient lives unless the patient was transferred from another hospital		REDCap Prospective form	Categorical	0, Home 1, No fixed address 2, Long-term care/Rehab (includes assisted living) 3, Shelter 4, Single room occupancy 5, Inter-hospital transfer 6, Other 7, Correctional facility
otherarrival	Provide details for 'other' arrival	valid if arrivalfrom=6	REDCap Prospective form	Free-text	Text
oxygendelivered	Maximum oxygen delivered by EMS (L/min)		REDCap Prospective form	Number	Integer *(Range: 0 - 100)*
oxygendelivery__prongs	Mode of oxygen delivery by EMS: Nasal prongs	valid if oxygendelivered is not missing	REDCap Prospective form	Categorical	0, No 1, Yes
oxygendelivery__rebeath	Mode of oxygen delivery by EMS: Simple rebreather	valid if oxygendelivered is not missing	REDCap Prospective form	Categorical	0, No 1, Yes
oxygendelivery__nonrebreath	Mode of oxygen delivery by EMS: Non-rebreather	valid if oxygendelivered is not missing	REDCap Prospective form	Categorical	0, No 1, Yes
oxygendelivery__mask	Mode of oxygen delivery by EMS: Facemask	valid if oxygendelivered is not missing	REDCap Prospective form	Categorical	0, No 1, Yes
oxygendelivery__bipap	Mode of oxygen delivery by EMS: Bilevel pressure vent	valid if oxygendelivered is not missing	REDCap Prospective form	Categorical	0, No 1, Yes
oxygendelivery__cpap	Mode of oxygen delivery by EMS: Continuous pressure vent	valid if oxygendelivered is not missing	REDCap Prospective form	Categorical	0, No 1, Yes
symptomsonset	Date of first symptoms		REDCap Prospective form	Date	YYYY-MM-DD

symptoms__cough	Symptoms: Cough		REDCap Prospective form	Categorical	0, No 1, Yes
symptoms__sob	Symptoms: Shortness of breath		REDCap Prospective form	Categorical	0, No 1, Yes
symptoms__fever	Symptoms: Fever		REDCap Prospective form	Categorical	0, No 1, Yes
symptoms__headache	Symptoms: Headache		REDCap Prospective form	Categorical	0, No 1, Yes
symptoms__nv	Symptoms: Nausea / vomiting		REDCap Prospective form	Categorical	0, No 1, Yes
symptoms__diar	Symptoms: Diarrhea		REDCap Prospective form	Categorical	0, No 1, Yes
symptoms__myalg	Symptoms: Myalgias		REDCap Prospective form	Categorical	0, No 1, Yes
symptoms__dysanos	Symptoms: Dysgusia / anosmia		REDCap Prospective form	Categorical	0, No 1, Yes
prior_covid_swab	COVID swab prior to ED?		REDCap Prospective form	Categorical	0, No 1, Yes 9, Unknown
prior_covid_test_result	Results of prior COVID-19 test	Valid if prior_covid_swab =1	REDCap Prospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
infectionrisk__travel	Risk for infection: Travel from another country with known cases within 14 days		REDCap Prospective form	Categorical	0, No 1, Yes
infectionrisk__inst	Risk for infection: Institutional exposure		REDCap Prospective form	Categorical	0, No 1, Yes
infectionrisk__hcw	Risk for infection: Healthcare worker		REDCap Prospective form	Categorical	0, No 1, Yes
infectionrisk__micro	Risk for infection: Microbiology lab		REDCap Prospective form	Categorical	0, No 1, Yes

infectionrisk__caregiver	Risk for infection: Household / caregiver contact		REDCap Prospective form	Categorical	0, No 1, Yes
infectionrisk__other	Risk for infection: Other		REDCap Prospective form	Categorical	0, No 1, Yes
otherexposure	Other exposure:	valid if infectionrisk__6=1	REDCap Prospective form	Free-text	Text
institutiontype _cb__1	Institutional exposure type: Correctional facility	valid if infectionrisk__2=1	REDCap Prospective form	Categorical	0, No 1, Yes
institutiontype _cb__2	Institutional exposure type: Hospital	valid if infectionrisk__2=1	REDCap Prospective form	Categorical	0, No 1, Yes
institutiontype _cb__3	Institutional exposure type: Shelter	valid if infectionrisk__2=1	REDCap Prospective form	Categorical	0, No 1, Yes
institutiontype _cb__4	Institutional exposure type: Long-term care / rehab	valid if infectionrisk__2=1	REDCap Prospective form	Categorical	0, No 1, Yes
institutiontype _cb__5	Institutional exposure type: Other	valid if infectionrisk__2=1	REDCap Prospective form	Categorical	0, No 1, Yes
institutiontype	Other institutional exposure type	valid if institutiontype _cb__5=1	REDCap Prospective form	Free-text	Text
comorbidities___1	Comorbidities: Congestive heart failure		REDCap Prospective form	Categorical	0, No 1, Yes
comorbidities___2	Comorbidities: Coronary artery disease		REDCap Prospective form	Categorical	0, No 1, Yes
comorbidities___3	Comorbidities: Hypertension		REDCap Prospective form	Categorical	0, No 1, Yes
comorbidities___4	Comorbidities: Asthma		REDCap Prospective form	Categorical	0, No 1, Yes
comorbidities___5	Comorbidities: Pulmonary fibrosis		REDCap Prospective form	Categorical	0, No 1, Yes
comorbidities___6	Comorbidities: Chronic lung disease (not asthma/IPF)		REDCap Prospective form	Categorical	0, No 1, Yes

comorbidities___7	Comorbidities: Chronic kidney disease		REDCap Prospective form	Categorical	0, No 1, Yes
comorbidities___8	Comorbidities: Dialysis		REDCap Prospective form	Categorical	0, No 1, Yes
comorbidities___9	Comorbidities: Diabetes		REDCap Prospective form	Categorical	0, No 1, Yes
comorbidities___10	Comorbidities: Mild liver disease		REDCap Prospective form	Categorical	0, No 1, Yes
comorbidities___11	Comorbidities: Moderate/severe liver disease		REDCap Prospective form	Categorical	0, No 1, Yes
comorbidities___12	Comorbidities: Organ transplant		REDCap Prospective form	Categorical	0, No 1, Yes
comorbidities___13	Comorbidities: Chronic neuro disorder (not dementia; e.g., stroke/TIA, seizure disorder)		REDCap Prospective form	Categorical	0, No 1, Yes
comorbidities___14	Comorbidities: Dementia		REDCap Prospective form	Categorical	0, No 1, Yes
comorbidities___15	Comorbidities: Rheumatologic disorder		REDCap Prospective form	Categorical	0, No 1, Yes
comorbidities___16	Comorbidities: Active malignant neoplasm (cancer)		REDCap Prospective form	Categorical	0, No 1, Yes
comorbidities___17	Comorbidities: Past malignant neoplasm (cancer)		REDCap Prospective form	Categorical	0, No 1, Yes
comorbidities___18	Comorbidities: Obesity (clinical impression)		REDCap Prospective form	Categorical	0, No 1, Yes
respdistress	Is the patient in respiratory distress?		REDCap Prospective form	Categorical	0, No 1, Yes 9, Unknown
ace_inhibitors	ACE inhibitors		REDCap Prospective form	Categorical	0, No 1, Yes 9, Unknown
ace_blockers	ACE receptor blocker		REDCap Prospective form	Categorical	0, No 1, Yes 9, Unknown

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

non_acei_arb	Non ACEI/ARB antihypertensives		REDCap Prospective form	Categorical	0, No 1, Yes 9, Unknown
nsaids	NSAIDs		REDCap Prospective form	Categorical	0, No 1, PRN 2, Regular 9, Unknown
tobacco	Tobacco Smoking		REDCap Prospective form	Categorical	0, Never 1, Past user 2, Current user
vaping	Vaping		REDCap Prospective form	Categorical	0, Never 1, Past user 2, Current user
alcoholmisuse	Alcohol Misuse		REDCap Prospective form	Categorical	0, Never 1, Past user 2, Current user
substanceuse	Illicit substance use		REDCap Prospective form	Categorical	0, Never 1, Past user 2, Current user
substanceuse_cb__1	Substance use type: Opioids	valid if substanceuse=1 or 2	REDCap Prospective form	Categorical	0, No 1, Yes
substanceuse_cb__2	Substance use type: Stimulants	valid if substanceuse=1 or 2	REDCap Prospective form	Categorical	0, No 1, Yes
substanceuse_cb__3	Substance use type: Cannabis	valid if substanceuse=1 or 2	REDCap Prospective form	Categorical	0, No 1, Yes
substanceusetype	Describe illicit substance use type:	valid if substanceuse=1 or 2	REDCap Prospective form	Free-text	Text

Retrospective Data Collection

Variable	Description	Condition / Explanation	Data element / Database	Type	Code or Value
site	Hospital site		REDCap Retrospective form	Categorical	3-digit number assigned to each participating hospital site 101, Vancouver General Hospital 102, Lions Gate Hospital 103, Saint Paul's Hospital 104, Mount St Joseph's 105, Surrey Memorial Hospital 106, Royal Columbian Hospital 107, Abbotsford Regional Hospital 108, Eagle Ridge Hospital 109, Victoria General Hospital 110, Royal Jubilee Hospital 111, Nanaimo General Hospital 112, Royal Inland Hospital 113, Midway Medical Clinic 114, Williams Lake 115, Kelowna General Hospital 116, Kootenay Boundary Regional Hospital 117, Queen Victoria Hospital 118, Sparwood Health Centre 119, Boundary Hospital 201, University of Alberta Hospital, Edmonton 202, Foothills, Calgary 203, Rockyview, Calgary 204, Peter Lougheed Centre 205, South Campus, Calgary 206, Northeast Community Health Centre, Edmonton 301, Pasqua Hospital, Regina 302, Regina General Hospital, Regina 303, St Paul's Hospital, Saskatoon 304, Royal University, Saskatoon 305, Saskatoon City Hospital, Saskatoon 306, Royal Alexandra Hospital, Edmonton 307, Health Sciences Centre and St. Boniface Hospital, Winnipeg 401, Sunnybrook 402, Sinai Health 403, The Ottawa Hospital - Civic Campus

					404, The Ottawa Hospital - General Campus
					405, St Michael's Hospital
					406, Kingston General Hospital
					407, Hamilton General Hospital
					408, Health Science North, Sudbury Ontario
					409, University Hospital - LHSC
					410, North York General Hospital, Toronto
					411, Juravinski Hospital
					412, Victoria Hospital - LHSC
					413, Toronto General Hospital
					414, Toronto Western Hospital
					415, Hotel Dieu Hospital, Kingston
					701, Hotel-Dieu de Lévis
					702, Jewish General Hospital
					703, Centre Hospitalier de l'Université Laval (CHU de Québec)
					704, Department of Emergency MUHC
					705, L'hôpital Royal Victoria - Royal Victoria Hospital
					706, Hôpital de l'Enfant-Jésus,CHU de Québec
					707, Hôpital du Saint-Sacrement, CHU de Québec
					708, Hôpital Saint-François d'Assise,CHU de Québec
					709, Hôtel-Dieu de Québec,CHU de Québec
					710, IUCPQ: Institut universitaire de cardiologie et de pneumologie de Québec
					711, Hôpital du Sacré-Coeur de Montreal
					712, Montréal General Hospital (MUHC)
					901, Saint John Regional Hospital, New Brunswick
					902, Halifax Infirmary
					903, Dartmouth General Hospital
					904, Hants Community Hospital
					905, Cobequid Community Health Centre
					906, QE Hospital, Charlottetown, PEI
					907, Horizon HN, St John's, New Brunswick
					908, Secondary Assessment Centers of Dartmouth General and Halifax Infirmary
vsite_str	Hospital site as a string variable (names only)		REDCap Retrospective form	Text	Text variable of site

vprovince_str	Province where the observation was recorded	Derived from the REDCap administrative variable redcap_data_access_group	Analytical variable	Free-text	Text
COVID_7day_average	Local 7 day rolling average of the number of cases per 100,000		Analytical variable	Numeric	Integer
edvisitdate	Date of ED visit		REDCap Retrospective form	Date	YYYY-MM-DD *(Min: 2020-03-01)*
edarrivaltime	Time of ED visit		REDCap Retrospective form	Time	hh:mm:ss
arrival	Date and time of ED visit		REDCap Retrospective form	Date and time	DDMMMYYYY:hh:mm:ss *(Min: 01MAR2020:00:00:00)*
sex	Sex		REDCap Retrospective form	Categorical	0, Male 1, Female 2, Intersex
retro_arrivalfrom	Where patient lives		REDCap Retrospective form	Categorical	0, Home 1, No fixed address 2, Long-term care/Rehab 3, Shelter 4, Single room occupancy 5, Inter-hospital transfer 6, Other 7, Correctional facility 8, Dedicated COVID self-isolation site
otherarrival_2	Provide detail around 'Other' arrival:	valid if retro_arrivalfrom=6	REDCap Retrospective form	Free-text	Text
postalcode	Postal code oagef patient's place of residence (first 3 digits).		REDCap Retrospective form	Free-text	First 3 digits of postal code 'XXX' = out of country patients
r_calc_age	Age of patient, in years.		REDCap Retrospective form	Numeric	Auto-calculated in REDCap as the difference between patient date of birth [tracker] and ED visit date [retrospective]
r_age	Age of patient, in years	valid if r_calc_age is missing	REDCap Retrospective form	Numeric	Integer (Min - Max: 0 – 150)

				If patient is <1 year, r_age = 0
r_age_infant	Age, in months, of patient between 2 – 12 months	valid if r_age=0	REDCap Retrospective form	Numeric	Integer (Min - Max: 2 - 12)
Age_months	Age, in days, of patients under 2 months	valid if r_age=0	REDCap Retrospective form	Numeric	Integer (Range: 0 - 70)
vage	Age of patient, in years	Age derived from r_calc_age. If r_calc_age is missing, vage = r_age + (r_age_infant / 12) + (Age_months / 360)	Analytical Variable	Numeric	Number (Range: 0.0 - 150.0)
retro_infectionrisk__1	Risk of infection: Travel from country with known cases within 14 days		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_infectionrisk__2	Risk of infection: Institutional exposure		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_infectionrisk__3	Risk of infection: Healthcare worker		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_infectionrisk__4	Risk of infection: Microbiology lab		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_infectionrisk__5	Risk of infection: Household/caregiver contact		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_infectionrisk__6	Risk of infection: Other		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_infectionrisk__7	Risk of infection: Unknown (Nothing documented in charts on risk of infection)		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_infectionrisk__8	Risk of infection: No documented risk for infection (documented 'no risk of infection' in chart)		REDCap Retrospective form	Categorical	0, No 1, Yes
otherexposure_2	Other risk of infection	valid if retro_infectionrisk__6 =1	REDCap Retrospective form	Free-text	Text

institution_type_cb___1	Institutional exposure type: Correctional facility	valid if retro_infectionrisk___2 =1	REDCap Retrospective form	Categorical	0, No 1, Yes
institution_type_cb___2	Institutional exposure type: Hospital	valid if retro_infectionrisk___2 =1	REDCap Retrospective form	Categorical	0, No 1, Yes
institution_type_cb___3	Institutional exposure type: Shelter	valid if retro_infectionrisk___2 =1	REDCap Retrospective form	Categorical	0, No 1, Yes
institution_type_cb___4	Institutional exposure type: LTC / rehab	valid if retro_infectionrisk___2 =1	REDCap Retrospective form	Categorical	0, No 1, Yes
institution_type_cb___5	Institutional exposure type: Other	valid if retro_infectionrisk___2 =1	REDCap Retrospective form	Categorical	0, No 1, Yes
institution_type	Other institutional exposure type	valid if institution_type_cb___5=1	REDCap Retrospective form	Free-text	Text
retro_comorbidities___1	Comorbidities: Congestive heart failure		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___2	Comorbidities: Coronary artery disease		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___3	Comorbidities: Hypertension		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___4	Comorbidities: Asthma		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___5	Comorbidities: Pulmonary fibrosis		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___6	Comorbidities: Chronic lung disease (not asthma/IPF)		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___7	Comorbidities: Chronic kidney disease		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___8	Comorbidities: Dialysis		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___9	Comorbidities: Diabetes		REDCap Retrospective form	Categorical	0, No 1, Yes

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

retro_comorbidities___10	Comorbidities: Mild liver disease		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___11	Comorbidities: Moderate/severe liver disease		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___12	Comorbidities: Organ transplant		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___13	Comorbidities: Chronic neuro disorder (not dementia; e.g., stroke/TIA, seizure disorder)		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___14	Comorbidities: Dementia		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___15	Comorbidities: Rheumatologic disorder		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___16	Comorbidities: Active malignant neoplasm (cancer)		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___17	Comorbidities: Past malignant neoplasm (cancer)		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___18	Comorbidities: Obesity (clinical impression)		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___19	Comorbidities: Other		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___20	Comorbidities: Atrial Fibrillation		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___21	Comorbidities: Psychiatric Condition/Mental Health Diagnosis		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___22	Comorbidities: Dyslipidemia		REDCap Retrospective form	Categorical	0, No 1, Yes
retro_comorbidities___23	Comorbidities: Hypothyroidism		REDCap Retrospective form	Categorical	0, No 1, Yes
comorbidity1	Other Comorbidity 1	valid if retro_comorbidities___19=1	REDCap Retrospective form	Free-text	Text

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

comorbidity2	Other Comorbidity 2	valid if retro_comorbidities___19=1	REDCap Retrospective form	Free-text	Text
comorbidity3	Other Comorbidity 3	valid if retro_comorbidities___19=1	REDCap Retrospective form	Free-text	Text
comorbidity4	Other Comorbidity 4	valid if retro_comorbidities___19=1	REDCap Retrospective form	Free-text	Text
comorbidity5	Other Comorbidity 5	valid if retro_comorbidities___19=1	REDCap Retrospective form	Free-text	Text
pregnant	Pregnant	valid if sex=1 or sex=2	REDCap Retrospective form	Categorical	0, No 1, Yes 9, Uncertain
breastfeeding	Breastfeeding	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes 9, Uncertain
med_validate	Research assistants validating if patient was on any medications prior to ED visit		REDCap retrospective form	Categorical	0, I confirm that I have no access to the patient's pre-ED medication list 1, I have reviewed the patient's pre-ED medication list and the patient is not on any medications 2, Yes, the medications are listed below
preed_med___1	Medication administered pre-ED: Bamlanivimab	valid if med_validate =2	REDCap Retrospective form	Categorical	0, No 1, Yes
preed_med___2	Medication administered pre-ED: Casirivimab and imdevimab	valid if med_validate =2	REDCap Retrospective form	Categorical	0, No 1, Yes
preed_med___3	Medication administered pre-ED: Sotrovimab	valid if med_validate =2	REDCap Retrospective form	Categorical	0, No 1, Yes
preed_med___4	Medication administered pre-ED: Nirmatrelvir and ritonavir (Paxlovid)	valid if med_validate =2	REDCap Retrospective form	Categorical	0, No 1, Yes

preed_med___5	Medication administered pre-ED: Molnupiravir	valid if med_validate =2	REDCap Retrospective form	Categorical	0, No 1, Yes
preed_med___6	Medication administered pre-ED: Budesonide	valid if med_validate =2	REDCap Retrospective form	Categorical	0, No 1, Yes
preed_med___7	Medication administered pre-ED: Colchicine	valid if med_validate =2	REDCap Retrospective form	Categorical	0, No 1, Yes
med1	prescribed pre-ED medication 1	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med2	Prescribed pre-ED medication 2	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med3	Prescribed pre-ED medication 3	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med4	Prescribed pre-ED medication 4	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med5	Prescribed pre-ED medication 5	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med6	Prescribed pre-ED medication 6	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med7	Prescribed pre-ED medication 7	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med8	Prescribed pre-ED medication 8	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

med9	Prescribed pre-ED medication 9	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med10	Prescribed pre-ED medication 10	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med11	Prescribed pre-ED medication 11	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med12	Prescribed pre-ED medication 12	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med13	Prescribed pre-ED medication 13	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med14	Prescribed pre-ED medication 14	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med15	Prescribed pre-ED medication 15	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med16	Prescribed pre-ED medication 16	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med17	Prescribed pre-ED medication 17	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med18	Prescribed pre-ED medication 18	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med19	Prescribed pre-ED medication 19	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

med20	Prescribed pre-ED medication 20	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
othermeds	Other pre-ED medications not available in the dropdown list above (separated by semi-colons)	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Free-text	Text
otc1	OTC Medications 1	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Free-text	Text
otc2	OTC Medications 2	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Free-text	Text
otc3	OTC Medications 3	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Free-text	Text
otc4	OTC Medications 4	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Free-text	Text
otc5	OTC Medications 5	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Free-text	Text
arrivalmode	ED Arrival Mode		REDCap Retrospective form	Categorical	0, Self 1, Ambulance 2, Police
ctas	Canadian Triage and Acuity Scale		REDCap Retrospective form	Categorical	1, 1 2, 2 3, 3 4, 4 5, 5
presentingcomplaint	Presenting complaint		REDCap Retrospective form	Free-text	Text
arrival_hr	Arrival heart rate		REDCap Retrospective form	Numeric	Integer *(Range: 40 - 180)*

