

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

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**Version history:** Drafted 2021/05/31 (JPH); Revised 30 day chart review follow-up variables 2021/06/24 (JPH); Added VOC variables 2021/06/29 (JPH); Added Covidshield COVID-19 vaccine 2021/07/28 (JPH); Added new covid\_criteria1 to covid\_criteria4, ed\_los\_min, ed\_los\_days, first\_swab\_days, date\_first\_positive 2021/08/10 (JPH); Added COVID\_7day\_average 2021/10/15 (JPH);

## 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

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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 ( <i>Range: 0 - 100</i> )
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__hwc	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
othorexposure	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

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	DDMMYYYY: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 of 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 ( <i>Range: 0.0 - 150.0</i> )
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
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
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	valid if sex=1 or sex=2	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
med1	prescribed pre-ED medication 1	valid if med_validate=2	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med2	Prescribed pre-ED medication 2	valid if med1 is filled	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med3	Prescribed pre-ED medication 3	valid if med2 is filled	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med4	Prescribed pre-ED medication 4	valid if med3 is filled	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med5	Prescribed pre-ED medication 5	valid if med4 is filled	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med6	Prescribed pre-ED medication 6	valid if med5 is filled	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med7	Prescribed pre-ED medication 7	valid if med6 is filled	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med8	Prescribed pre-ED medication 8	valid if med7 is filled	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)



med9	Prescribed pre-ED medication 9	valid if med8 is filled	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med10	Prescribed pre-ED medication 10	valid if med9 is filled	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med11	Prescribed pre-ED medication 11	valid if med10 is filled	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med12	Prescribed pre-ED medication 12	valid if med11 is filled	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med13	Prescribed pre-ED medication 13	valid if med12 is filled	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med14	Prescribed pre-ED medication 14	valid if med13 is filled	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med15	Prescribed pre-ED medication 15	valid if med14 is filled	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med16	Prescribed pre-ED medication 16	valid if med15 is filled	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med17	Prescribed pre-ED medication 17	valid if med16 is filled	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med18	Prescribed pre-ED medication 18	valid if med17 is filled	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med19	Prescribed pre-ED medication 19	valid if med18 is filled	REDCap Retrospective form	Categorical	MedDRA drop-down drug list (1163 different drug categories)
med20	Prescribed pre-ED medication 20	valid if med19 is filled	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)	valid if med_validate=2	REDCap Retrospective form	Free-text	Text
otc1	OTC Medications 1	valid if med_validate=2	REDCap Retrospective form	Free-text	Text

otc2	OTC Medications 2	valid if otc1 is filled	REDCap Retrospective form	Free-text	Text
otc3	OTC Medications 3	valid if otc2 is filled	REDCap Retrospective form	Free-text	Text
otc4	OTC Medications 4	valid if otc3 is filled	REDCap Retrospective form	Free-text	Text
otc5	OTC Medications 5	valid if otc4 is filled	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 ( <i>Range: 40 - 180</i> )
arrival_sbp	Arrival systolic blood pressure		REDCap Retrospective form	Numeric	Integer ( <i>Range: 50 - 200</i> )
arrival_dbp	Arrival diastolic blood pressure		REDCap Retrospective form	Numeric	Integer ( <i>Range: 20 - 200</i> )
arrival_rr	Arrival respiratory rate		REDCap Retrospective form	Numeric	Integer ( <i>Range: 0 - 80</i> )
arrival_o2	Arrival oxygen saturation		REDCap Retrospective form	Numeric	Integer ( <i>Range: 60 - 100</i> )
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	valid if arrival_o2state=1	REDCap Retrospective form	Numeric	Number ( <i>Range: 0 - 15</i> )

	patient was on supplemental oxygen				
lowest_o2	Lowest recorded oxygen saturation in ED		REDCap Retrospective form	Numeric	Integer ( <i>Range: 60 - 100</i> )
arrival_temp	Arrival temperature in Celsius		REDCap Retrospective form	Numeric	Number ( <i>Range: 25 - 44</i> )
arrival_gcs	Arrival/triage Glasgow Coma Score (GCS)		REDCap Retrospective form	Numeric	Integer ( <i>Range: 3 - 15</