arrival_sbp	Arrival systolic blood pressure		REDCap Retrospective form	Numeric	Integer *(Range: 50 - 200)*
arrival_dbp	Arrival diastolic blood pressure		REDCap Retrospective form	Numeric	Integer *(Range: 20 - 200)*
arrival_rr	Arrival respiratory rate		REDCap Retrospective form	Numeric	Integer *(Range: 0 - 80)*
arrival_o2	Arrival oxygen saturation		REDCap Retrospective form	Numeric	Integer *(Range: 60 - 100)*
arrival_o2state	Environment where oxygen saturation was measured		REDCap Retrospective form	Categorical	0, Room air 1, Supplemental oxygen
o2_received	Amount of oxygen received (L/min) when measured if patient was on supplemental oxygen	valid if arrival_o2state=1	REDCap Retrospective form	Numeric	Number *(Range: 0 - 15)*
lowest_o2	Lowest recorded oxygen saturation in ED		REDCap Retrospective form	Numeric	Integer *(Range: 60 - 100)*
arrival_temp	Arrival temperature in Celsius		REDCap Retrospective form	Numeric	Number *(Range: 25 - 44)*
arrival_gcs	Arrival/triage Glasgow Coma Score (GCS)		REDCap Retrospective form	Numeric	Integer *(Range: 3 - 15)*
resp_distress	Was patient under respiratory distress/ increased work of breathing		REDCap Retrospective form	Categorical	0, No 1, Yes 9, Not Documented
cov_symptoms___1	Patient symptom: Cough		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___2	Patient symptom: Shortness of breath (dyspnea)		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___3	Patient symptom: Fever		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___4	Patient symptom: Chills		REDCap Retrospective form	Categorical	0, No 1, Yes

cov_symptoms___5	Patient symptom: Headache		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___6	Patient symptom: Nausea / vomiting		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___7	Patient symptom: Diarrhea		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___8	Patient symptom: Dysgeusia / anosmia		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___9	Patient symptom: Sputum production		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___10	Patient symptom: Hemoptysis (bloody sputum)		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___11	Patient symptom: Sore throat		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___12	Patient symptom: Runny nose		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___13	Patient symptom: Ear pain		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___14	Patient symptom: Wheezing		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___15	Patient symptom: Chest pain (includes discomfort or tightness)		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___16	Patient symptom: Myalgia (muscle ache)		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___17	Patient symptom: Joint pain (arthralgia)		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___18	Patient symptom: Fatigue / malaise		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___19	Patient symptom: Lower chest wall indrawing		REDCap Retrospective form	Categorical	0, No 1, Yes

cov_symptoms___20	Patient symptom: altered consciousness / confusion		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___21	Patient symptom: Seizures		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___22	Patient symptom: Abdominal pain		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___23	Patient symptom: Conjunctivitis		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___24	Patient symptom: Skin rash		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___25	Patient symptom: Skin ulcers		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___26	Patient symptom: Lymphadenopathy		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___27	Patient symptom: Hemorrhage (bleeding)		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___28	Patient symptom: Dizziness / Vertigo		REDCap Retrospective form	Categorical	0, No 1, Yes
cov_symptoms___29	None of the above		REDCap Retrospective form	Categorical	0, No 1, Yes
bleeding_site	Bleeding site	valid if cov_symptoms___27=1	REDCap Retrospective form	Free-text	Text
other_symp1	Other symptoms not listed		REDCap Retrospective form	Free-text	Text
other_symp2	Other symptoms not listed		REDCap Retrospective form	Free-text	Text
other_symp3	Other symptoms not listed		REDCap Retrospective form	Free-text	Text
first_onset	Date of onset for earliest symptom		REDCap Retrospective form	Date	YYYY-MM-DD

smoking	Tobacco Use		REDCap Retrospective form	Categorical	0, Never 1, Past user 2, Current user 9, Unknown
vaping	Vaping		REDCap Retrospective form	Categorical	0, Never 1, Past user 2, Current user 9, Unknown
alcohol	Alcohol misuse		REDCap Retrospective form	Categorical	0, Never 1, Past user 2, Current user 9, Unknown
illicit	Illicit substances		REDCap Retrospective form	Categorical	0, Never 1, Past user 2, Current user 9, Unknown
retro_illicit_cb__1	Illicit substances type: Opioids	valid if illicit=1, or 2	REDCap Retrospective form	Categorical	0, No 1, Yes
retro_illicit_cb__2	Illicit substances type: Stimulants	valid if illicit=1, or 2	REDCap Retrospective form	Categorical	0, No 1, Yes
retro_illicit_cb__3	Illicit substances type: Cannabis	valid if illicit=1, or 2	REDCap Retrospective form	Categorical	0, No 1, Yes
substanceusetype_2	Other illicit substance type not listed	valid if illicit=1, or 2	REDCap Retrospective form	Free-text	Text
codestatus	Code status.	**variable replaced by codestatus_preed and codestatus_ed**	REDCap Retrospective form	Categorical	0, Full code 1, Not documented 2, Documented as no intubation pre-ED 3, Made no intubation in ED
codestatus_preed__0	Pre-ED code status: Full Code		REDCap Retrospective form	Categorical	0, No 1, Yes
codestatus_preed__1	Pre-ED code status: Not documented		REDCap Retrospective form	Categorical	0, No 1, Yes

codestatus_preed__2	Pre-ED code status: Do not resuscitate		REDCap Retrospective form	Categorical	0, No 1, Yes
codestatus_preed__3	Pre-ED code status: Level of care (describe in Free-text below)		REDCap Retrospective form	Categorical	0, No 1, Yes
levelofcare_preed	Describe pre-ED level of care	valid if codestatus_preed__3=1	REDCap Retrospective form	Free-text	Text
codestatus_ed__0	ED code status: Full Code		REDCap Retrospective form	Categorical	0, No 1, Yes
codestatus_ed__1	ED code status: Not documented		REDCap Retrospective form	Categorical	0, No 1, Yes
codestatus_ed__2	ED code status: Do not resuscitate		REDCap Retrospective form	Categorical	0, No 1, Yes
codestatus_ed__3	ED code status: Level of care (describe in Free-text below)		REDCap Retrospective form	Categorical	0, No 1, Yes
levelofcare_ed	Describe ED level of care	valid if codestatus_ed__3=1	REDCap Retrospective form	Free-text	Text
max_o2	Maximum oxygen requirement in ED (L/min)		REDCap Retrospective form	Numeric	Number *(Range: 0 - 15)*
ed_o2	Was oxygen delivered in the ED		REDCap Retrospective form	Categorical	0, No 1, Yes
mode_o2__1	Mode of oxygen delivery in ED (pre-intubation): Nasal prongs	valid if ed_o2=1	REDCap Retrospective form	Categorical	0, No 1, Yes
mode_o2__2	Mode of oxygen delivery in ED (pre-intubation): Facemask	valid if ed_o2=1	REDCap Retrospective form	Categorical	0, No 1, Yes
mode_o2__3	Mode of oxygen delivery in ED (pre-intubation): Simple rebreather	valid if ed_o2=1	REDCap Retrospective form	Categorical	0, No 1, Yes
mode_o2__4	Mode of oxygen delivery in ED (pre-intubation): Non-rebreather	valid if ed_o2=1	REDCap Retrospective form	Categorical	0, No 1, Yes

mode_o2__5	Mode of oxygen delivery in ED (pre-intubation): High-flow nasal oxygen	valid if ed_o2=1	REDCap Retrospective form	Categorical	0, No 1, Yes
mode_o2__6	Mode of oxygen delivery in ED (pre-intubation): bilevel pressure vent	valid if ed_o2=1	REDCap Retrospective form	Categorical	0, No 1, Yes
mode_o2__7	Mode of oxygen delivery in ED (pre-intubation): Continuous pressure vent	valid if ed_o2=1	REDCap Retrospective form	Categorical	0, No 1, Yes
np_duration	Nasal prong duration (hours)	valid if mode_o2__1=1	REDCap Retrospective form	Numeric	Number *(Range: 0.00 - 48.00)*
np_max_o2	Nasal prong max oxygen requirement (L/min)	valid if mode_o2__1=1	REDCap Retrospective form	Free-text	Text
fm_duration	Face mask duration (hours)	valid if mode_o2__1=1	REDCap Retrospective form	Numeric	Number *(Range: 0.00 - 48.00)*
fm_max_o2	Face mask max oxygen requirement (L/min)	valid if mode_o2__1=1	REDCap Retrospective form	Free-text	Text
sr_duration	Simple rebreather duration (hours)	valid if mode_o2__3=1	REDCap Retrospective form	Numeric	Number *(Range: 0.00 - 48.00)*
sr_max_o2	Simple rebreather max oxygen requirement (L/min)	valid if mode_o2__3=1	REDCap Retrospective form	Free-text	Text
nr_duration	Non-rebreather duration (hours)	valid if mode_o2__4=1	REDCap Retrospective form	Numeric	Number *(Range: 0.00 - 48.00)*
nr_max_o2	Non-rebreather max oxygen requirement (L/min)	valid if mode_o2__4=1	REDCap Retrospective form	Free-text	Text
hfo_duration	High-flow nasal oxygen duration (hours)	valid if mode_o2__5=1	REDCap Retrospective form	Numeric	Number *(Range: 0.00 - 48.00)*
hfo_max_o2	High-flow nasal oxygen max oxygen requirement (L/min)	valid if mode_o2__5=1	REDCap Retrospective form	Free-text	Text
bpap_duration	Bilevel pressure vent duration (hours)	valid if mode_o2__6=1	REDCap Retrospective form	Numeric	Number *(Range: 0.00 - 48.00)*

bpap_max_o2	Bilevel pressure vent max oxygen requirement (L/min)	valid if mode_o2__6=1	REDCap Retrospective form	Free-text	Text
cpap_duration	Continous pressure vent duration (hours)	valid if mode_o2__7=1	REDCap Retrospective form	Numeric	Number *(Range: 0.00 - 48.00)*
cpap_max_o2	Continuous pressure vent max oxygen requirement (L/min)	valid if mode_o2__7=1	REDCap Retrospective form	Free-text	Text
intubation	Pre-hospital/ED Intubation		REDCap Retrospective form	Categorical	0, No 1, Yes
pre_o2__0	Pre-oxygenation method before intubation: Bag-mask valve	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
pre_o2__1	Pre-oxygenation method before intubation: Nasal prongs	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
pre_o2__2	Pre-oxygenation method before intubation: Face mask	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
pre_o2__3	Pre-oxygenation method before intubation: Simple rebreather	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
pre_o2__4	Pre-oxygenation method before intubation: non-rebreather	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
pre_o2__5	Pre-oxygenation method before intubation: Optiflow	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
pre_o2__6	Pre-oxygenation method before intubation: Bilevel pressure vent	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
pre_o2__7	Pre-oxygenation method before intubation: Continuous pressure vent	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

pre_o2__8	No pre-oxygenation before intubation	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
pre_o2__9	Unknown pre-oxygenation method before intubation:	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
bagged	Bagged during intubation	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes 9, Unknown
paralytic__1	Paralytic agent: Rocuronium	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
paralytic__2	Paralytic agent: Succinylcholine	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
paralytic__3	Other Paralytic agent	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
paralytic__4	No paralytic agent used	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
paralytic__5	Unknown paralytic agent	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
other_paralytic	Other paralytic agent type	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Free-text	Text
sedative__1	Sedative agent: Ketamine	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
sedative__2	Sedative agent: Propofol	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes

sedative___3	Sedative agent: Midazolam	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
sedative___4	Sedative agent: Etomidate	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
sedative___5	Sedative agent: Dexmedatomidine	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
sedative___6	Other sedative agent	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
other_sedative	Other sedative agent type	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Free-text	Text
intubation_tech___1	Intubation technique used: Video laryngoscopy	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_tech___2	Intubation technique used: Fiberoptic intubation	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_tech___3	Intubation technique used: Direct laryngoscopy	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_tech___4	Intubation technique used: Blind nasotracheal	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_tech___5	Other intubation technique used	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
other_technique	Other technique used	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Free-text	Text

intubation_outcome___0	Intubation outcome: First pass success	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_outcome___1	Intubation outcome: Second pass success	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_outcome___2	Intubation outcome: Third pass success	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_outcome___3	Intubation outcome: Rescue device	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_outcome___4	Intubation outcome: Surgical airway	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_outcome___5	Intubation outcome: Unable to establish airway	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_outcome_other	Other intubation outcomes	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Free-text	Text
intubation_ae___1	Intubation adverse event: Desaturation < 80%	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_ae___2	Intubation adverse event: Desaturation < 70%	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_ae___3	Intubation adverse event: Vomiting	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_ae___4	Intubation adverse event: Arrhythmia	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

intubation_ae___5	Intubation adverse event: Cardiac arrest	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_ae___6	Intubation adverse event: Intubation awareness	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_ae___7	Intubation adverse event: Dental trauma	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
ed_med1 - ed_med10	Medication administered in ED (aside from induction/paralytic) 1-10	**variables replaced by ed_medication___1 to ed_medication___43**	REDCap Retrospective form	Categorical	Drop-down MedDRA drug list
other_edmed	Other medications administered in ED (please separate with semi-colon).	**variable replaced by ed_medication___1 to ed_medication___43**	REDCap Retrospective form	Free-text	Text
ed_medication___1	Medication administered in ED: Acyclovir	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication___2	Medication administered in ED: Amoxicillin		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication___3	Medication administered in ED: Amoxicillin / Clavulanate		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication___4	Medication administered in ED: Apixaban / Edoxaban / Rivaroxaban / Dabigatran		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication___5	Medication administered in ED: Azithromycin / Clarithromycin		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication___6	Medication administered in ED: Cefazolin		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication___7	Medication administered in ED: Cefotaxime		REDCap Retrospective form	Categorical	0, No 1, Yes

ed_medication__8	Medication administered in ED: Ceftazidime		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__9	Medication administered in ED: Ceftriaxone		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__10	Medication administered in ED: Chloroquine		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__11	Medication administered in ED: Cisatracurium		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__12	Medication administered in ED: Dexamethasone		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__13	Medication administered in ED: Dexmedetomidine	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__14	Medication administered in ED: Doxycycline		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__15	Medication administered in ED: Enoxaparin / Tinzaparin / Dalteparin		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__16	Medication administered in ED: Epinephrine	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__17	Medication administered in ED: Etomidate	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__18	Medication administered in ED: Furosemide	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__19	Medication administered in ED: Heparin		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__20	Medication administered in ED: Hydrocortisone		REDCap Retrospective form	Categorical	0, No 1, Yes

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

ed_medication__21	Medication administered in ED: Hydroxychloroquine	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__22	Medication administered in ED: Ipratropium bromide	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__23	Medication administered in ED: Ketamine	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__24	Medication administered in ED: Levofloxacin		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__25	Medication administered in ED: Lopinivir / Ritonavir		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__26	Medication administered in ED: Meropenem		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__27	Medication administered in ED: Methylprednisolone		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__28	Medication administered in ED: Metronidazole		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__29	Medication administered in ED: Moxifloxacin		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__30	Medication administered in ED: Norepinephrine	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__31	Medication administered in ED: Oseltamivir	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__32	Medication administered in ED: Piperacillin / Tazobactam		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__33	Medication administered in ED: Prednisone		REDCap Retrospective form	Categorical	0, No 1, Yes

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

ed_medication__34	Medication administered in ED: Propofol	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__35	Medication administered in ED: Rocuronium		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__36	Medication administered in ED: Salbutamol		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__37	Medication administered in ED: Succinylcholine		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__38	Medication administered in ED: Valacyclovir	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__39	Medication administered in ED: Vancomycin		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__40	Medication administered in ED: Warfarin		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__41	Medication administered in ED: Remdesivir		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__42	Medication administered in ED: Bamlanivimab		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__43	Medication administered in ED: Colchicine		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__44	Medication administered in ED: Tocilizumab		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__45	Medication administered in ED: Sarilumab		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__46	Medication administered in ED: Siltuximab		REDCap Retrospective form	Categorical	0, No 1, Yes

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

ed_medication__47	Medication administered in ED: Baricitnib		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__48	Medication administered in ED: Casirivimab and imdevimab		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__49	Medication administered in ED: Sotrovimab		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__50	Medication administered in ED: Nirmatrelvir and Ritonavir		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__51	Medication administered in ED: Molnupiravir		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__52	Medication administered in ED: Budesonide		REDCap Retrospective form	Categorical	0, No 1, Yes

no_ed_med	Field for research assistants to confirm reason why no medications were administered in ED	valid if ed_medication__1 to ed_medication__52 all = 0	REDCap Retrospective form	Categorical	0, I was unable to obtain this patient's ED medication information 1, I confirm that, after reviewing patient's chart information, this patient was to given any of the above medications in the ED
discharge_dx__0	ED Discharge Diagnosis: Respiratory disease		REDCap Retrospective form	Categorical	0, No 1, Yes
discharge_dx__1	ED Discharge Diagnosis: Suspect COVID-19		REDCap Retrospective form	Categorical	0, No 1, Yes
discharge_dx__2	ED Discharge Diagnosis: Confirmed COVID-19		REDCap Retrospective form	Categorical	0, No 1, Yes
discharge_dx__3	ED Discharge Diagnosis: Influenza / Flu-like illness		REDCap Retrospective form	Categorical	0, No 1, Yes
discharge_dx__4	ED Discharge Diagnosis: Upper respiratory tract infection		REDCap Retrospective form	Categorical	0, No 1, Yes
discharge_dx__5	ED Discharge Diagnosis: Pneumonia		REDCap Retrospective form	Categorical	0, No 1, Yes
discharge_dx__6	ED Discharge Diagnosis: viral pneumonia		REDCap Retrospective form	Categorical	0, No 1, Yes

discharge_dx___7	ED Discharge Diagnosis: COPD exacerbation		REDCap Retrospective form	Categorical	0, No 1, Yes
discharge_dx___8	ED Discharge Diagnosis: Asthma exacerbation		REDCap Retrospective form	Categorical	0, No 1, Yes
discharge_dx___9	ED Discharge Diagnosis: Congestive heart failure / pulmonary edema		REDCap Retrospective form	Categorical	0, No 1, Yes
discharge_dx___10	ED Discharge Diagnosis: Shortness of breath, NYD		REDCap Retrospective form	Categorical	0, No 1, Yes
discharge_dx___11	ED Discharge Diagnosis: Cough, NYD		REDCap Retrospective form	Categorical	0, No 1, Yes
discharge_dx___12	ED Discharge Diagnosis: Fever, NYD		REDCap Retrospective form	Categorical	0, No 1, Yes
discharge_dx___13	Other ED Discharge Diagnosis		REDCap Retrospective form	Categorical	0, No 1, Yes
other_discharge_dx	Other ED Discharge Diagnosis	valid if discharge_dx___13=1	REDCap Retrospective form	Free-text	Text
alternate_dx	ED Alternate Diagnosis		REDCap Retrospective form	Categorical	MEDdra drop-down
disposition	ED Disposition		REDCap Retrospective form	Categorical	0, Discharged home 1, Admitted 2, Left AMA 3, Transferred to other hospital 4, Transfer to LTC / Rehab 5, Death 6, Other
other_disposition	Other ED disposition:		REDCap Retrospective form	Free-text	Text
disposition_datetime	ED Disposition date/time		REDCap Retrospective form	Date	DDMMMYYYY:HH:MM:SS (e.g. 01JAN2020:00:00:00)
ed_los_min	ED length of stay in minutes	ed_los_min is the difference between arrival and	Analytical Variable	Number	Integer

		disposition_datetime. Unit of measurement is in minutes			
ed_los_day	ED length of stay in days	ed_los_day is the difference between edvisitdate and disposition_date. Unit of measurement is in days	Analytical Variable	Number	Integer
covid_pre_ed	Was COVID testing done prior to ED visit within 14 days.		REDCap Retrospective form	Categorical	0, No 1, Yes 9, Unknown
type_preed	Type of diagnostic test	valid if covid_pre_ed=1	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented
swab	Source of pre-ED COVID swab	valid if covid_pre_ed=1	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle
swab_other	Other source of pre-ED COVID swab	valid if swab=11	REDCap Retrospective form	Free-text	Text
results_covid_pre_ed	Results of COVID testing prior to ED visit	valid if covid_pre_ed=1	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid_pre_ed	Date of most recent test done prior to ED visit	valid if covid_pre_ed=1	REDCap Retrospective form	Date	YYYY-MM-DD
covid_inhosp	Was COVID testing done in ED / hospital?		REDCap Retrospective form	Categorical	0, No 1, Yes

first_swab_days	Time, in days, of first in-hospital swab since ED arrival.		Analytical Variable	Number	Integer
date_first_positive	Date of first positive in-hospital COVID test.		Analytical Variable	Date	YYYY-MM-DD
type1	Type of diagnostic test	valid if covid_inhosp=1	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented
method1	Method of sample collection 1	valid if covid_inhosp=1	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle
other_method1	Other source of sample collection	valid if method1=11	REDCap Retrospective form	Free-text	Text
results_covid1	Results of COVID testing 1	valid if covid_inhosp=1	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid1	Date of COVID testing 1	valid if covid_inhosp=1	REDCap Retrospective form	Date	YYYY-MM-DD
type2	Type of diagnostic test 2	valid if method1 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented

method2	Method of sample collection 2	valid if method1 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle
other_method2	Other source of sample collection	valid if method2=11	REDCap Retrospective form	Free-text	Text
results_covid2	Results of COVID testing 2	valid if method2 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid2	Date of COVID testing 2	valid if method2 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
type3	Type of diagnostic test 3	valid if method2 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented
method3	Method of sample collection 3	valid if method2 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle

other_method3	Other source of sample collection	valid if method3=11	REDCap Retrospective form	Free-text	Text
results_covid3	Results of COVID testing 3	valid if method3 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid3	Date of COVID testing 3	valid if method3 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
type4	Type of diagnostic test 4	valid if method3 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented
method4	Method of sample collection 4	valid if method3 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle
other_method4	Other source of sample collection	valid if method4=11	REDCap Retrospective form	Free-text	Text
results_covid4	Results of COVID testing 4	valid if method4 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid4	Date of COVID testing 4	valid if method4 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
type5	Type of diagnostic test 5	valid if method4 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT)

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

					2, Rapid antigen test (RAT) 3, Unknown or not documented
method5	Method of sample collection 5	valid if method4 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle
other_method5	Other source of sample collection	valid if method5=11	REDCap Retrospective form	Free-text	Text
results_covid5	Results of COVID testing 5	valid if method5 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid5	Date of COVID testing 5	valid if method5 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
type6	Type of diagnostic test 6	valid if method5 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented
method6	Method of sample collection 6	valid if method5 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid

					11, Other 12, Mid-turbinate swab 13, Saline / water gargle
other_method6	Other source of sample collection	valid if method6=11	REDCap Retrospective form	Free-text	Text
results_covid6	Results of COVID testing 6	valid if method6 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid6	Date of COVID testing 6	valid if method6 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
type7	Type of diagnostic test 7	valid if method6 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented
method7	Method of sample collection 7	valid if method6 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle
other_method7	Other source of sample collection	valid if method7=11	REDCap Retrospective form	Free-text	Text
results_covid7	Results of COVID testing 7	valid if method7 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid7	Date of COVID testing 7	valid if method7 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

type8	Type of diagnostic test 8	valid if method7 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented
method8	Method of sample collection 8	valid if method7 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle
other_method8	Other source of sample collection	valid if method8=11	REDCap Retrospective form	Free-text	Text
results_covid8	Results of COVID testing 8	valid if method8 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid8	Date of COVID testing 8	valid if method8 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
type9	Type of diagnostic test 9	valid if method8 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented
method9	Method of sample collection 9	valid if method8 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test

					8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle
other_method9	Other source of sample collection	valid if method9=11	REDCap Retrospective form	Free-text	Text
results_covid9	Results of COVID testing 9	valid if method9 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid9	Date of COVID testing 9	valid if method9 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
type10	Type of diagnostic test 10	valid if method9 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented
method10	Method of sample collection 10	valid if method9 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle
other_method10	Other source of sample collection	valid if method10=11	REDCap Retrospective form	Free-text	Text
results_covid10	Results of COVID testing 10	valid if method10 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown

date_covid10	Date of COVID testing 10	valid if method10 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
type11	Type of diagnostic test 11	valid if method10 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented
method11	Method of sample collection 11	valid if method10 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle
other_method11	Other source of sample collection	valid if method11=11	REDCap Retrospective form	Free-text	Text
results_covid11	Results of COVID testing 11	valid if method11 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid11	Date of COVID testing 11	valid if method11 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
type12	Type of diagnostic test 12	valid if method11 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented
method12	Method of sample collection 12	valid if method11 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate

					5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle
other_method12	Other source of sample collection	valid if method12=11	REDCap Retrospective form	Free-text	Text
results_covid12	Results of COVID testing 12	valid if method12 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid12	Date of COVID testing 12	valid if method12 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
type13	Type of diagnostic test 13	valid if method12 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented
method13	Method of sample collection 13	valid if method12 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle
other_method13	Other source of sample collection	valid if method13=11	REDCap Retrospective form	Free-text	Text

results_covid13	Results of COVID testing 13	valid if method13 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid13	Date of COVID testing 13	valid if method13 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
type14	Type of diagnostic test 14	valid if method13 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented
method14	Method of sample collection 14	valid if method13 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle
other_method14	Other source of sample collection	valid if method14=11	REDCap Retrospective form	Free-text	Text
results_covid14	Results of COVID testing 14	valid if method14 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid14	Date of COVID testing 14	valid if method14 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
type15	Type of diagnostic test 15	valid if method14 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented

method15	Method of sample collection 15	valid if method14 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle
other_method15	Other source of sample collection	valid if method15=11	REDCap Retrospective form	Free-text	Text
results_covid15	Results of COVID testing 15	valid if method15 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid15	Date of COVID testing 15	valid if method15 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
type16	Type of diagnostic test 16	valid if method15 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented
method16	Method of sample collection 16	valid if method15 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle

other_method16	Other source of sample collection	valid if method16=11	REDCap Retrospective form	Free-text	Text
results_covid16	Results of COVID testing 16	valid if method16 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid16	Date of COVID testing 16	valid if method16 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
type17	Type of diagnostic test 17	valid if method16 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented
method17	Method of sample collection 17	valid if method16 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle
other_method17	Other source of sample collection	valid if method17=11	REDCap Retrospective form	Free-text	Text
results_covid17	Results of COVID testing 17	valid if method17 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid17	Date of COVID testing 17	valid if method17 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
type18	Type of diagnostic test 18	valid if method17 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT)

					2, Rapid antigen test (RAT) 3, Unknown or not documented
method18	Method of sample collection 18	valid if method17 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle
other_method18	Other source of sample collection	valid if method18=11	REDCap Retrospective form	Free-text	Text
results_covid18	Results of COVID testing 18	valid if method18 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid18	Date of COVID testing 18	valid if method18 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
type19	Type of diagnostic test 19	valid if method18 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented
method19	Method of sample collection 19	valid if method18 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid

					11, Other 12, Mid-turbinate swab 13, Saline / water gargle
other_method19	Other source of sample collection	valid if method19=11	REDCap Retrospective form	Free-text	Text
results_covid19	Results of COVID testing 19	valid if method19 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid19	Date of COVID testing 19	valid if method19 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
type20	Type of diagnostic test 20	valid if method19 is not missing	REDCap Retrospective form	Categorical	1, PCR or nucleic acid amplification tests (NAAT) 2, Rapid antigen test (RAT) 3, Unknown or not documented
method20	Method of sample collection 20	valid if method19 is not missing	REDCap Retrospective form	Categorical	0, Nasopharyngeal swab 1, Mouth swab/saliva 2, Sputum 3, Broncho-alveolar lavage 4, Tracheal aspirate 5, Feces 6, Urinary 7, Blood test 8, Bronchial brush 9, Nasal wash 10, Cerebrospinal fluid 11, Other 12, Mid-turbinate swab 13, Saline / water gargle
other_method20	Other source of sample collection	valid if method20=11	REDCap Retrospective form	Free-text	Text
results_covid20	Results of COVID testing 20	valid if method20 is not missing	REDCap Retrospective form	Categorical	0, Negative 1, Positive 2, Indeterminate 9, Unknown
date_covid20	Date of COVID testing 20	valid if method20 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD

covid_status	Patient's COVID status during visit.	Patients are considered COVID positive if they meet any one of the following four criteria below: i) Positive pre-ED test result: results_covid_pre_ed=1, within 14 days before the ED visit date. ii) Positive swab result in any in ED or hospital tests: any one of results_covid1 to results_covid20=1 and their corresponding method1 to method20 is not missing iii) ED discharge was "Confirmed COVID 19": discharge_dx__2=1 iv) Hospital discharge diagnosis was "Confirmed COVID 19": any one of hosp_dx1 to hosp_dx5=2	Analytical Variable	Categorical	0, Negative 1, Positive
covid_criteria1	Did patient fit the first COVID criteria: Positive pre-ED test within 14 days before ED visit?	Positive pre-ED test result: results_covid_pre_ed=1, within 14 days before the ED visit date.	Analytical Variable	Categorical	0, No 1, Yes
covid_criteria2	Did patient fit the second COVID criteria: Positive swab result in any in ED or hospital tests	Positive swab result in any in ED or hospital tests: any one of results_covid1 to results_covid20=1 and their corresponding method1 to method20 is not missing	Analytical Variable	Categorical	0, No 1, Yes
covid_criteria3	Did patient fit the third COVID criteria: ED discharge was "Confirmed COVID 19"	ED discharge was "Confirmed COVID 19": discharge_dx__2=1	Analytical Variable	Categorical	0, No 1, Yes

covid_criteria4	Did patient fit the fourth COVID criteria: Hospital discharge was "Confirmed COVID 19	Hospital discharge diagnosis was "Confirmed COVID 19": any one of hosp_dx1 to hosp_dx5=2	Analytical Variable	Categorical	0, No 1, Yes
covid_voc	Was the variant of the virus that causes COVID-19 captured in any of the swabs	valid if covid_pre_ed=1 or covid_inhosp=1	REDCap Retrospective form	Categorical	0, No 1, Yes 2, Not documented
covid_voctype	Type of variant of concern documented	valid if covid_voc=1	REDCap Retrospective form	Categorical	0, B.1.1.7 (Alpha) - UK 1, B.1.351 (Beta) - South Africa 2, P.1 (Gamma) - Brazil 3, B.1.617.2 (Delta) - India 4, B.1.427 (Epsilon) - California 5, B.1.429 (Epsilon) - California 6, New Variant of concern not listed above 7, Multiple COVID-19 variant detected 8, B.1.1.529 (Omicron) - South Africa
covid_voc_type	Other type of variant of concern	valid if covid_voctype=6	REDCap Retrospective form	Free-Text	Text
serology_test	Was serology testing for SARS-CoV-2 done?	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes 9, Unknown
date_serology	Date of SARS-CoV-2 serology testing	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Date	YYYY-MM-DD

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

serology_method	Type of serological test used	valid if serology_test=1	REDCap Retrospective form	Categorical	0, Enzyme linked immunosorbent assays (ELISAs) 1, Lateral flow immunoassays (LFIAs) 2, Chemiluminescent immunoassays (CLIAs) 3, Other 9, Unknown
serology_methodother	Other type of serological test used	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Free-text	Text
igg_result	COVID-19 IgG test results (in mg/dL)	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Free-text	Text
igm_result	COVID-19 IgM test results (in mg/dL)	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Free-text	Text
bloodwork	Bloodwork completed?		REDCap Retrospective form	Categorical	0, No 1, Yes
arrival_hb	Arrival hemoglobin	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Numeric	Number (Range: 0 - 200)
arrival_wbc	Arrival white blood cells	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Numeric	Number (Range: 0 - 300)
arrival_neut	Arrival neutrophils	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Numeric	Number (Range: 0 - 50)
arrival_lymph	Arrival lymphocytes	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Numeric	Number (Range: 0 - 50)
arrival_plat	Arrival platelets	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Numeric	Number (Range: 0 - 1000)

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

arrival_sodium	Arrival sodium	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Numeric	Number (Range: 0 - 250)
arrival_pot	Arrival potassium	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Numeric	Number (Range: 0 - 10)
arrival_creat	Arrival creatinine	valid if bloodwork=1	REDCap Retrospective form	Numeric	Number (Range: 0 - 1000)
alt	Arrival alanine aminotransferase (ALT)	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Numeric	Number (Range: 0 - 10000)
bilirubin	Arrival bilirubin	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Numeric	Number (Range: 0 - 300)
arrival_lactate	Arrival lactate	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Numeric	Number (Range: 0 - 20)
inr	International normalised ratio (INR)	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Numeric	Number (Range: 0 - 10)
ddimer	D-dimer	valid if bloodwork=1	REDCap Retrospective form	Free-text	Text
procalc	Procalcitonin	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Free-text	Text
crp	C-Reactive Protein (CRP)	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Numeric	Number (Range: 0 - 500)
troponin_yn	Troponin positive/negative	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, Negative 1, Positive
troponin_i	Troponin I	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Numeric	Number (Range: 0 - 300)

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

troponin_t	Troponin T	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Numeric	Number *(Range: 0 - 300)*
troponin_other	Other troponin results (not otherwise entered above)	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Free-text	Text
bloodgas	First blood gas	valid if bloodwork=1	REDCap Retrospective form	Categorical	0, None 1, Venous 2, Arterial 3, Capillary
date_bloodgas	Date first blood gas drawn	valid if bloodgas is not 0	REDCap Retrospective form	Date	YYYY-MM-DD
ph	pH	valid if bloodgas is not 0	REDCap Retrospective form	Numeric	Number *(Range: 6.5 - 7.7)*
pco2	pCO2	valid if bloodgas is not 0	REDCap Retrospective form	Numeric	Number *(Range: 0 - 100)*
po2_v2	pO2	valid if bloodgas is not 0	REDCap Retrospective form	Numeric	Number *(Range: 0 - 500)*
oxygen_saturation	Oxygen saturation amount	valid if bloodgas is not 0	REDCap Retrospective form	Numeric	Number *(Range: 0 - 100)*
viral	Other viral swab done?		REDCap Retrospective form	Categorical	0, No 1, Yes
rsv	RSV	valid if viral=1	REDCap Retrospective form	Categorical	0, Negative 1, Positive 9, Unknown
parainfluenza	Parainfluenza	valid if viral=1	REDCap Retrospective form	Categorical	0, Negative 1, Positive 9, Unknown
rhinovirus	Rhinovirus	valid if viral=1	REDCap Retrospective form	Categorical	0, Negative 1, Positive 9, Unknown
metapneumo	Metapneumovirus	valid if viral=1	REDCap Retrospective form	Categorical	0, Negative 1, Positive

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

					9, Unknown
influenza	Influenza	valid if viral=1	REDCap Retrospective form	Categorical	0, Negative 1, Positive 9, Unknown
cxr Variable not in use, replaced by cxr_main1__0 to cxr_main5__13	Chest X-Ray (CXR)		REDCap Retrospective form	Categorical	0, CXR not performed 1, Focal consolidation 2, Multi-lobal consolidation 3, Interstitial pneumonia 4, Ground glass opacity 5, Local patchy shadowing 6, Bilateral patchy shadowing 7, Interstitial abnormalities 8, No acute findings 9, Other
cxr_main1___0	Chest X-Ray 1 finding: CXR not performed		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main1___1	Chest X-Ray 1 finding: Focal consolidation		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main1___2	Chest X-Ray 1 finding: Multi-lobar consolidation		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main1___3	Chest X-Ray 1 finding: Interstitial pneumonia		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main1___4	Chest X-Ray 1 finding: Ground glass opacity		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main1___5	Chest X-Ray 1 finding: Local patchy shadowing		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main1___6	Chest X-Ray 1 finding: Bilaterial patchy shadowing		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main1___7	Chest X-Ray 1 finding: Interstitial abnormalities		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main1___8	Chest X-Ray 1 finding: No acute findings		REDCap Retrospective form	Categorical	0, No 1, Yes

cxr_main1___9	Chest X-Ray 1 finding: Other		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main1___10	Chest X-Ray 1 finding: Atelactasis		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main1___11	Chest X-Ray 1 finding: Pleural effusion		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main1___12	Chest X-Ray 1 finding: Pulmonary fibrosis		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main1___13	Chest X-Ray 1 finding: COPD findings		REDCap Retrospective form	Categorical	0, No 1, Yes
other_cxrmain_1	Other CXR 1 findings	valid if cxr_main1__9=1	REDCap Retrospective form	Free-text	Text
cxr_main2___0	Chest X-Ray 2 finding: CXR not performed		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main2___1	Chest X-Ray 2 finding: Focal consolidation		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main2___2	Chest X-Ray 2 finding: Multi-lobar consolidation		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main2___3	Chest X-Ray 2 finding: Interstitial pneumonia		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main2___4	Chest X-Ray 2 finding: Ground glass opacity		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main2___5	Chest X-Ray 2 finding: Local patchy shadowing		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main2___6	Chest X-Ray 2 finding: Bilaterial patchy shadowing		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main2___7	Chest X-Ray 2 finding: Interstitial abnormalities		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main2___8	Chest X-Ray 2 finding: No acute findings		REDCap Retrospective form	Categorical	0, No 1, Yes

cxr_main2___9	Chest X-Ray 2 finding: Other		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main2___10	Chest X-Ray 2 finding: Atelactasis		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main2___11	Chest X-Ray 2 finding: Pleural effusion		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main2___12	Chest X-Ray 2 finding: Pulmonary fibrosis		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main2___13	Chest X-Ray 2 finding: COPD findings		REDCap Retrospective form	Categorical	0, No 1, Yes
other_cxrmain_2	Other CXR 2 findings	valid if cxr_main2__9=1	REDCap Retrospective form	Free-text	Text
cxr_main3___0	Chest X-Ray 3 finding: CXR not performed		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main3___1	Chest X-Ray 3 finding: Focal consolidation		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main3___2	Chest X-Ray 3 finding: Multi-lobar consolidation		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main3___3	Chest X-Ray 3 finding: Interstitial pneumonia		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main3___4	Chest X-Ray 3 finding: Ground glass opacity		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main3___5	Chest X-Ray 3 finding: Local patchy shadowing		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main3___6	Chest X-Ray 3 finding: Bilaterial patchy shadowing		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main3___7	Chest X-Ray 3 finding: Interstitial abnormalities		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main3___8	Chest X-Ray 3 finding: No acute findings		REDCap Retrospective form	Categorical	0, No 1, Yes

cxr_main3___9	Chest X-Ray 3 finding: Other		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main3___10	Chest X-Ray 3 finding: Atelactasis		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main3___11	Chest X-Ray 3 finding: Pleural effusion		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main3___12	Chest X-Ray 3 finding: Pulmonary fibrosis		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main3___13	Chest X-Ray 3 finding: COPD findings		REDCap Retrospective form	Categorical	0, No 1, Yes
other_cxrmain__3	Other CXR 3 findings	valid if cxr_main3__9=1	REDCap Retrospective form	Free-text	Text
cxr_main4___0	Chest X-Ray 4 finding: CXR not performed		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main4___1	Chest X-Ray 4 finding: Focal consolidation		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main4___2	Chest X-Ray 4 finding: Multi-lobar consolidation		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main4___3	Chest X-Ray 4 finding: Interstitial pneumonia		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main4___4	Chest X-Ray 4 finding: Ground glass opacity		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main4___5	Chest X-Ray 4 finding: Local patchy shadowing		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main4___6	Chest X-Ray 4 finding: Bilaterial patchy shadowing		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main4___7	Chest X-Ray 4 finding: Interstitial abnormalities		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main4___8	Chest X-Ray 4 finding: No acute findings		REDCap Retrospective form	Categorical	0, No 1, Yes

cxr_main4___9	Chest X-Ray 4 finding: Other		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main4___10	Chest X-Ray 4 finding: Atelactasis		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main4___11	Chest X-Ray 4 finding: Pleural effusion		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main4___12	Chest X-Ray 4 finding: Pulmonary fibrosis		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main4___13	Chest X-Ray 4 finding: COPD findings		REDCap Retrospective form	Categorical	0, No 1, Yes
other_cxrmain_4	Other CXR 4 findings	valid if cxr_main4__9=1	REDCap Retrospective form	Free-text	Text
cxr_main5___0	Chest X-Ray 5 finding: CXR not performed		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main5___1	Chest X-Ray 5 finding: Focal consolidation		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main5___2	Chest X-Ray 5 finding: Multi-lobar consolidation		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main5___3	Chest X-Ray 5 finding: Interstitial pneumonia		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main5___4	Chest X-Ray 5 finding: Ground glass opacity		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main5___5	Chest X-Ray 5 finding: Local patchy shadowing		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main5___6	Chest X-Ray 5 finding: Bilaterial patchy shadowing		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main5___7	Chest X-Ray 5 finding: Interstitial abnormalities		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main5___8	Chest X-Ray 5 finding: No acute findings		REDCap Retrospective form	Categorical	0, No 1, Yes

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

cxr_main5___9	Chest X-Ray 5 finding: Other		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main5___10	Chest X-Ray 5 finding: Atelactasis		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main5___11	Chest X-Ray 5 finding: Pleural effusion		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main5___12	Chest X-Ray 5 finding: Pulmonary fibrosis		REDCap Retrospective form	Categorical	0, No 1, Yes
cxr_main5___13	Chest X-Ray 5 finding: COPD findings		REDCap Retrospective form	Categorical	0, No 1, Yes
other_cxrmain_5	Other CXR 5 findings	valid if cxr_main5__9=1	REDCap Retrospective form	Free-text	Text
ct Variable not in use, replaced by ct_main__0 to ct_main__13	Chest CT findings		REDCap Retrospective form	Categorical	0, CT not performed 1, Focal consolidation 2, Multi-lobar consolidation 3, Interstitial pneumonia 4, Ground glass opacity 5, Local patchy shadowing 6, Bilateral patchy shadowing 7, Interstitial abnormalities 8, No acute findings 9, Other 10, Atelactasis 11, Pleural Effusion 12, Pulmonary Fibrosis 13, COPD findings 14, Pulmonary Embolism
other_ct Variable not in use, replaced by other_ct_main	Other CT findings	valid if ct=9	REDCap Retrospective form	Free-text	Text
ct_main___0	Chest CT finding: CT not performed		REDCap Retrospective form	Categorical	0, No 1, Yes
ct_main___1	Chest CT finding: Focal consolidation		REDCap Retrospective form	Categorical	0, No 1, Yes

ct_main___2	Chest CT finding: Multi-lobar consolidation		REDCap Retrospective form	Categorical	0, No 1, Yes
ct_main___3	Chest CT finding: Interstitial pneumonia		REDCap Retrospective form	Categorical	0, No 1, Yes
ct_main___4	Chest CT finding: Ground glass opacity		REDCap Retrospective form	Categorical	0, No 1, Yes
ct_main___5	Chest CT finding: Local patchy shadowing		REDCap Retrospective form	Categorical	0, No 1, Yes
ct_main___6	Chest CT finding: Bilateral patchy shadowing		REDCap Retrospective form	Categorical	0, No 1, Yes
ct_main___7	Chest CT finding: Interstitial abnormalities		REDCap Retrospective form	Categorical	0, No 1, Yes
ct_main___8	Chest CT finding: No acute findings		REDCap Retrospective form	Categorical	0, No 1, Yes
ct_main___9	Chest CT finding: Other		REDCap Retrospective form	Categorical	0, No 1, Yes
ct_main___10	Chest CT finding: Atelactasis		REDCap Retrospective form	Categorical	0, No 1, Yes
ct_main___11	Chest CT finding: Pleural effusion		REDCap Retrospective form	Categorical	0, No 1, Yes
ct_main___12	Chest CT finding: Pulmonary fibrosis		REDCap Retrospective form	Categorical	0, No 1, Yes
ct_main___13	Chest CT finding: COPD findings		REDCap Retrospective form	Categorical	0, No 1, Yes
ct_main___14	Chest CT finding: Pulmonary embolism		REDCap Retrospective form	Categorical	0, No 1, Yes
other_ct_main	Other chest CT finding	valid if ct_main__9=1	REDCap Retrospective form	Free-text	Text
admitted	Was the patient admitted?		REDCap Retrospective form	Categorical	0, No 1, Yes

level1	Level of care 1 after ED	valid if admitted=1	REDCap Retrospective form	Categorical	0, Regular ward 1, Isolation ward 2, High acuity/step down 3, ICU 4, Hallway 5, Operating room (without going for surgery) 6, Room but unable to determine isolation status 7, Transferred to another hospital
trans_level1	Name of hospital patient was transferred to	valid if leve1l=7	REDCap Retrospective form	Free-text	Text
date_level1	Date of transfer into level of care 1	valid if level1 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
level2	Level of care 2 after ED	valid if admitted=1	REDCap Retrospective form	Categorical	0, Regular ward 1, Isolation ward 2, High acuity/step down 3, ICU 4, Hallway 5, Operating room (without going for surgery) 6, Room but unable to determine isolation status 7, Transferred to another hospital
trans_level2	Name of hospital patient was transferred to	valid if level2=7	REDCap Retrospective form	Free-text	Text
date_level2	Date of transfer into level of care 2	valid if level2 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
level3	Level of care 3 after ED	valid if admitted=1	REDCap Retrospective form	Categorical	0, Regular ward 1, Isolation ward 2, High acuity/step down 3, ICU 4, Hallway 5, Operating room (without going for surgery) 6, Room but unable to determine isolation status 7, Transferred to another hospital
trans_level3	Name of hospital patient was transferred to	valid if level3=7	REDCap Retrospective form	Free-text	Text

date_level3	Date of transfer into level of care 3	valid if level3 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
level4	Level of care 4 after ED	valid if admitted=1	REDCap Retrospective form	Categorical	0, Regular ward 1, Isolation ward 2, High acuity/step down 3, ICU 4, Hallway 5, Operating room (without going for surgery) 6, Room but unable to determine isolation status 7, Transferred to another hospital
trans_level4	Name of hospital patient was transferred to	valid if level4=7	REDCap Retrospective form	Free-text	Text
date_level4	Date of transfer into level of care 4	valid if level4 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
level5	Level of care 5 after ED	valid if admitted=1	REDCap Retrospective form	Categorical	0, Regular ward 1, Isolation ward 2, High acuity/step down 3, ICU 4, Hallway 5, Operating room (without going for surgery) 6, Room but unable to determine isolation status 7, Transferred to another hospital
trans_level5	Name of hospital patient was transferred to	valid if level5=7	REDCap Retrospective form	Free-text	Text
date_level5	Date of transfer into level of care 5	valid if level5 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
hosp_med1 - hosp_med10	New medications administered in hospital	These variables have been replaced with hosp_medication__1 to hosp_medication__43	REDCap Retrospective form	Categorical	MedDRA drug drop-down list
other_hospmed	Other new medications administered in hospital. Please separate list with semi-colon.	This variable has been replaced with hosp_medication__1 to hosp_medication__43	REDCap Retrospective form	Free-text	Text

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

hosp_medication__1	Medication administered in hospital: Acyclovir	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__2	Medication administered in hospital: Amoxicillin	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__3	Medication administered in hospital: Amoxicillin / Clavulanate	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__4	Medication administered in hospital: Apixaban / Edoxaban / Rivaroxaban / Dabigatran	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__5	Medication administered in hospital: Azithromycin / Clarithromycin	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__6	Medication administered in hospital: Cefazolin	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__7	Medication administered in hospital: Cefotaxime	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__8	Medication administered in hospital: Ceftazidime	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__9	Medication administered in hospital: Ceftriaxone	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__10	Medication administered in hospital: Chloroquine	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__11	Medication administered in hospital: Cisatracurium	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__12	Medication administered in hospital: Dexamethasone	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__13	Medication administered in hospital: Dexmedetomidine	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes

hosp_medication__14	Medication administered in hospital: Doxycycline	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__15	Medication administered in hospital: Enoxaparin / Tinzaparin / Dalteparin	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__16	Medication administered in hospital: Epinephrine	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__17	Medication administered in hospital: Etomidate	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__18	Medication administered in hospital: Furosemide	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__19	Medication administered in hospital: Heparin	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__20	Medication administered in hospital: Hydrocortisone	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__21	Medication administered in hospital: Hydroxychloroquine	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__22	Medication administered in hospital: Ipratropium bromide	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__23	Medication administered in hospital: Ketamine	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__24	Medication administered in hospital: Levofloxacin	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__25	Medication administered in hospital: Lopinivir / Ritonavir	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__26	Medication administered in hospital: Meropenem	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes

hosp_medication__27	Medication administered in hospital: Methylprednisolone	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__28	Medication administered in hospital: Metronidazole	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__29	Medication administered in hospital: Moxifloxacin	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__30	Medication administered in hospital: Norepinephrine	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__31	Medication administered in hospital: Oseltamivir	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__32	Medication administered in hospital: Piperacillin / Tazobactam	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__33	Medication administered in hospital: Prednisone	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__34	Medication administered in hospital: Propofol	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__35	Medication administered in hospital: Rocuronium	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__36	Medication administered in hospital: Salbutamol	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__37	Medication administered in hospital: Succinylcholine	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__38	Medication administered in hospital: Valacyclovir	Variable hidden from data collection as of February 25th, 2022	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__39	Medication administered in hospital: Vancomycin	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes

hosp_medication__40	Medication administered in hospital: Warfarin	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__41	Medication administered in hospital: Remdesivir	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__42	Medication administered in hospital: Bamlanivimab	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__43	Medication administered in hospital: Colchicine	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__44	Medication administered in hospital: Tocilizumab	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__45	Medication administered in hospital: Sarilumab	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__46	Medication administered in hospital: Siltuximab	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__47	Medication administered in hospital: Baricitnib	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__48	Medication administered in hospital: Casirivimab and imdevimab	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__49	Medication administered in hospital: Sotrovimab	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__50	Medication administered in hospital: Nirmatrelvir and Ritonavir	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes

hosp_medication__51	Medication administered in hospital: Molnupiravir	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__52	Medication administered in hospital: Budesonide	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
no_hosp_med	Field for research assistants to confirm reason why no medications were administered in hospital	valid if hosp_medication__1 to hosp_medication__52 all = 0	REDCap Retrospective form	Categorical	0, I was unable to obtain this patient's hospital medication information 1, I confirm that, after reviewing patient's chart information, this patient was to given any of the above medications in hospital
hosp_intubation	Intubation on ward/in ICU	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes 9, Unknown
date_hosp_intubation	Date hospital intubation	valid if hosp_intubation=1	REDCap Retrospective form	Date	YYYY-MM-DD
date_hosp_extubation	Date hospital extubation	valid if date_hosp_intubation is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
hosp_reintubation	Re-intubation on ward/ICU (2nd intubation)	valid if date_hosp_extubation is not missing	REDCap Retrospective form	Categorical	0, No 1, Yes 9, Unknown
date_hosp_intubation_2	Date hospital intubation	valid if hosp_reintubation=1	REDCap Retrospective form	Date	YYYY-MM-DD
date_hosp_extubation_2	Date hospital extubation	valid if date_hosp_intubation_2 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
hosp_reintubation_2	Re-intubation on ward/ICU (3rd intubation)	valid if date_hosp_extubation_2 is not missing	REDCap Retrospective form	Categorical	0, No 1, Yes 9, Unknown
date_hosp_intubation_3	Date hospital intubation	valid if hosp_reintubation_2=1	REDCap Retrospective form	Date	YYYY-MM-DD
date_hosp_extubation_3	Date hospital extubation	valid if date_hosp_intubation_3 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD

hosp_reintubation_3	Re-intubation on ward/ICU (4th intubation)	valid if date_hosp_extubation_3 is not missing	REDCap Retrospective form	Categorical	0, No 1, Yes 9, Unknown
date_hosp_intubation_4	Date hospital intubation	valid if hosp_reintubation_3=1	REDCap Retrospective form	Date	YYYY-MM-DD
date_hosp_extubation_4	Date hospital extubation	valid if date_hosp_intubation_4 is not missing	REDCap Retrospective form	Date	YYYY-MM-DD
hosp_death	In-hospital death	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
date_hosp_death	Date hospital death	valid if hosp_death=1	REDCap Retrospective form	Date	YYYY-MM-DD
hosp_dx1	Hospital discharge diagnosis	valid if admitted=1	REDCap Retrospective form	Categorical	1, Suspected case of COVID-19 2, Confirmed case of COVID-19 3, Upper Respiratory Tract Infection 4, Pneumonia 5, Viral pneumonia 6, Cough, NYD 7, Fever, NYD 8, Sinusitis 9, Pharyngitis 10, Flu-like Illness 11, Bronchitis 12, Chronic obstructive lung disease 13, Asthma 14, ARDS Adult respiratory distress syndrome 15, Pulmonary edema/congestive heart failure 16, Pulmonary embolism 17, SOB Shortness of breath 18, Viral pneumonia 19, FUO Fever unknown origin 20, Sepsis, NYD 21, Chest pain, NYD 22, Other
other_dx1	Other diagnosis	valid if hosp_dx1=22	REDCap Retrospective form	Free-text	Text

other_dx1_comment	Comment on discharge diagnosis	valid if admitted=1	REDCap Retrospective form	Free-text	Text
hosp_dx2	Hospital discharge diagnosis	valid if admitted=1	REDCap Retrospective form	Categorical	1, Suspected case of COVID-19 2, Confirmed case of COVID-19 3, Upper Respiratory Tract Infection 4, Pneumonia 5, Viral pneumonia 6, Cough, NYD 7, Fever, NYD 8, Sinusitis 9, Pharyngitis 10, Flu-like Illness 11, Bronchitis 12, Chronic obstructive lung disease 13, Asthma 14, ARDS Adult respiratory distress syndrome 15, Pulmonary edema/congestive heart failure 16, Pulmonary embolism 17, SOB Shortness of breath 18, Viral pneumonia 19, FUO Fever unknown origin 20, Sepsis, NYD 21, Chest pain, NYD 22, Other
other_dx2	Other diagnosis	valid if hosp_dx2=22	REDCap Retrospective form	Free-text	Text
other_dx2_comment	Comment on discharge diagnosis	valid if admitted=1	REDCap Retrospective form	Free-text	Text
hosp_dx3	Hospital discharge diagnosis	valid if admitted=1	REDCap Retrospective form	Categorical	1, Suspected case of COVID-19 2, Confirmed case of COVID-19 3, Upper Respiratory Tract Infection 4, Pneumonia 5, Viral pneumonia 6, Cough, NYD 7, Fever, NYD 8, Sinusitis 9, Pharyngitis 10, Flu-like Illness 11, Bronchitis 12, Chronic obstructive lung disease 13, Asthma

					14, ARDS Adult respiratory distress syndrome 15, Pulmonary edema/congestive heart failure 16, Pulmonary embolism 17, SOB Shortness of breath 18, Viral pneumonia 19, FUO Fever unknown origin 20, Sepsis, NYD 21, Chest pain, NYD 22, Other
other_dx3	Other diagnosis	valid if hosp_dx3=22	REDCap Retrospective form	Free-text	Text
other_dx3_comment	Comment on discharge diagnosis	valid if admitted=1	REDCap Retrospective form	Free-text	Text
hosp_dx4	Hospital discharge diagnosis	valid if admitted=1	REDCap Retrospective form	Categorical	1, Suspected case of COVID-19 2, Confirmed case of COVID-19 3, Upper Respiratory Tract Infection 4, Pneumonia 5, Viral pneumonia 6, Cough, NYD 7, Fever, NYD 8, Sinusitis 9, Pharyngitis 10, Flu-like Illness 11, Bronchitis 12, Chronic obstructive lung disease 13, Asthma 14, ARDS Adult respiratory distress syndrome 15, Pulmonary edema/congestive heart failure 16, Pulmonary embolism 17, SOB Shortness of breath 18, Viral pneumonia 19, FUO Fever unknown origin 20, Sepsis, NYD 21, Chest pain, NYD 22, Other
other_dx4	Other diagnosis	valid if hosp_dx4=22	REDCap Retrospective form	Free-text	Text
other_dx4_comment	Comment on discharge diagnosis	valid if admitted=1	REDCap Retrospective form	Free-text	Text

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

hosp_dx5	Hospital discharge diagnosis	valid if admitted=1	REDCap Retrospective form	Categorical	1, Suspected case of COVID-19 2, Confirmed case of COVID-19 3, Upper Respiratory Tract Infection 4, Pneumonia 5, Viral pneumonia 6, Cough, NYD 7, Fever, NYD 8, Sinusitis 9, Pharyngitis 10, Flu-like Illness 11, Bronchitis 12, Chronic obstructive lung disease 13, Asthma 14, ARDS Adult respiratory distress syndrome 15, Pulmonary edema/congestive heart failure 16, Pulmonary embolism 17, SOB Shortness of breath 18, Viral pneumonia 19, FUO Fever unknown origin 20, Sepsis, NYD 21, Chest pain, NYD 22, Other
other_dx5	Other diagnosis	valid if hosp_dx5=22	REDCap Retrospective form	Free-text	Text
other_dx5_comment	Comment on discharge diagnosis	valid if admitted=1	REDCap Retrospective form	Free-text	Text
discharge_date	Hospital discharge date	valid if admitted=1	REDCap Retrospective form	Date	YYYY-MM-DD
hospital_los	Total hospital length of stay, in days	Patient's total length of stay in hospital. For patients not admitted, hospital_los = ed_los For admitted patients, hospital_los is the difference between edvisitdate and discharge_date.	Analytical Variable	Free-text	Number

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

Retrospective Chart Review Follow-up Data Collection

Variable	Description	Condition / Explanation	Data element / Database	Type	Code or Value
revisit1	First ED Re-visit date (if patient had a re-visit within 30 days after index visit)		REDCap Follow-up form: 30 day chart review	Date	YYYY-MM-DD
covid_revisit1	Was the first ED re-visit COVID-19 related	valid if revisit1 is not missing	REDCap Follow-up form: 30 day chart review	Categorical	0, No 1, Yes
revisit2	Second ED Re-visit date (if patient had a second re-visit within 30 days after index visit)		REDCap Follow-up form: 30 day chart review	Date	YYYY-MM-DD
covid_revisit2	Was the second ED re-visit COVID-19 related	valid if revisit2 is not missing	REDCap Follow-up form: 30 day chart review	Categorical	0, No 1, Yes
revisit3	Third ED Re-visit date (if patient had a third re-visit within 30 days after index visit)		REDCap Follow-up form: 30 day chart review	Date	YYYY-MM-DD
covid_revisit3	Was the third ED re-visit COVID-19 related	valid if revisit3 is not missing	REDCap Follow-up form: 30 day chart review	Categorical	0, No 1, Yes
revisit4	Fourth ED Re-visit date (if patient had a fourth re-visit within 30 days after index visit)		REDCap Follow-up form: 30 day chart review	Date	YYYY-MM-DD
covid_revisit4	Was the fourth ED re-visit COVID-19 related	valid if revisit4 is not missing	REDCap Follow-up form: 30 day chart review	Categorical	0, No 1, Yes
revisit5	Fifth ED Re-visit date (if patient had a fifth re-visit within 30 days after index visit)		REDCap Follow-up form: 30 day chart review	Date	YYYY-MM-DD

covid_revisit5	Was the fifth ED re-visit COVID-19 related	valid if revisit5 is not missing	REDCap Follow-up form: 30 day chart review	Categorical	0, No 1, Yes
death	Did the patient die within 30 days after index visit date	valid if hosp_death is not 1	REDCap Follow-up form: 30 day chart review	Categorical	0, No 1, Yes 9, Unknown
date_death	Date of death	valid if death=1	REDCap Follow-up form: 30 day chart review	Date	YYYY-MM-DD
followup_variables_complete	Was the 30 day chart review form complete		REDCap Follow-up form: 30 day chart review	Categorical	0, Incomplete 1, Unverified 2, Complete

Vaccine Status Data Collection

Variable	Description	Condition / Explanation	Data element / Database	Type	Code or Value
vaccinated_yn_pro	Was patient vaccinated for COVID-19?		REDCap Prospective form	Categorical	0, No 1, Yes 2, No documented / unknown
dose1_type_pro	Type of vaccine patient received for the first dose	valid if vaccinated_yn_pro=1	REDCap Prospective form	Categorical	1, Pfizer-BioNTech COVID-19 Vaccine 2, Moderna COVID-19 Vaccine 3, AstraZeneca COVID-19 Vaccine 4, Johnson & Johnson / Janssen COVID-19 Vaccine 5, Other vaccine not listed above 6, Unknown (but vaccinated) 7, Covishield COVID-19 Vaccine
dose1_other_pro	Other type of vaccine	valid if dose1_type_pro=5	REDCap Prospective form	Free-text	Text
dose1_date_pro	Date on which the patient received their first dose	valid if vaccinated_yn_pro=1	REDCap Prospective form	Date	YYYY-MM-DD (*Min: 2020-12-01*)
dose2_yn_pro	Did patient receive a second dose of vaccine	valid if vaccinated_yn_pro=1	REDCap Prospective form	Categorical	0, No 1, Yes 2, Not documented
dose2_type_pro	Type of vaccine patient received for the second dose	valid if dose2_yn_pro=1	REDCap Prospective form	Categorical	1, Pfizer-BioNTech COVID-19 Vaccine 2, Moderna COVID-19 Vaccine 3, AstraZeneca COVID-19 Vaccine 4, Johnson & Johnson / Janssen COVID-19 Vaccine 5, Other vaccine not listed above 6, Unknown (but vaccinated) 7, Covishield COVID-19 Vaccine
dose2_other_pro	Other type of vaccine	valid if dose2_type_pro=5	REDCap Prospective form	Free-text	Text
dose2_date_pro	Date on which the patient received their second dose	valid if dose2_yn_pro=1	REDCap Prospective form	Date	YYYY-MM-DD (*Min: 2020-12-01*)

additional_pro	Did patient receive additional COVID-19 vaccination doses?	valid if dose2_yn_pro=1	REDCap Prospective form	Categorical	0, No 1, Yes 2, Not documented
dose3_yn_pro	Did patient receive a third dose of vaccine	valid if additional_pro=1	REDCap Prospective form	Categorical	0, No 1, Yes 2, Not documented
dose3_type_pro	Type of vaccine patient received for the third dose	valid if dose3_yn_pro=1	REDCap Prospective form	Categorical	1, Pfizer-BioNTech COVID-19 Vaccine 2, Moderna COVID-19 Vaccine 3, AstraZeneca COVID-19 Vaccine 4, Johnson & Johnson / Janssen COVID-19 Vaccine 5, Other vaccine not listed above 6, Unknown (but vaccinated) 7, Covishield COVID-19 Vaccine
dose3_other_pro	Other type of vaccine	valid if dose3_type_pro=5	REDCap Prospective form	Free-text	Text
dose3_date_pro	Date on which the patient received their third dose	valid if dose3_yn_pro=1	REDCap Prospective form	Date	YYYY-MM-DD (*Min: 2020-12-01*)
dose4_yn_pro	Did patient receive a fourth dose of vaccine	valid if dose3_yn_pro=1	REDCap Prospective form	Categorical	0, No 1, Yes 2, Not documented
dose4_type_pro	Type of vaccine patient received for the fourth dose	valid if dose4_yn_pro=1	REDCap Prospective form	Categorical	1, Pfizer-BioNTech COVID-19 Vaccine 2, Moderna COVID-19 Vaccine 3, AstraZeneca COVID-19 Vaccine 4, Johnson & Johnson / Janssen COVID-19 Vaccine 5, Other vaccine not listed above 6, Unknown (but vaccinated) 7, Covishield COVID-19 Vaccine
dose4_other_pro	Other type of vaccine	valid if dose4_type_pro=5	REDCap Prospective form	Free-text	Text
dose4_date_pro	Date on which the patient received their fourth dose	valid if dose4_yn_pro=1	REDCap Prospective form	Date	YYYY-MM-DD (*Min: 2020-12-01*)
vaccinated_yn_retro	Was patient vaccinated for COVID-19 based on		REDCap Retrospective form	Categorical	0, No 1, Yes

	chart review (review of MD and nursing notes or vaccine registry)?				2, No documented / unknown
dose1_type_retro	Type of vaccine patient received for the first dose	valid if vaccinated_yn_retro=1	REDCap Retrospective form	Categorical	1, Pfizer-BioNTech COVID-19 Vaccine 2, Moderna COVID-19 Vaccine 3, AstraZeneca COVID-19 Vaccine 4, Johnson & Johnson / Janssen COVID-19 Vaccine 5, Other vaccine not listed above 6, Unknown (but vaccinated) 7, Covishield COVID-19 Vaccine
dose1_other_retro	Other type of vaccine	valid if dose1_type_retro=5	REDCap Retrospective form	Free-text	Text
dose1_date_retro	Date on which the patient received their first dose	valid if vaccinated_yn_retro=1	REDCap Retrospective form	Date	YYYY-MM-DD (*Min: 2020-12-01*)
dose2_yn_retro	Did patient receive a second dose of vaccine	valid if vaccinated_yn_retro=1	REDCap Retrospective form	Categorical	0, No 1, Yes 2, Not documented
dose2_type_retro	Type of vaccine patient received for the second dose	valid if dose2_yn_retro=1	REDCap Retrospective form	Categorical	1, Pfizer-BioNTech COVID-19 Vaccine 2, Moderna COVID-19 Vaccine 3, AstraZeneca COVID-19 Vaccine 4, Johnson & Johnson / Janssen COVID-19 Vaccine 5, Other vaccine not listed above 6, Unknown (but vaccinated) 7, Covishield COVID-19 Vaccine
dose2_other_retro	Other type of vaccine	valid if dose2_type_retro=5	REDCap Retrospective form	Free-text	Text
dose2_date_retro	Date on which the patient received their second dose	valid if dose2_yn_retro=1	REDCap Retrospective form	Date	YYYY-MM-DD (*Min: 2020-12-01*)
dose3_yn_retro	Did patient receive a third dose of vaccine	valid if dose2_yn_retro=1	REDCap Retrospective form	Categorical	0, No 1, Yes 2, Not documented
dose3_type_retro	Type of vaccine patient received for the third dose	valid if dose3_yn_retro=1	REDCap Retrospective form	Categorical	1, Pfizer-BioNTech COVID-19 Vaccine 2, Moderna COVID-19 Vaccine 3, AstraZeneca COVID-19 Vaccine

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

					4, Johnson & Johnson / Janssen COVID-19 Vaccine 5, Other vaccine not listed above 6, Unknown (but vaccinated) 7, Covishield COVID-19 Vaccine
dose3_other_retro	Other type of vaccine	valid if dose3_type_retro=5	REDCap Retrospective form	Free-text	Text
dose3_date_retro	Date on which the patient received their third dose	valid if dose3_yn_retro=1	REDCap Retrospective form	Date	YYYY-MM-DD (*Min: 2020-12-01*)
dose4_yn_retro	Did patient receive a fourth dose of vaccine	valid if dose3_yn_retro=1	REDCap Retrospective form	Categorical	0, No 1, Yes 2, Not documented
dose4_type_retro	Type of vaccine patient received for the fourth dose	valid if dose4_yn_retro=1	REDCap Retrospective form	Categorical	1, Pfizer-BioNTech COVID-19 Vaccine 2, Moderna COVID-19 Vaccine 3, AstraZeneca COVID-19 Vaccine 4, Johnson & Johnson / Janssen COVID-19 Vaccine 5, Other vaccine not listed above 6, Unknown (but vaccinated) 7, Covishield COVID-19 Vaccine
dose4_other_retro	Other type of vaccine	valid if dose4_type_retro=5	REDCap Retrospective form	Free-text	Text
dose4_date_retro	Date on which the patient received their fourth dose	valid if dose4_yn_retro=1	REDCap Retrospective form	Date	YYYY-MM-DD (*Min: 2020-12-01*)
vaccinated_tfu	Was patient vaccinated for COVID-19?		REDCap telephone follow-up form: Vaccine Status	Categorical	0, No 1, Yes 2, No documented / unknown 3, Prefer not to answer
dose1_type_tfu	Type of vaccine patient received for the first dose	valid if vaccinated_tfu =1	REDCap telephone follow-up form: Vaccine Status	Categorical	1, Pfizer-BioNTech COVID-19 Vaccine 2, Moderna COVID-19 Vaccine 3, AstraZeneca COVID-19 Vaccine 4, Johnson & Johnson / Janssen COVID-19 Vaccine 5, Other vaccine not listed above 6, Unknown (but vaccinated) 7, Covishield COVID-19 Vaccine

dose1_other_tfu	Other type of vaccine	valid if dose1_type_tfu=5	REDCap telephone follow-up form: Vaccine Status	Free-text	Text
dose1_date_tfu	Date on which the patient received their first dose	valid if vaccinated_tfu =1	REDCap telephone follow-up form: Vaccine Status	Date	YYYY-MM-DD (*Min: 2020-12-01*)
dose2_tfu	Did ,,,, receive a second dose of vaccine	valid if vaccinated_tfu =1	REDCap telephone follow-up form: Vaccine Status	Categorical	0, No 1, Yes 2, Not documented
dose2_type_tfu	Type of vaccine patient received for the second dose	valid if dose2_tfu=1	REDCap telephone follow-up form: Vaccine Status	Categorical	1, Pfizer-BioNTech COVID-19 Vaccine 2, Moderna COVID-19 Vaccine 3, AstraZeneca COVID-19 Vaccine 4, Johnson & Johnson / Janssen COVID-19 Vaccine 5, Other vaccine not listed above 6, Unknown (but vaccinated) 7, Covishield COVID-19 Vaccine
dose2_other_tfu	Other type of vaccine	valid if dose2_type_tfu=5	REDCap telephone follow-up form: Vaccine Status	Free-text	Text
dose2_date_tfu	Date on which the patient received their second dose	valid if dose2_tfu =1	REDCap telephone follow-up form: Vaccine Status	Date	YYYY-MM-DD (*Min: 2020-12-01*)
additional_tfu	Did patient receive additional COVID-19 vaccination doses?	valid if dose2_tfu =1	REDCap telephone follow-up form: Vaccine Status	Categorical	0, No 1, Yes 2, Not documented
dose3_tfu	Did patient receive a third dose of vaccine	valid if additional_tfu=1	REDCap telephone follow-up form: Vaccine Status	Categorical	0, No 1, Yes 2, Not documented
dose3_type_tfu	Type of vaccine patient received for the third dose	valid if dose3_tfu=1	REDCap telephone follow-up form: Vaccine Status	Categorical	1, Pfizer-BioNTech COVID-19 Vaccine 2, Moderna COVID-19 Vaccine 3, AstraZeneca COVID-19 Vaccine 4, Johnson & Johnson / Janssen COVID-19 Vaccine 5, Other vaccine not listed above 6, Unknown (but vaccinated) 7, Covishield COVID-19 Vaccine

dose3_other_tfu	Other type of vaccine	valid if dose3_type_tfu=5	REDCap telephone follow-up form: Vaccine Status	Free-text	Text
dose3_date_tfu	Date on which the patient received their third dose	valid if dose3_tfu=1	REDCap telephone follow-up form: Vaccine Status	Date	YYYY-MM-DD (*Min: 2020-12-01*)
dose4_yn_tfu	Did patient receive a fourth dose of vaccine	valid if dose3_tfu=1	REDCap telephone follow-up form: Vaccine Status	Categorical	0, No 1, Yes 2, Not documented
dose4_type_tfu	Type of vaccine patient received for the fourth dose	valid if dose4_yn_tfu=1	REDCap telephone follow-up form: Vaccine Status	Categorical	1, Pfizer-BioNTech COVID-19 Vaccine 2, Moderna COVID-19 Vaccine 3, AstraZeneca COVID-19 Vaccine 4, Johnson & Johnson / Janssen COVID-19 Vaccine 5, Other vaccine not listed above 6, Unknown (but vaccinated) 7, Covishield COVID-19 Vaccine
dose4_other_tfu	Other type of vaccine	valid if dose4_type_tfu=5	REDCap telephone follow-up form: Vaccine Status	Free-text	Text
dose4_date_tfu	Date on which the patient received their fourth dose	valid if dose4_yn_tfu=1	REDCap telephone follow-up form: Vaccine Status	Date	YYYY-MM-DD (*Min: 2020-12-01*)
diagnosed_tfu	Was patient diagnosed with COVID-19 since visiting the emergency department	valid if participant_consent=1	REDCap telephone follow-up form: Vaccine Status	Categorical	0, No 1, Yes 2, Unknown 3, Prefer not to answer
diagnosed_date_tfu	When was the diagnosis made	valid if diagnosed_tfu=1	REDCap telephone follow-up form: Vaccine Status	Date	YYYY-MM-DD (*Min: 2020-03-01*)
flu_vacc_tfu	When was patient last vaccinated for influenza or the flu	valid if participant_consent=1	REDCap telephone follow-up form: Vaccine Status	Categorical	0, 2021 1, 2020 2, Prior to 2020 3, Never 4, Unknown / Prefer not to answer

vaccination_status_14_retro	Patient's vaccination status using data collected from retrospective chart review	Fully vaccinated: 14 or more days after receiving two doses of a two-dose vaccination series, or after receiving one dose of a one-dose vaccination series. Partially vaccinated: 14 or more days after receiving one dose of a two-dose vaccination series.	Analytical Variable	Categorical	0, Not vaccinated at the time of patient's ED visit. 1, Partially vaccinated at the time of patient's ED visit. 2, Fully vaccinated at the time of patient's ED visit. 9, Vaccination status not documented
vaccination_status_7_retro	Patient's vaccination status using data collected from retrospective chart review	Fully vaccinated: 7 or more days after receiving two doses of a two-dose vaccination series, or after receiving one dose of a one-dose vaccination series. Partially vaccinated: 7 or more days after receiving one dose of a two-dose vaccination series.	Analytical Variable	Categorical	0, Not vaccinated at the time of patient's ED visit. 1, Partially vaccinated at the time of patient's ED visit. 2, Fully vaccinated at the time of patient's ED visit. 9, Vaccination status not documented
vaccination_status_14_tfu	Patient's vaccination status using data collected from telephone follow-up	Fully vaccinated: 14 or more days after receiving two doses of a two-dose vaccination series, or after receiving one dose of a one-dose vaccination series. Partially vaccinated: 14 or more days after receiving one dose of a two-dose vaccination series.	Analytical Variable	Categorical	0, Not vaccinated at the time of patient's ED visit. 1, Partially vaccinated at the time of patient's ED visit. 2, Fully vaccinated at the time of patient's ED visit. 9, Vaccination status not documented

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

vaccination_status_7_tfu	Patient's vaccination status using data collected from telephone follow-up	Fully vaccinated: 7 or more days after receiving two doses of a two-dose vaccination series, or after receiving one dose of a one-dose vaccination series. Partially vaccinated: 7 or more days after receiving one dose of a two-dose vaccination series.	Analytical Variable	Categorical	0, Not vaccinated at the time of patient's ED visit. 1, Partially vaccinated at the time of patient's ED visit. 2, Fully vaccinated at the time of patient's ED visit. 9, Vaccination status not documented
vaccination_status_14	Final vaccination status created using telephone follow-up data, and if unavailable, using retrospective chart review data.	Fully vaccinated: 14 or more days after receiving two doses of a two-dose vaccination series, or after receiving one dose of a one-dose vaccination series. Partially vaccinated: 14 or more days after receiving one dose of a two-dose vaccination series. *ED visits before January 1, 2021 categorized as "Not Vaccinated"	Analytical Variable	Categorical	0, Not vaccinated at the time of patient's ED visit. 1, Partially vaccinated at the time of patient's ED visit. 2, Fully vaccinated at the time of patient's ED visit. 9, Vaccination status not documented
vaccination_status_7	Final vaccination status created using telephone	Fully vaccinated: 7 or more days after	Analytical Variable	Categorical	0, Not vaccinated at the time of patient's ED visit.

| | follow-up data, and if unavailable, using retrospective chart review data. | receiving two doses of a two-dose vaccination series, or after receiving one dose of a one-dose vaccination series.

Partially vaccinated: 7 or more days after receiving one dose of a two-dose vaccination series.

ED visits before January 1, 2021 categorized as "Not Vaccinated" | | | 1, Partially vaccinated at the time of patient's ED visit.
2, Fully vaccinated at the time of patient's ED visit.
9, Vaccination status not documented |

Variable	Description	Condition / Explanation	Data element / Database	Type	Code or Value (note: '9999'=missing')
participant_consent	Did the participant consent to telephone follow-up?		REDCap telephone follow-up form: Patient consent	Categorical	0, No 1, Yes
not_consent_reason	Reason why participant did not consent	valid if participant_consent=0	REDCap telephone follow-up form: Patient consent	Categorical	1, Unable to contact the participant after 5 attempts 2, Unable to consent due to language barrier 3, Unable to consent because participant unable to understand and no proxy 4, Not interested or refuse to participate 5, Participant is deceased 6, Survey too long – participant decided to end survey / participation 7, Other
not_consent_reason_other	Other reason participant did not consent	valid if not_consent_reason=7	REDCap telephone follow-up form: Patient consent	Free-text	Text
consent_date	Date of consent	valid if participant_consent=1	REDCap telephone follow-up form: Patient consent	Date	YYYY-MM-DD
nonconsent_date	Date of non-consent	valid if participant_consent=0	REDCap telephone follow-up form: Patient consent	Date	YYYY-MM-DD
edvisitdate_v30d	Participant's ED visit date	valid if participant_consent=1	REDCap telephone follow-up form: VR12 30 Day	Date	YYYY-MM-DD
followup_date_30	VR12 30 day follow-up date	valid if participant_consent=1	REDCap telephone follow-up form: VR12 30 Day	Date	YYYY-MM-DD
health_30	From 1 being in excellent health, and 5 being poor health, how good is your health in general?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 30 Day	Categorical	1, Excellent 2, Very good 3, Good

					4, Fair 5, Poor
moderate_activities_30	Health limitations: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or golf.	valid if participant_consent=1	REDCap telephone follow-up form: VR12 30 Day	Categorical	1, Yes, limited a lot 2, Yes limited a little 3, No, not limited at all
stairs_30	Health limitations: Climbing several flights of stairs	valid if participant_consent=1	REDCap telephone follow-up form: VR12 30 Day	Categorical	1, Yes, limited a lot 2, Yes limited a little 3, No, not limited at all
accomplish_30	In the past 4 weeks: accomplished less than you would like with your work or other regular daily activities as a result of your physical health?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 30 Day	Categorical	1, No, none of the time 2, Yes, a little of the time 3, Yes, some of the time 4, Yes, most of the time 5, Yes, all of the time
limited_30	In the past 4 weeks: were limited with your work or other regular daily activities as a result of your physical health?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 30 Day	Categorical	1, No, none of the time 2, Yes, a little of the time 3, Yes, some of the time 4, Yes, most of the time 5, Yes, all of the time
accomplished_less_30	In the past 4 weeks: accomplished less than you would like with your work or other regular daily activities as a result of any emotional problems?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 30 Day	Categorical	1, No, none of the time 2, Yes, a little of the time 3, Yes, some of the time 4, Yes, most of the time 5, Yes, all of the time
carefully_30	In the past 4 weeks: didn't do work or other activities as carefully as usual as a result of any emotional problems?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 30 Day	Categorical	1, No, none of the time 2, Yes, a little of the time 3, Yes, some of the time 4, Yes, most of the time 5, Yes, all of the time
pain_interfere_30	In the past 4 weeks: how much did pain interfere with your normal work?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 30 Day	Categorical	1, Not at all 2, A little bit 3, Moderately 4, Quite a bit 5, Extremely

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

calm_30	In the past 4 weeks: have you felt calm and peaceful?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 30 Day	Categorical	1, All of the time 2, Most of the time 3, A good bit of the time 4, Some of the time 5, A little bit of the time 6, None of the time
energy_30	In the past 4 weeks: Did you have a lot of energy	valid if participant_consent=1	REDCap telephone follow-up form: VR12 30 Day	Categorical	1, All of the time 2, Most of the time 3, A good bit of the time 4, Some of the time 5, A little bit of the time 6, None of the time
blue_30	In the past 4 weeks: Have you felt downhearted blue	valid if participant_consent=1	REDCap telephone follow-up form: VR12 30 Day	Categorical	1, All of the time 2, Most of the time 3, A good bit of the time 4, Some of the time 5, A little bit of the time 6, None of the time
time_30	In the past 4 weeks: How much time has your physical health or emotional problems interfered with your social activities.	valid if participant_consent=1	REDCap telephone follow-up form: VR12 30 Day	Categorical	1, All of the time 2, Most of the time 3, Some of the time 4, A little bit of the time 5, None of the time
comment_social_30	Social activity comment	variable hidden as of April 30, 2021	REDCap telephone follow-up form: VR12 30 Day	Free-text	Text
physical_health_30	Compared to one year ago, how would you rate your physical health in general now?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 30 Day	Categorical	1, Much better 2, Slightly better 3, About the same 4, Slightly worse 5, Much worse
comment_physical_30	Physical health comment	variable hidden as of April 30, 2021	REDCap telephone follow-up form: VR12 30 Day	Free-text	Text
emotional_problems_30	Compared to one year ago, how would you rate your emotional problems now?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 30 Day	Categorical	1, Much better 2, Slightly better 3, About the same 4, Slightly worse

					5, Much worse
date_ascertained	Date ascertained	Variable hidden from data collection as of February 25th, 2022	REDCap telephone follow-up form: WHO Ordinal scale Assessment 30 Day	Date	YYYY-MM-DD
discharged	Has patient been discharged from hospital?	Variable hidden from data collection as of February 25th, 2022	REDCap telephone follow-up form: WHO Ordinal scale Assessment 30 Day	Categorical	0, No 1, Yes
severity	Is the case mild or severe?	Variable hidden from data collection as of February 25th, 2022	REDCap telephone follow-up form: WHO Ordinal scale Assessment 30 Day	Categorical	0, Mild 1, Severe 9, Unknown 10, Did not inquire
revisit	Has the patient visted an ED or been re-admitted to hospital since discharge?	Variable hidden from data collection as of February 25th, 2022	REDCap telephone follow-up form: WHO Ordinal scale Assessment 30 Day	Categorical	0, No 1, Yes
location_visit	Which hospital did you visit?	Variable hidden from data collection as of February 25th, 2022	REDCap telephone follow-up form: WHO Ordinal scale Assessment 30 Day	Free-text	Text
assessment	WHO Ordinal Scale Assessment based on follow-up and chart review (Research assistants assigns this score)	Variable hidden from data collection as of February 25th, 2022	REDCap telephone follow-up form: WHO Ordinal scale Assessment 30 Day	Categorical	1, No limitation of activities (discharged / ambulatory) 2, Limitation of activities (discharged / ambulatory) 3, Not on supplemental oxygen (hospitalized, mild disease) 4, On oxygen by mask or nasal prongs (hospitalized, mild disease) 5, If non-invasive ventilation or high flow oxygen (hospitalized, severe disease) 6, If intubation and mechanical ventilation (hospitalized, severe disease) 7, If ventilation and organ support – vasopressors RRT, ECMO (hospitalized, severe disease)

					8, Death
followup_date_cscq	Follow-up date: CSCQ	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Date	YYYY-MM-DD
cscq_instruct	Instructions for research assistants on how to carry out questionnaire.	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Text	Text
sex_cscq	Sex of participant assigned at birth.	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, Male 1, Female 2, Other 9, Prefer not to answer
sex_other_cscq	Other sex assigned at birth	valid if sex_cscq=2	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Free-text	Text
gender_cscq	Which of the following best describes patient's gender identity.	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, Male 1, Female 2, Two-spirit 3, Something else 9, Prefer not to answer
gender_other_cscq	Other gender identity	valid if gender_cscq=3	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Free-text	Text
household_cscq	Including the patient, how many persons lived in the patient's household in the month prior to patient's ED visit	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Number	Integer *(Range: 0 - 40)*
race	The race patient most identify with	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	1, Arab 2, Black 3, Chinese 4, Filipino 5, First Nations

					6, Inuk 7, Japanese 8, Korean 9, Latin American 10, Metis 11, South Asian 12, West Asian 13, White 14, Other 15, Prefer not to answer
race_other	Other race identity	valid if race=14	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Free-text	Text
ethnicity__1	Ethnic group patient identify with: Canadian	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity__2	Ethnic group patient identify with: Chinese	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity__3	Ethnic group patient identify with: Dutch	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity__4	Ethnic group patient identify with: English	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity__5	Ethnic group patient identify with: First Nations	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social	Categorical	0, No 1, Yes

			and Cultural Questions 30 Day		
ethnicity___6	Ethnic group patient identify with: French	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity___7	Ethnic group patient identify with: German	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity___8	Ethnic group patient identify with: Inuit	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity___9	Ethnic group patient identify with: Irish	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity___10	Ethnic group patient identify with: Italian	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity___11	Ethnic group patient identify with: Jewish	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity___12	Ethnic group patient identify with: Metis	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

ethnicity__13	Ethnic group patient identify with: Norwegian	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity__14	Ethnic group patient identify with: Polish	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity__15	Ethnic group patient identify with: Portuguese	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity__16	Ethnic group patient identify with: Scottish	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity__17	Ethnic group patient identify with: South Asian	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity__18	Ethnic group patient identify with: Swedish	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity__19	Ethnic group patient identify with: Ukranian	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity__20	Ethnic group patient identify with: Welsh	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social	Categorical	0, No 1, Yes

			and Cultural Questions 30 Day		
ethnicity___21	Ethnic group patient identify with: I don't know	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity___22	Ethnic group patient identify with: Other	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity___23	Ethnic group patient identify with: Prefer not to answer	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes
other_ethnicity	Other ethnic groups	valid if ethnicity___22=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Free-text	Text
immigration	Has the patient ever been a landed immigrant in Canada	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, No 1, Yes 3, Prefer not to answer
immigrant_year	Date patient first became a landed immigrant in Canada	valid if immigration=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Date	YYYY
immigrant_purpose	Purpose of immigration	valid if immigrant=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	1, Economic 2, Family 3, Refugee 4, Other 5, Prefer not to answer

immigrant_purpose_other	Other immigration purpose	valid if immigrant_purpose=4	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Free-text	Text
education	Patient's highest level of education completed	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	1, No certificate, diploma or degree 2, High school diploma or equivalency certificate 3, Trade certificate or diploma College, CEGEP or non-university certificate or diploma 4, University certificate or diploma below bachelor level 5, University certificate, diploma, or degree at bachelor level or above 6, Prefer not to answer
children	Does patient have children under 18 living at home, or whom patient have a regular responsibility for	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, no 1, Yes 2, Prefer not to answer
assistance	Does patient provide assistance or care to a family member because of a health condition or disability. Including a physical, mental, emotional, cognitive, behavioral, or developmental disability; a chronic health condition or psychiatric condition, or blindness or deafness. Assistance can include medical care or help with everyday activities, including supervision or reminders	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	0, no 1, Yes 2, Prefer not to answer
assistance_relation	Patient's relationship to the person they provide assistance to.	valid if assistance=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	1, Parent 2, Spouse / partner 3, Child 4, Grandchild 5, Grandparent 6, Sibling 7, Friend

					8, Other relative 9, Other 10, Prefer not to answer
assistance_otherrelation	Other types of relationship	valid if assistance_relation=9	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Free-text	Text
living_preed	Patient's living situation when they came to the Emergency Department		REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	1, Home 2, Long-term care / rehab 3, Single-room occupancy 4, Long term care facility 5, Shelter 6, Other 7, Prefer not to answer
other_living_preed	Other types of living situation	valid if living_preed=6	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Free-text	Text
quarantine	If patient was COVID-19 positive, were they able to self-quarantine.	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	1, No 2, Yes 3, Prefer not to answer 4, Not applicable
quarantine_comment	Comment on self-quarantine	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Free-text	Text
employment	Sector of economy patient was working at the time they went to the Emergency Department for possible COVID	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	1, Construction 2, Education 3, Farming / fishing 4, Financial Services 5, Manufacturing 6, Professional, scientist & technical services: IT, accounting, legal, public relations 7, Public sector

					8, Raw materials extraction 9, Real estate 10, Research and development 11, Retail 12, Tourism and hospitality 13, Unemployed 14, Utilities: electricity, gas 15, Prefer not to answer 16, Other 17, Transportation and warehousing 18, Health care and social assistance 19, Retired
employment_other	Other sector type	valid if employment=16	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Free-text	Text
income_precovid	Patient's household annual income level before the COVID pandemic	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	1, < $22,440 2, $22,401-$29,900 3, $29,901-$36,200 4, $36,201-$42,300 5, $42,301-$48,400 6, $48,401-$55,300 7, $55,301-$63,200 8, $63,201-$73,700 9, $73,701-$91,100 10, $91,101+ 11, Prefer not to answer
income_current	Patient's current annual income level.	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and Cultural Questions 30 Day	Categorical	1, < $22,440 2, $22,401-$29,900 3, $29,901-$36,200 4, $36,201-$42,300 5, $42,301-$48,400 6, $48,401-$55,300 7, $55,301-$63,200 8, $63,201-$73,700 9, $73,701-$91,100 10, $91,101+ 11, Prefer not to answer

followup_date_60	VR12 60 day follow-up date	valid if participant_consent=1	REDCap telephone follow-up form: VR12 60 Day	Date	YYYY-MM-DD
consent_v60d	Did the participant verbally agree to complete the VR12 survey?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 60 Day	Categorical	0, No 1, Yes
no_consent_v60d	Reason participant did not complete survey.	valid if consent_v60d=0	REDCap telephone follow-up form: VR12 60 Day	Categorical	1, Unable to contact the participant after 5 attempts 2, Unable to consent due to language barrier 3, Unable to consent because participant unable to understand and no proxy 4, Not interested r refuse to participate 5, Participant is deceased 6, Survey too long - participant decided to end survey / participation 7, Other
no_consent_other_v60d	Other reason for no consent	valid if no_consent_v60d=7	REDCap telephone follow-up form: VR12 60 Day	Free-Text	Text
health_60	From 1 being in excellent health, and 5 being poor health, how good is your health in general?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 60 Day	Categorical	1, Excellent 2, Very good 3, Good 4, Fair 5, Poor
moderate_activities_60	Health limitations: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or golf.	valid if participant_consent=1	REDCap telephone follow-up form: VR12 60 Day	Categorical	1, Yes, limited a lot 2, Yes limited a little 3, No, not limited at all
stairs_60	Health limitations: Climbing several flights of stairs	valid if participant_consent=1	REDCap telephone follow-up form: VR12 60 Day	Categorical	1, Yes, limited a lot 2, Yes limited a little 3, No, not limited at all
accomplish_60	In the past 4 weeks: accomplished less than you would like with your work or other regular daily activities as a result of your physical health?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 60 Day	Categorical	1, No, none of the time 2, Yes, a little of the time 3, Yes, some of the time 4, Yes, most of the time 5, Yes, all of the time

limited_60	In the past 4 weeks: were limited with your work or other regular daily activities as a result of your physical health?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 60 Day	Categorical	1, No, none of the time 2, Yes, a little of the time 3, Yes, some of the time 4, Yes, most of the time 5, Yes, all of the time
accomplished_less_60	In the past 4 weeks: accomplished less than you would like with your work or other regular daily activities as a result of any emotional problems?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 60 Day	Categorical	1, No, none of the time 2, Yes, a little of the time 3, Yes, some of the time 4, Yes, most of the time 5, Yes, all of the time
carefully_60	In the past 4 weeks: didn't do work or other activities as carefully as usual as a result of any emotional problems?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 60 Day	Categorical	1, No, none of the time 2, Yes, a little of the time 3, Yes, some of the time 4, Yes, most of the time 5, Yes, all of the time
pain_interfere_60	In the past 4 weeks: how much did pain interfere with your normal work?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 60 Day	Categorical	1, Not at all 2, A little bit 3, Moderately 4, Quite a bit 5, Extremely
calm_60	In the past 4 weeks: have you felt calm and peaceful?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 60 Day	Categorical	1, All of the time 2, Most of the time 3, A good bit of the time 4, Some of the time 5, A little bit of the time 6, None of the time
energy_60	In the past 4 weeks: Did you have a lot of energy	valid if participant_consent=1	REDCap telephone follow-up form: VR12 60 Day	Categorical	1, All of the time 2, Most of the time 3, A good bit of the time 4, Some of the time 5, A little bit of the time 6, None of the time
blue_60	In the past 4 weeks: Have you felt downhearted blue	valid if participant_consent=1	REDCap telephone follow-up form: VR12 60 Day	Categorical	1, All of the time 2, Most of the time 3, A good bit of the time 4, Some of the time 5, A little bit of the time

					6, None of the time
time_60	In the past 4 weeks: How much time has your physical health or emotional problems interfered with your social activities.	valid if participant_consent=1	REDCap telephone follow-up form: VR12 60 Day	Categorical	1, All of the time 2, Most of the time 3, Some of the time 4, A little bit of the time 5, None of the time
comment_social_60	Social activity comment	variable hidden as of April 30, 2021	REDCap telephone follow-up form: VR12 60 Day	Free-text	Text
physical_health_60	Compared to one year ago, how would you rate your physical health in general now?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 60 Day	Categorical	1, Much better 2, Slightly better 3, About the same 4, Slightly worse 5, Much worse
comment_physical_60	Physical health comment	variable hidden as of April 30, 2021	REDCap telephone follow-up form: VR12 60 Day	Free-text	Text
emotional_problems_60	Compared to one year ago, how would you rate your emotional problems now?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 60 Day	Categorical	1, Much better 2, Slightly better 3, About the same 4, Slightly worse 5, Much worse
disgnosed_tfu_60d	Was participant diagnosed with COVID-19 since their last follow-up?	valid if participant_consent=1	REDCap telephone follow-up form: COVID Status 60 Day	Categorical	0, No 1, Yes 2, Unknown 3, Prefer not to answer
diagnosed_date_tfu_60d	When was the diagnosis made?	valid if diagnosed_tfu_60d=1	REDCap telephone follow-up form: COVID Status 60 Day	Date	YYYY-MM-DD (range: min: 2020-03-01)
followup_date_6mth	VR12 6 month follow-up date	valid if participant_consent=1	REDCap telephone follow-up form: VR12 6 Month	Date	YYYY-MM-DD
consent_v6m	Did the participant verbally agree to complete the VR12 survey?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 6 Month	Categorical	0, No 1, Yes

no_consent_v6m	Reason participant did not complete survey.	valid if consent_v60d=0	REDCap telephone follow-up form: VR12 6 Month	Categorical	1, Unable to contact the participant after 5 attempts 2, Unable to consent due to language barrier 3, Unable to consent because participant unable to understand and no proxy 4, Not interested r refuse to participate 5, Participant is deceased 6, Survey too long – participant decided to end survey / participation 7, Other
no_consent_other_v6m	Other reason for no consent	valid if no_consent_v60d=7	REDCap telephone follow-up form: VR12 6 Month	Free-Text	Text
health_6mth	From 1 being in excellent health, and 5 being poor health, how good is your health in general?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 6 Month	Categorical	1, Excellent 2, Very good 3, Good 4, Fair 5, Poor
moderate_activities_6mth	Health limitations: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or golf.	valid if participant_consent=1	REDCap telephone follow-up form: VR12 6 Month	Categorical	1, Yes, limited a lot 2, Yes limited a little 3, No, not limited at all
stairs_6mth	Health limitations: Climbing several flights of stairs	valid if participant_consent=1	REDCap telephone follow-up form: VR12 6 Month	Categorical	1, Yes, limited a lot 2, Yes limited a little 3, No, not limited at all
accomplish_6mth	In the past 4 weeks: accomplished less than you would like with your work or other regular daily activities as a result of your physical health?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 6 Month	Categorical	1, No, none of the time 2, Yes, a little of the time 3, Yes, some of the time 4, Yes, most of the time 5, Yes, all of the time
limited_6mth	In the past 4 weeks: were limited with your work or other regular daily activities as a result of your physical health?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 6 Month	Categorical	1, No, none of the time 2, Yes, a little of the time 3, Yes, some of the time 4, Yes, most of the time 5, Yes, all of the time

accomplished_less_6mth	In the past 4 weeks: accomplished less than you would like with your work or other regular daily activities as a result of any emotional problems?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 6 Month	Categorical	1, No, none of the time 2, Yes, a little of the time 3, Yes, some of the time 4, Yes, most of the time 5, Yes, all of the time
carefully_6mth	In the past 4 weeks: didn't do work or other activities as carefully as usual as a result of any emotional problems?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 6 Month	Categorical	1, No, none of the time 2, Yes, a little of the time 3, Yes, some of the time 4, Yes, most of the time 5, Yes, all of the time
pain_interfere_6mth	In the past 4 weeks: how much did pain interfere with your normal work?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 6 Month	Categorical	1, Not at all 2, A little bit 3, Moderately 4, Quite a bit 5, Extremely
calm_6mth	In the past 4 weeks: have you felt calm and peaceful?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 6 Month	Categorical	1, All of the time 2, Most of the time 3, A good bit of the time 4, Some of the time 5, A little bit of the time 6, None of the time
energy_6mth	In the past 4 weeks: Did you have a lot of energy	valid if participant_consent=1	REDCap telephone follow-up form: VR12 6 Month	Categorical	1, All of the time 2, Most of the time 3, A good bit of the time 4, Some of the time 5, A little bit of the time 6, None of the time
blue_6mth	In the past 4 weeks: Have you felt downhearted blue	valid if participant_consent=1	REDCap telephone follow-up form: VR12 6 Month	Categorical	1, All of the time 2, Most of the time 3, A good bit of the time 4, Some of the time 5, A little bit of the time 6, None of the time
time_6mth	In the past 4 weeks: How much time has your physical health or emotional problems interfered with your social activities.	valid if participant_consent=1	REDCap telephone follow-up form: VR12 6 Month	Categorical	1, All of the time 2, Most of the time 3, Some of the time 4, A little bit of the time 5, None of the time

comment_social_6mth	Social activity comment	variable hidden as of April 30, 2021	REDCap telephone follow-up form: VR12 6 Month	Free-text	Text
physical_health_6mth	Compared to one year ago, how would you rate your physical health in general now?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 6 Month	Categorical	1, Much better 2, Slightly better 3, About the same 4, Slightly worse 5, Much worse
comment_physical_6mth	Physical health comment	variable hidden as of April 30, 2021	REDCap telephone follow-up form: VR12 6 Month	Free-text	Text
emotional_problems_6mth	Compared to one year ago, how would you rate your emotional problems now?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 6 Month	Categorical	1, Much better 2, Slightly better 3, About the same 4, Slightly worse 5, Much worse
diagnosed_tfu_6m	Was participant diagnosed with COVID-19 since their last follow-up?	valid if participant_consent=1	REDCap telephone follow-up form: COVID Status 6 Month	Categorical	0, No 1, Yes 2, Unknown 3, Prefer not to answer
diagnosed_date_tfu_6m	When was the diagnosis made?	valid if diagnosed_tfu_60d=1	REDCap telephone follow-up form: COVID Status 6 Month	Date	YYYY-MM-DD (range: min: 2020-03-01)
followup_date_12mth	VR12 12 month follow-up date	valid if participant_consent=1	REDCap telephone follow-up form: VR12 12 Month	Date	YYYY-MM-DD
consent_v12m	Did the participant verbally agree to complete the VR12 survey?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 12 Month	Categorical	0, No 1, Yes
no_consent_v12m	Reason participant did not complete survey.	valid if consent_v60d=0	REDCap telephone follow-up form: VR12 12 Month	Categorical	1, Unable to contact the participant after 5 attempts 2, Unable to consent due to language barrier

					3, Unable to consent because participant unable to understand and no proxy 4, Not interested r refuse to participate 5, Participant is deceased 6, Survey too long – participant decided to end survey / participation 7, Other
no_consent_other_v12m	Other reason for no consent	valid if no_consent_v60d=7	REDCap telephone follow-up form: VR12 12 Month	Free-Text	Text
health_12mth	From 1 being in excellent health, and 5 being poor health, how good is your health in general?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 12 Month	Categorical	1, Excellent 2, Very good 3, Good 4, Fair 5, Poor
moderate_activities_12mth	Health limitations: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or golf.	valid if participant_consent=1	REDCap telephone follow-up form: VR12 12 Month	Categorical	1, Yes, limited a lot 2, Yes limited a little 3, No, not limited at all
stairs_12mth	Health limitations: Climbing several flights of stairs	valid if participant_consent=1	REDCap telephone follow-up form: VR12 12 Month	Categorical	1, Yes, limited a lot 2, Yes limited a little 3, No, not limited at all
accomplish_12mth	In the past 4 weeks: accomplished less than you would like with your work or other regular daily activities as a result of your physical health?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 12 Month	Categorical	1, No, none of the time 2, Yes, a little of the time 3, Yes, some of the time 4, Yes, most of the time 5, Yes, all of the time
limited_12mth	In the past 4 weeks: were limited with your work or other regular daily activities as a result of your physical health?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 12 Month	Categorical	1, No, none of the time 2, Yes, a little of the time 3, Yes, some of the time 4, Yes, most of the time 5, Yes, all of the time
accomplished_less_12mth	In the past 4 weeks: accomplished less than you would like with your work or other regular daily activities as a result of any emotional problems?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 12 Month	Categorical	1, No, none of the time 2, Yes, a little of the time 3, Yes, some of the time 4, Yes, most of the time 5, Yes, all of the time

carefully_12mth	In the past 4 weeks: didn't do work or other activities as carefully as usual as a result of any emotional problems?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 12 Month	Categorical	1, No, none of the time 2, Yes, a little of the time 3, Yes, some of the time 4, Yes, most of the time 5, Yes, all of the time
pain_interfere_12mth	In the past 4 weeks: how much did pain interfere with your normal work?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 12 Month	Categorical	1, Not at all 2, A little bit 3, Moderately 4, Quite a bit 5, Extremely
calm_12mth	In the past 4 weeks: have you felt calm and peaceful?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 12 Month	Categorical	1, All of the time 2, Most of the time 3, A good bit of the time 4, Some of the time 5, A little bit of the time 6, None of the time
energy_12mth	In the past 4 weeks: Did you have a lot of energy	valid if participant_consent=1	REDCap telephone follow-up form: VR12 12 Month	Categorical	1, All of the time 2, Most of the time 3, A good bit of the time 4, Some of the time 5, A little bit of the time 6, None of the time
blue_12mth	In the past 4 weeks: Have you felt downhearted blue	valid if participant_consent=1	REDCap telephone follow-up form: VR12 12 Month	Categorical	1, All of the time 2, Most of the time 3, A good bit of the time 4, Some of the time 5, A little bit of the time 6, None of the time
time_12mth	In the past 4 weeks: How much time has your physical health or emotional problems interfered with your social activities.	valid if participant_consent=1	REDCap telephone follow-up form: VR12 12 Month	Categorical	1, All of the time 2, Most of the time 3, Some of the time 4, A little bit of the time 5, None of the time
comment_social_12mth	Social activity comment	variable hidden as of April 30, 2021	REDCap telephone follow-up form: VR12 12 Month	Free-text	Text

physical_health_12mth	Compared to one year ago, how would you rate your physical health in general now?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 12 Month	Categorical	1, Much better 2, Slightly better 3, About the same 4, Slightly worse 5, Much worse
comment_physical_12mth	Physical health comment	variable hidden as of April 30, 2021	REDCap telephone follow-up form: VR12 12 Month	Free-text	Text
emotional_problems_12mth	Compared to one year ago, how would you rate your emotional problems now?	valid if participant_consent=1	REDCap telephone follow-up form: VR12 12 Month	Categorical	1, Much better 2, Slightly better 3, About the same 4, Slightly worse 5, Much worse
disgnosed_tfu_12m	Was participant diagnosed with COVID-19 since their last follow-up?	valid if participant_consent=1	REDCap telephone follow-up form: COVID Status 12 Month	Categorical	0, No 1, Yes 2, Unknown 3, Prefer not to answer
diagnosed_date_tfu_12m	When was the diagnosis made?	valid if diagnosed_tfu_60d=1	REDCap telephone follow-up form: COVID Status 12 Month	Date	YYYY-MM-DD (range: min: 2020-03-01)
fudate_pc	Date of follow up	valid if participant_consent=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Date	YYYY-MM-DD (range: min: 2021-11-01)
ed_pc	Did you visit the emergency department since you went on [edvisitdate_v30d]?	valid if participant_consent=1 and follow-up date is >149 and ≤395 days since [edvisitdate_v30d] (&ed ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes 2, Prefer not to answer
revisit_pc	How many times did you go back to the emergency depart?	valid if ed_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Number	Text (Range: 1 - 20)

revisit_date_pc	For your first revisit to the ED, do you remember how long it was after your initial visit on [edvisitdate_v30d](index ED visit date)?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, A couple of days 2, Within 1 week 3, Within 2 weeks 4, Within 1 month 5, Between 2 and 6 months 6, More than 6 months
admit_pc	Were you admitted to the hospital during that visit?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes 2, Prefer not to answer
covidinfect_pc	For Research Assistant: Has this participant tested COVID-19 POSITIVE at the index visit or at any subsequent time?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
infect_pc	Since the beginning of the pandemic, do you believe that you had a COVID-19 infection that was not confirmed by a test?	valid if covidinfect_pc=0	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes 2, I don't know 3, Prefer not to answer
sob_pc	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you been more short of breath?	valid if participant_consent=1 and follow-up date is >149 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
sob_exp_pc	When do/did you experience shortness of breath?	valid if sob_pc=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, At rest 2, During low to moderate intensity activity (e.g. walking, cleaning, doing the dishes) 3, During high intensity activity (e.g. exercising, jogging, biking)
sobstart_pc	When did the shortness of breath start?	valid if sob_pc=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
sobstop_pc	How long did the shortness of breath last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form:	Categorical	1, Couple of days 2, 1 week 3, 2 weeks

			Postcovid Condition Assessment		4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
sob2m_pc	Did you symptom last 2 months or longer?	valid if sob_pc-3	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
sobstopm_pc	How many months did your symptom last	valid if sob2m_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Number	Range: 2-15
pain_pc	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you had any new and persisting pain?	valid if participant_consent=1 and follow-up date is >149 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
painloc_poc	Where is/was the main source of your pain?	valid if pain_pc=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, Abdominal pain 1, Chest pain 2, Back pain 3, Sore throat 4, Stomach ache 5, Headache or Migraine 6, Joints pain 7, Pain while breathing 8, Pain when coughing 9, Muscle pain 10, Pain in the legs 11, Pain in the arms 12, Pain when swallowing 13, Generalized pain (non-specified) 14, Other
painstop_pc	How long did the pain last?	valid if pain_pc=3	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

pain2m_pc	Did you symptom last 2 months or longer?	valid if pain_pc=3	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
painstopm_pc	How many months did your symptom last	valid if pain2m_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Number	Range: 2-15
cough_pc	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you had any new and persisting cough?	valid if participant_consent=1 and follow-up date is >149 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
coughstart_pc	When did the cough start?	valid if cough_pc=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
coughstop_pc	How long did the cough last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
cough2m_pc	Did you symptom last 2 months or longer?	valid if cough_pc=3	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
coughstopm_pc	How many months did your symptom last	valid if cough2m_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Number	Range: 2-15
smell_pc	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you had a decreased sense of smell?	valid if participant_consent=1 and follow-up date is >149 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer

smellstart_pc	When did the decreased sense of smell start?	valid if smell_pc=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
smellstop_pc	How long did the smell last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
smell2m_pc	Did you symptom last 2 months or longer?	valid if smell_pc=3	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
smellstopm_pc	How many months did your symptom last	valid if smell2m_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Number	Range: 2-15
taste_pc	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you had decreased sense of taste?	valid if participant_consent=1 and follow-up date is >149 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
tastestart_pc	When did the taste start?	valid if taste_pc=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
tastestop_pc	How long did the taste last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
taste2m_pc	Did you symptom last 2 months or longer?	valid if taste_pc=3	REDCap telephone follow-up form:	Categorical	0, No 1, Yes

			Postcovid Condition Assessment		
tastestopm_pc	How many months did your symptom last	valid if taste2m_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Number	Range: 2-15
sleep_pc	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), has your sleep been different?	valid if participant_consent=1 and follow-up date is >149 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
sleepstart_pc	When did the sleep start?	valid if sleep_pc=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
sleepstop_pc	How long did the sleep last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
sleep2m_pc	Did you symptom last 2 months or longer?	valid if sleep_pc=3	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
sleepstopm_pc	How many months did your symptom last	valid if sleep2m_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Number	Range: 2-15
dizzy_pc	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you felt dizzy or lightheaded?	valid if participant_consent=1 and follow-up date is >149 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

dizzystart_pc	When did your dizziness or lightheadedness start?	valid if dizzy_pc=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
dizzystop_pc	How long did your dizziness or lightheadedness last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
dizzy2m_pc	Did you symptom last 2 months or longer?	valid if dizzy_pc=3	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
dizzystopm_pc	How many months did your symptom last	valid if dizzy2m_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Number	Range: 2-15
cont_pc	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), has it been harder to concentrate?	valid if participant_consent=1 and follow-up date is >149 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
contstart_pc	When did it start to get harder to concentrate?	valid if cont_pc=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
contstop_pc	How long was it harder to concentrate?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
cont2m_pc	Did you symptom last 2 months or longer?	valid if cont_pc=3	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

contstopm_pc	How many months did your symptom last	valid if cont2m_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Number	Range: 2-15
rem_pc	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), has it been harder to remember things?	valid if participant_consent=1 and follow-up date is >149 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
remstart_pc	When did it start to get harder to remember things?	valid if rem_pc=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
remstop_pc	How long was it harder to remember things?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
rem2m_pc	Did you symptom last 2 months or longer?	valid if rem_pc=3	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
remstopm_pc	How many months did your symptom last	valid if rem2m_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Number	Range: 2-15
tired_pc	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you felt unusually tired after a physical, a mental, or an emotional effort?	valid if participant_consent=1 and follow-up date is >149 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
tiredstart_pc	When did this unusual tiredness start?	valid if tired_pc=1 or 2 or 3	REDCap telephone follow-up form:	Date	YYYY-MM-DD

			Postcovid Condition Assessment		(Range: Min: 2020-03-01, Max: 2022-12-31)
tiredstop_pc	How long did this unusual tiredness last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
tired2m_pc	Did you symptom last 2 months or longer?	valid if tired_pc=3	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
tiredstopm_pc	How many months did your symptom last	valid if tired2m_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Number	Range: 2-15
ssx_pc	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you had other new symptoms than the ones we discussed that you would like to share today?	valid if participant_consent=1 and follow-up date is >149 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes 2, Prefer not to answer
ssxtype_pc	Which one affects of affected you the most?	valid if ssx_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, Anxiety 2, Behaviour change 3, Can't move or feel one side of body or face 4, Constipation 5, Depressed mood 6, Diarrhea 7, Dry Mouth 8, Dysmenorrhea 9, Erectile dysfunction 10, Eye dryness 11, Fainting or blackouts 12, Fever 13, Food sensitivities 14, Hallucinations 15, Hot flashes

					16, Jerking of limbs
					17, Joint swelling
					18, Loss of appetite
					19, Loss of interest or pleasure
					20, Loss of teeth
					21, Lumpy lesions: (purple/pink/bluish) on toes-COVID toes
					22, Nausea or vomiting
					23, Night sweats
					24, Numbness or tingling
					25, Persistent fatigue
					26, Problem hearing
					27, Problems passing urine
					28, Problems seeing
					29, Problems swallowing
					30, Problems with balance
					31, Problems with communication
					32, Problems with gait or falls
					33, Ringing in ears
					34, Seizures
					35, Skin rash
					36, Slowness of movement
					37, Stiffness of muscles
					38, Tremors
					39, Weakness in limbs
					40, Weight loss
					41, Hair loss
					42, Palpitations
ssxstart_pc	When did this symptom start?	valid if ssx_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
ssxstop_pc	How long did this symptom last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
ssx2m_pc	Did you symptom last 2 months or longer?	valid if ssx_pc=3	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes

ssxstopm_pc	How many months did your symptom last	valid if ssx2m_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Number	Range: 2-15
service_pc	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), did you get help from any health services?	valid if participant_consent=1 and follow-up date is >149 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes 2, Prefer not to answer
service_type_hc___1	Health services used: Alternative medicine specialist (acupuncture, healer, osteopath, homeopath, chiropractor)	valid if service_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
service_type_hc___2	Health services used: Family doctor	valid if service_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
service_type_hc___3	Health services used: Home care nurse	valid if service_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
service_type_hc___4	Health services used: Home care worker	valid if service_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
service_type_hc___5	Health services used: Massage therapist	valid if service_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
service_type_hc___6	Health services used: Nurse practitioner	valid if service_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
service_type_hc___7	Health services used: Occupational therapist	valid if service_pc=1	REDCap telephone follow-up form:	Categorical	0, No 1, Yes

			Postcovid Condition Assessment		
service_type_hc___8	Health services used: Pharmacist	valid if service_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
service_type_hc___9	Health services used: Physiotherapist	valid if service_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
service_type_hc___10	Health services used: Post-COVID Clinic	valid if service_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
service_type_hc___11	Health services used: Psychiatrist	valid if service_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
service_type_hc___12	Health services used: Psychologist	valid if service_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
service_type_hc___13	Health services used: Respiratory therapist	valid if service_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
service_type_hc___14	Health services used: Sex therapist	valid if service_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
service_type_hc___15	Health services used: Social worker	valid if service_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
service_type_hc___16	Health services used: Specialist	valid if service_pc=1	REDCap telephone follow-up form:	Categorical	0, No 1, Yes

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

			Postcovid Condition Assessment		
service_type_hc___17	Health services used: Other	valid if service_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
access_pc	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), are there any health services or health professionals that you were unable to access?	valid if participant_consent=1 and follow-up date is >149 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes 2, Prefer not to answer
access_type_hc___1	Health services unable to access: Alternative medicine specialist (acupuncture, healer, osteopath, homeopath, chiropractor)	valid if access_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
access_type_hc___2	Health services unable to access: Family doctor	valid if access_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
access_type_hc___3	Health services unable to access: Home care nurse	valid if access_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
access_type_hc___4	Health services unable to access: Home care worker	valid if access_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
access_type_hc___5	Health services unable to access: Massage therapist	valid if access_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
access_type_hc___6	Health services unable to access: Nurse practitioner	valid if access_pc=1	REDCap telephone follow-up form:	Categorical	0, No 1, Yes

			Postcovid Condition Assessment		
access_type_hc___7	Health services unable to access: Occupational therapist	valid if access_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
access_type_hc___8	Health services unable to access: Pharmacist	valid if access_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
access_type_hc___9	Health services unable to access: Physiotherapist	valid if access_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
access_type_hc___10	Health services unable to access: Post-COVID Clinic	valid if access_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
access_type_hc___11	Health services unable to access: Psychiatrist	valid if access_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
access_type_hc___12	Health services unable to access: Psychologist	valid if access_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
access_type_hc___13	Health services unable to access: Respiratory therapist	valid if access_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
access_type_hc___14	Health services unable to access: Sex therapist	valid if access_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
access_type_hc___15	Health services unable to access: Social worker	valid if access_pc=1	REDCap telephone follow-up form:	Categorical	0, No 1, Yes

			Postcovid Condition Assessment		
access_type_hc___16	Health services unable to access: Specialist	valid if access_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
access_type_hc___17	Health services unable to access: Other	valid if access_pc=1	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	0, No 1, Yes
vax1_pc	Did you notice a change in the symptoms we just talked about after your first COVID shot?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, Yes, felt worse after my first shot 2, Yes, felt better after my first shot 3, No change 4, No, because I was feeling fine before with no symptoms 5, I don't know 6, I am not vaccinated 7, Prefer not to answer
vax2_pc	Did you notice a change in the symptoms we just talked about after your second COVID shot?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, Yes, felt worse after my second shot 2, Yes, felt better after my second shot 3, No change 4, I don't know 5, Did not get a second shot 7, Prefer not to answer
vax3_pc	Did you notice a change in the symptoms we just talked about after your third COVID shot?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, Yes, felt worse after my third shot 2, Yes, felt better after my third shot 3, No change 4, I don't know 5, Did not get a third shot 7, Prefer not to answer
fit_pc	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), which of the following statements best describes the level of fitness you had then?	valid if participant_consent=1 and follow-up date is >149 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, Fit and well: you exercised occasionally or regularly and had no medical problems 2, Managing well: you had some medical problems that limited your activities but didn't need help 3, Frail: you had medical problems that limited your activities, and needed help with daily activities and personal care

					4, I don't remember
insur_pc	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), did you receive any disability insurance?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, Yes 2, No 3, I don't know 4, Prefer not to answer
insurcovid_pc	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), did you receive any disability insurance due to COVID-19?	valid if participant_consent=1 and follow-up date is >149 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment	Categorical	1, Yes 2, No 3, I don't know 4, Prefer not to answer
ra_comment_pc	RESEARCH ASSISTANTS: Any additional comments regarding the follow-up?		REDCap telephone follow-up form: Postcovid Condition Assessment	Free-text	Text
fudate_pc_6m	Date of follow up	valid if participant_consent=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Date	YYYY-MM-DD (range: min: 2021-11-01)
ed_pc_6m	Did you visit the emergency department since you went on [edvisitdate_v30d]?	valid if participant_consent=1 and follow-up date is >149 and ≤210 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes 2, Prefer not to answer
revisit_pc_6m	How many times did you go back to the emergency depart?	valid if ed_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Number	Text (Range: 1 - 20)
revisit_date_pc_6m	For your first revisit to the ED, do you remember how long it was after your initial visit on [edvisitdate_v30d](index ED visit date)?	valid if ed_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, A couple of days 2, Within 1 week 3, Within 2 weeks 4, Within 1 month 5, Between 2 and 6 months 6, More than 6 months

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

admit_pc_6m	Were you admitted to the hospital during that visit?	valid if ed_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes 2, Prefer not to answer
covidinfect_pc_6m	For Research Assistant: Has this participant tested COVID-19 POSITIVE at the index visit or at any subsequent time?	valid if participant_consent=1 and follow-up date is >149 and ≤210 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
infect_pc_6m	Since the beginning of the pandemic, do you believe that you had a COVID-19 infection that was not confirmed by a test?	valid if covidinfect_pc_6m=0	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes 2, I don't know 3, Prefer not to answer
sob_pc_6m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you been more short of breath?	valid if participant_consent=1 and follow-up date is >149 and ≤210 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
sob_exp_pc_6m	When do/did you experience shortness of breath?	valid if sob_pc_6m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, At rest 2, During low to moderate intensity activity (e.g. walking, cleaning, doing the dishes) 3, During high intensity activity (e.g. exercising, jogging, biking)
sobstart_pc_6m	When did the shortness of breath start?	valid if sob_pc_6m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
sobstop_pc_6m	How long did the shortness of breath last?	valid if sob_pc_6m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months

sob2m_pc_6m	Did you symptom last 2 months or longer?	valid if sob_pc_6m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
sobstopm_pc_6m	How many months did your symptom last	valid if sob2m_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Number	Range: 2-15
pain_pc_6m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you had any new and persisting pain?	valid if participant_consent=1 and follow-up date is >149 and ≤210 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
painloc_poc	Where is/was the main source of your pain?	valid if pain_pc_6m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, Abdominal pain 1, Chest pain 2, Back pain 3, Sore throat 4, Stomach ache 5, Headache or Migraine 6, Joints pain 7, Pain while breathing 8, Pain when coughing 9, Muscle pain 10, Pain in the legs 11, Pain in the arms 12, Pain when swallowing 13, Generalized pain (non-specified) 14, Other
painstop_pc_6m	How long did the pain last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
pain2m_pc_6m	Did you symptom last 2 months or longer?	valid if pain_pc_6m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes

painstopm_pc_6m	How many months did your symptom last	valid if pain2m_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Number	Range: 2-15
cough_pc_6m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you had any new and persisting cough?	valid if participant_consent=1 and follow-up date is >149 and ≤210 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
coughstart_pc_6m	When did the cough start?	valid if cough_pc_6m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
coughstop_pc_6m	How long did the cough last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
cough2m_pc_6m	Did you symptom last 2 months or longer?	valid if cough_pc_6m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
coughstopm_pc_6m	How many months did your symptom last	valid if cough2m_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Number	Range: 2-15
smell_pc_6m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you had a decreased sense of smell?	valid if participant_consent=1 and follow-up date is >149 and ≤210 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
smellstart_pc_6m	When did the decreased sense of smell start?	valid if smell_pc_6m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

smellstop_pc_6m	How long did the smell last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
smell2m_pc_6m	Did you symptom last 2 months or longer?	valid if smell_pc_6m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
smellstopm_pc_6m	How many months did your symptom last	valid if smell2m_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Number	Range: 2-15
taste_pc_6m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you had decreased sense of taste?	valid if participant_consent=1 and follow-up date is >149 and ≤210 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
tastestart_pc_6m	When did the taste start?	valid if taste_pc_6m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
tastestop_pc_6m	How long did the taste last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
taste2m_pc_6m	Did you symptom last 2 months or longer?	valid if taste_pc_6m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
tastestopm_pc_6m	How many months did your symptom last	valid if taste2m_pc_6m=1	REDCap telephone follow-up form:	Number	Range: 2-15

			Postcovid Condition Assessment 6 Month		
sleep_pc_6m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), has your sleep been different?	valid if participant_consent=1 and follow-up date is >149 and ≤210 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
sleepstart_pc_6m	When did the sleep start?	valid if sleep_pc_6m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
sleepstop_pc_6m	How long did the sleep last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
sleep2m_pc_6m	Did you symptom last 2 months or longer?	valid if sleep_pc_6m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
sleepstopm_pc_6m	How many months did your symptom last	valid if sleep2m_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Number	Range: 2-15
dizzy_pc_6m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you felt dizzy or lightheaded?	valid if participant_consent=1 and follow-up date is >149 and ≤210 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
dizzystart_pc_6m	When did your dizziness or lightheadedness start?	valid if dizzy_pc_6m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)

dizzystop_pc_6m	How long did your dizziness or lightheadedness last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
dizzy2m_pc_6m	Did you symptom last 2 months or longer?	valid if dizzy_pc_6m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
dizzystopm_pc_6m	How many months did your symptom last	valid if dizzy2m_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Number	Range: 2-15
cont_pc_6m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), has it been harder to concentrate?	valid if participant_consent=1 and follow-up date is >149 and ≤210 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
contstart_pc_6m	When did it start to get harder to concentrate?	valid if cont_pc_6m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
contstop_pc_6m	How long was it harder to concentrate?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
cont2m_pc_6m	Did you symptom last 2 months or longer?	valid if cont_pc_6m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
contstopm_pc_6m	How many months did your symptom last	valid if cont2m_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Number	Range: 2-15

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

rem_pc_6m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), has it been harder to remember things?	valid if participant_consent=1 and follow-up date is >149 and ≤210 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
remstart_pc_6m	When did it start to get harder to remember things?	valid if rem_pc_6m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
remstop_pc_6m	How long was it harder to remember things?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
rem2m_pc_6m	Did you symptom last 2 months or longer?	valid if rem_pc_6m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
remstopm_pc_6m	How many months did your symptom last	valid if rem2m_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Number	Range: 2-15
tired_pc_6m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you felt unusually tired after a physical, a mental, or an emotional effort?	valid if participant_consent=1 and follow-up date is >149 and ≤210 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
tiredstart_pc_6m	When did this unusual tiredness start?	valid if tired_pc_6m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
tiredstop_pc_6m	How long did this unusual tiredness last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

					5, Between 2 and 6 months 6, More than 6 months
tired2m_pc_6m	Did you symptom last 2 months or longer?	valid if tired_pc_6m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
tiredstopm_pc_6m	How many months did your symptom last	valid if tired2m_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Number	Range: 2-15
ssx_pc_6m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you had other new symptoms than the ones we discussed that you would like to share today?	valid if participant_consent=1 and follow-up date is >149 and ≤210 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes 2, Prefer not to answer
ssxtype_pc_6m	Which one affects of affected you the most?	valid if ssx_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, Anxiety 2, Behaviour change 3, Can't move or feel one side of body or face 4, Constipation 5, Depressed mood 6, Diarrhea 7, Dry Mouth 8, Dysmenorrhea 9, Erectile dysfunction 10, Eye dryness 11, Fainting or blackouts 12, Fever 13, Food sensitivities 14, Hallucinations 15, Hot flashes 16, Jerking of limbs 17, Joint swelling 18, Loss of appetite 19, Loss of interest or pleasure 20, Loss of teeth 21, Lumpy lesions: (purple/pink/bluish) on toes-COVID toes 22, Nausea or vomiting

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

					23, Night sweats 24, Numbness or tingling 25, Persistent fatigue 26, Problem hearing 27, Problems passing urine 28, Problems seeing 29, Problems swallowing 30, Problems with balance 31, Problems with communication 32, Problems with gait or falls 33, Ringing in ears 34, Seizures 35, Skin rash 36, Slowness of movement 37, Stiffness of muscles 38, Tremors 39, Weakness in limbs 40, Weight loss 41, Hair loss 42, Palpitations
ssxstart_pc_6m	When did this symptom start?	valid if ssx_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
ssxstop_pc_6m	How long did this symptom last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
ssx2m_pc_6m	Did you symptom last 2 months or longer?	valid if ssx_pc_6m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
ssxstopm_pc_6m	How many months did your symptom last	valid if ssx2m_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Number	Range: 2-15
service_pc_6m	Since the acute health problem that brought you to the emergency department on	valid if participant_consent=1 and follow-up date is	REDCap telephone follow-up form:	Categorical	0, No 1, Yes 2, Prefer not to answer

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

	[edvisitdate_v30d] (index ED visit date), did you get help from any health services?	>149 and ≤210 days since [edvisitdate_v30d] (index ED visit date)	Postcovid Condition Assessment 6 Month		
service_type_hc_6m___1	Health services used: Alternative medicine specialist (acupuncture, healer, osteopath, homeopath, chiropractor)	valid if service_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
service_type_hc_6m___2	Health services used: Family doctor	valid if service_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
service_type_hc_6m___3	Health services used: Home care nurse	valid if service_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
service_type_hc_6m___4	Health services used: Home care worker	valid if service_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
service_type_hc_6m___5	Health services used: Massage therapist	valid if service_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
service_type_hc_6m___6	Health services used: Nurse practitioner	valid if service_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
service_type_hc_6m___7	Health services used: Occupational therapist	valid if service_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
service_type_hc_6m___8	Health services used: Pharmacist	valid if service_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

service_type_hc_6m___9	Health services used: Physiotherapist	valid if service_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
service_type_hc_6m___10	Health services used: Post-COVID Clinic	valid if service_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
service_type_hc_6m___11	Health services used: Psychiatrist	valid if service_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
service_type_hc_6m___12	Health services used: Psychologist	valid if service_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
service_type_hc_6m___13	Health services used: Respiratory therapist	valid if service_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
service_type_hc_6m___14	Health services used: Sex therapist	valid if service_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
service_type_hc_6m___15	Health services used: Social worker	valid if service_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
service_type_hc_6m___16	Health services used: Specialist	valid if service_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
service_type_hc_6m___17	Health services used: Other	valid if service_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes

access_pc_6m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), are there any health services or health professionals that you were unable to access?	valid if participant_consent=1 and follow-up date is >149 and ≤210 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes 2, Prefer not to answer
access_type_hc_6m___1	Health services unable to access: Alternative medicine specialist (acupuncture, healer, osteopath, homeopath, chiropractor)	valid if access_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
access_type_hc_6m___2	Health services unable to access: Family doctor	valid if access_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
access_type_hc_6m___3	Health services unable to access: Home care nurse	valid if access_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
access_type_hc_6m___4	Health services unable to access: Home care worker	valid if access_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
access_type_hc_6m___5	Health services unable to access: Massage therapist	valid if access_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
access_type_hc_6m___6	Health services unable to access: Nurse practitioner	valid if access_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
access_type_hc_6m___7	Health services unable to access: Occupational therapist	valid if access_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

access_type_hc_6m___8	Health services unable to access: Pharmacist	valid if access_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
access_type_hc_6m___9	Health services unable to access: Physiotherapist	valid if access_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
access_type_hc_6m___10	Health services unable to access: Post-COVID Clinic	valid if access_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
access_type_hc_6m___11	Health services unable to access: Psychiatrist	valid if access_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
access_type_hc_6m___12	Health services unable to access: Psychologist	valid if access_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
access_type_hc_6m___13	Health services unable to access: Respiratory therapist	valid if access_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
access_type_hc_6m___14	Health services unable to access: Sex therapist	valid if access_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
access_type_hc_6m___15	Health services unable to access: Social worker	valid if access_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
access_type_hc_6m___16	Health services unable to access: Specialist	valid if access_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes

Canadian COVID-19 ED Network

access_type_hc_6m___17	Health services unable to access: Other	valid if access_pc_6m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	0, No 1, Yes
vax1_pc_6m	Did you notice a change in the symptoms we just talked about after your first COVID shot?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, Yes, felt worse after my first shot 2, Yes, felt better after my first shot 3, No change 4, No, because I was feeling fine before with no symptoms 5, I don't know 6, I am not vaccinated 7, Prefer not to answer
vax2_pc_6m	Did you notice a change in the symptoms we just talked about after your second COVID shot?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, Yes, felt worse after my second shot 2, Yes, felt better after my second shot 3, No change 4, I don't know 5, Did not get a second shot 7, Prefer not to answer
vax3_pc_6m	Did you notice a change in the symptoms we just talked about after your third COVID shot?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, Yes, felt worse after my third shot 2, Yes, felt better after my third shot 3, No change 4, I don't know 5, Did not get a third shot 7, Prefer not to answer
fit_pc_6m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), which of the following statements best describes the level of fitness you had then?	valid if participant_consent=1 and follow-up date is >149 and ≤210 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, Fit and well: you exercised occasionally or regularly and had no medical problems 2, Managing well: you had some medical problems that limited your activities but didn't need help 3, Frail: you had medical problems that limited your activities, and needed help with daily activities and personal care 4, I don't remember
insur_pc_6m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), did you receive any disability insurance?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, Yes 2, No 3, I don't know 4, Prefer not to answer

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

insurcovid_pc_6m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), did you receive any disability insurance due to COVID-19?	valid if participant_consent=1 and follow-up date is >149 and ≤210 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Categorical	1, Yes 2, No 3, I don't know 4, Prefer not to answer
ra_comment_pc_6m	RESEARCH ASSISTANTS: Any additional comments regarding the follow-up?		REDCap telephone follow-up form: Postcovid Condition Assessment 6 Month	Free-text	Text
fudate_pc_12m	Date of follow up	valid if participant_consent=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Date	YYYY-MM-DD (range: min: 2021-11-01)
ed_pc_12m	Did you visit the emergency department since you went on [edvisitdate_v30d]?	valid if participant_consent=1 and follow-up date is ≥335 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes 2, Prefer not to answer
revisit_pc_12m	How many times did you go back to the emergency depart?	valid if ed_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Number	Text (Range: 1 - 20)
revisit_date_pc_12m	For your first revisit to the ED, do you remember how long it was after your initial visit on [edvisitdate_v30d](index ED visit date)?	valid if ed_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, A couple of days 2, Within 1 week 3, Within 2 weeks 4, Within 1 month 5, Between 2 and 6 months 6, More than 6 months
admit_pc_12m	Were you admitted to the hospital during that visit?	valid if ed_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes 2, Prefer not to answer

covidinfect_pc_12m	For Research Assistant: Has this participant tested COVID-19 POSITIVE at the index visit or at any subsequent time?	valid if participant_consent=1 and follow-up date is ≥335 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
infect_pc_12m	Since the beginning of the pandemic, do you believe that you had a COVID-19 infection that was not confirmed by a test?	valid if covidinfect_pc_12m=0	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes 2, I don't know 3, Prefer not to answer
sob_pc_12m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you been more short of breath?	valid if participant_consent=1 and follow-up date is ≥335 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
sob_exp_pc_12m	When do/did you experience shortness of breath?	valid if sob_pc_12m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, At rest 2, During low to moderate intensity activity (e.g. walking, cleaning, doing the dishes) 3, During high intensity activity (e.g. exercising, jogging, biking)
sobstart_pc_12m	When did the shortness of breath start?	valid if sob_pc_12m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
sobstop_pc_12m	How long did the shortness of breath last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
sob2m_pc_12m	Did you symptom last 2 months or longer?	valid if sob_pc_12m=3	REDCap telephone follow-up form: Postcovid Condition	Categorical	0, No 1, Yes

			Assessment 12 Month		
sobstopm_pc_12m	How many months did your symptom last	valid if sob2m_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Number	Range: 2-15
pain_pc_12m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you had any new and persisting pain?	valid if participant_consent=1 and follow-up date is ≥335 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
painloc_poc	Where is/was the main source of your pain?	valid if pain_pc_12m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, Abdominal pain 1, Chest pain 2, Back pain 3, Sore throat 4, Stomach ache 5, Headache or Migraine 6, Joints pain 7, Pain while breathing 8, Pain when coughing 9, Muscle pain 10, Pain in the legs 11, Pain in the arms 12, Pain when swallowing 13, Generalized pain (non-specified) 14, Other
painstop_pc_12m	How long did the pain last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
pain2m_pc_12m	Did you symptom last 2 months or longer?	valid if pain_pc_12m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes

painstopm_pc_12m	How many months did your symptom last	valid if pain2m_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Number	Range: 2-15
cough_pc_12m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you had any new and persisting cough?	valid if participant_consent=1 and follow-up date is ≥335 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
coughstart_pc_12m	When did the cough start?	valid if cough_pc_12m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
coughstop_pc_12m	How long did the cough last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
cough2m_pc_12m	Did you symptom last 2 months or longer?	valid if cough_pc_12m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
coughstopm_pc_12m	How many months did your symptom last	valid if cough2m_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Number	Range: 2-15
smell_pc_12m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you had a decreased sense of smell?	valid if participant_consent=1 and follow-up date is ≥335 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer

smellstart_pc_12m	When did the decreased sense of smell start?	valid if smell_pc_12m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
smellstop_pc_12m	How long did the smell last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
smell2m_pc_12m	Did you symptom last 2 months or longer?	valid if smell_pc_12m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
smellstopm_pc_12m	How many months did your symptom last	valid if smell2m_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Number	Range: 2-15
taste_pc_12m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you had decreased sense of taste?	valid if participant_consent=1 and follow-up date is ≥335 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
tastestart_pc_12m	When did the taste start?	valid if taste_pc_12m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
tastestop_pc_12m	How long did the taste last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months

taste2m_pc_12m	Did you symptom last 2 months or longer?	valid if taste_pc_12m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
tastestopm_pc_12m	How many months did your symptom last	valid if taste2m_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Number	Range: 2-15
sleep_pc_12m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), has your sleep been different?	valid if participant_consent=1 and follow-up date is ≥335 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
sleepstart_pc_12m	When did the sleep start?	valid if sleep_pc_12m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
sleepstop_pc_12m	How long did the sleep last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
sleep2m_pc_12m	Did you symptom last 2 months or longer?	valid if sleep_pc_12m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
sleepstopm_pc_12m	How many months did your symptom last	valid if sleep2m_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Number	Range: 2-15

dizzy_pc_12m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you felt dizzy or lightheaded?	valid if participant_consent=1 and follow-up date is ≥335 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
dizzystart_pc_12m	When did your dizziness or lightheadedness start?	valid if dizzy_pc_12m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
dizzystop_pc_12m	How long did your dizziness or lightheadedness last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
dizzy2m_pc_12m	Did you symptom last 2 months or longer?	valid if dizzy_pc_12m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
dizzystopm_pc_12m	How many months did your symptom last	valid if dizzy2m_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Number	Range: 2-15
cont_pc_12m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), has it been harder to concentrate?	valid if participant_consent=1 and follow-up date is ≥335 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
contstart_pc_12m	When did it start to get harder to concentrate?	valid if cont_pc_12m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

contstop_pc_12m	How long was it harder to concentrate?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
cont2m_pc_12m	Did you symptom last 2 months or longer?	valid if cont_pc_12m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
contstopm_pc_12m	How many months did your symptom last	valid if cont2m_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Number	Range: 2-15
rem_pc_12m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), has it been harder to remember things?	valid if participant_consent=1 and follow-up date is ≥335 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
remstart_pc_12m	When did it start to get harder to remember things?	valid if rem_pc_12m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
remstop_pc_12m	How long was it harder to remember things?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
rem2m_pc_12m	Did you symptom last 2 months or longer?	valid if rem_pc_12m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes

remstopm_pc_12m	How many months did your symptom last	valid if rem2m_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Number	Range: 2-15
tired_pc_12m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you felt unusually tired after a physical, a mental, or an emotional effort?	valid if participant_consent=1 and follow-up date is ≥335 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No, not at all 1, Yes, and it is still present 2, Yes, sometimes and it is still present 3, Yes, but not anymore 4, I don't know 5, Prefer not to answer
tiredstart_pc_12m	When did this unusual tiredness start?	valid if tired_pc_12m=1 or 2 or 3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
tiredstop_pc_12m	How long did this unusual tiredness last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
tired2m_pc_12m	Did you symptom last 2 months or longer?	valid if tired_pc_12m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
tiredstopm_pc_12m	How many months did your symptom last	valid if tired2m_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Number	Range: 2-15
ssx_pc_12m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), have you had other new symptoms than the ones we	valid if participant_consent=1 and follow-up date is ≥335 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes 2, Prefer not to answer

	discussed that you would like to share today?				
ssxtype_pc_12m	Which one affects of affected you the most?	valid if ssx_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, Anxiety 2, Behaviour change 3, Can't move or feel one side of body or face 4, Constipation 5, Depressed mood 6, Diarrhea 7, Dry Mouth 8, Dysmenorrhea 9, Erectile dysfunction 10, Eye dryness 11, Fainting or blackouts 12, Fever 13, Food sensitivities 14, Hallucinations 15, Hot flashes 16, Jerking of limbs 17, Joint swelling 18, Loss of appetite 19, Loss of interest or pleasure 20, Loss of teeth 21, Lumpy lesions: (purple/pink/bluish) on toes-COVID toes 22, Nausea or vomiting 23, Night sweats 24, Numbness or tingling 25, Persistent fatigue 26, Problem hearing 27, Problems passing urine 28, Problems seeing 29, Problems swallowing 30, Problems with balance 31, Problems with communication 32, Problems with gait or falls 33, Ringing in ears 34, Seizures 35, Skin rash 36, Slowness of movement 37, Stiffness of muscles 38, Tremors 39, Weakness in limbs 40, Weight loss

					41, Hair loss 42, Palpitations
ssxstart_pc_12m	When did this symptom start?	valid if ssx_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Date	YYYY-MM-DD (Range: Min: 2020-03-01, Max: 2022-12-31)
ssxstop_pc_12m	How long did this symptom last?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, Couple of days 2, 1 week 3, 2 weeks 4, Between 1 and 2 months 5, Between 2 and 6 months 6, More than 6 months
ssx2m_pc_12m	Did you symptom last 2 months or longer?	valid if ssx_pc_12m=3	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
ssxstopm_pc_12m	How many months did your symptom last	valid if ssx2m_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Number	Range: 2-15
service_pc_12m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), did you get help from any health services?	valid if participant_consent=1 and follow-up date is ≥335 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes 2, Prefer not to answer
service_type_hc_12m___1	Health services used: Alternative medicine specialist (acupuncture, healer, osteopath, homeopath, chiropractor)	valid if service_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
service_type_hc_12m___2	Health services used: Family doctor	valid if service_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes

Data Dictionary for the Canadian COVID-19 ED Rapid Response Network

service_type_hc_12m___3	Health services used: Home care nurse	valid if service_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
service_type_hc_12m___4	Health services used: Home care worker	valid if service_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
service_type_hc_12m___5	Health services used: Massage therapist	valid if service_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
service_type_hc_12m___6	Health services used: Nurse practitioner	valid if service_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
service_type_hc_12m___7	Health services used: Occupational therapist	valid if service_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
service_type_hc_12m___8	Health services used: Pharmacist	valid if service_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
service_type_hc_12m___9	Health services used: Physiotherapist	valid if service_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
service_type_hc_12m___10	Health services used: Post-COVID Clinic	valid if service_pc_12m=1	REDCap telephone follow-up form:	Categorical	0, No 1, Yes

			Postcovid Condition Assessment 12 Month		
service_type_hc_12m___11	Health services used: Psychiatrist	valid if service_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
service_type_hc_12m___12	Health services used: Psychologist	valid if service_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
service_type_hc_12m___13	Health services used: Respiratory therapist	valid if service_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
service_type_hc_12m___14	Health services used: Sex therapist	valid if service_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
service_type_hc_12m___15	Health services used: Social worker	valid if service_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
service_type_hc_12m___16	Health services used: Specialist	valid if service_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
service_type_hc_12m___17	Health services used: Other	valid if service_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes

access_pc_12m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), are there any health services or health professionals that you were unable to access?	valid if participant_consent=1 and follow-up date is ≥335 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes 2, Prefer not to answer
access_type_hc_12m___1	Health services unable to access: Alternative medicine specialist (acupuncture, healer, osteopath, homeopath, chiropractor)	valid if access_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
access_type_hc_12m___2	Health services unable to access: Family doctor	valid if access_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
access_type_hc_12m___3	Health services unable to access: Home care nurse	valid if access_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
access_type_hc_12m___4	Health services unable to access: Home care worker	valid if access_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
access_type_hc_12m___5	Health services unable to access: Massage therapist	valid if access_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
access_type_hc_12m___6	Health services unable to access: Nurse practitioner	valid if access_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes

access_type_hc_12m___7	Health services unable to access: Occupational therapist	valid if access_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
access_type_hc_12m___8	Health services unable to access: Pharmacist	valid if access_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
access_type_hc_12m___9	Health services unable to access: Physiotherapist	valid if access_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
access_type_hc_12m___10	Health services unable to access: Post-COVID Clinic	valid if access_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
access_type_hc_12m___11	Health services unable to access: Psychiatrist	valid if access_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
access_type_hc_12m___12	Health services unable to access: Psychologist	valid if access_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
access_type_hc_12m___13	Health services unable to access: Respiratory therapist	valid if access_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
access_type_hc_12m___14	Health services unable to access: Sex therapist	valid if access_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition	Categorical	0, No 1, Yes

			Assessment 12 Month		
access_type_hc_12m___15	Health services unable to access: Social worker	valid if access_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
access_type_hc_12m___16	Health services unable to access: Specialist	valid if access_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
access_type_hc_12m___17	Health services unable to access: Other	valid if access_pc_12m=1	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	0, No 1, Yes
vax1_pc_12m	Did you notice a change in the symptoms we just talked about after your first COVID shot?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, Yes, felt worse after my first shot 2, Yes, felt better after my first shot 3, No change 4, No, because I was feeling fine before with no symptoms 5, I don't know 6, I am not vaccinated 7, Prefer not to answer
vax2_pc_12m	Did you notice a change in the symptoms we just talked about after your second COVID shot?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, Yes, felt worse after my second shot 2, Yes, felt better after my second shot 3, No change 4, I don't know 5, Did not get a second shot 7, Prefer not to answer
vax3_pc_12m	Did you notice a change in the symptoms we just talked about after your third COVID shot?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, Yes, felt worse after my third shot 2, Yes, felt better after my third shot 3, No change 4, I don't know 5, Did not get a third shot 7, Prefer not to answer

fit_pc_12m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), which of the following statements best describes the level of fitness you had then?	valid if participant_consent=1 and follow-up date is ≥335 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, Fit and well: you exercised occasionally or regularly and had no medical problems 2, Managing well: you had some medical problems that limited your activities but didn't need help 3, Frail: you had medical problems that limited your activities, and needed help with daily activities and personal care 4, I don't remember
insur_pc_12m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), did you receive any disability insurance?	Variable hidden from data collection as of January 31st, 2023	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, Yes 2, No 3, I don't know 4, Prefer not to answer
insurcovid_pc_12m	Since the acute health problem that brought you to the emergency department on [edvisitdate_v30d] (index ED visit date), did you receive any disability insurance due to COVID-19?	valid if participant_consent=1 and follow-up date is ≥335 and ≤395 days since [edvisitdate_v30d] (index ED visit date)	REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Categorical	1, Yes 2, No 3, I don't know 4, Prefer not to answer
ra_comment_pc_12m	RESEARCH ASSISTANTS: Any additional comments regarding the follow-up?		REDCap telephone follow-up form: Postcovid Condition Assessment 12 Month	Free-text	Text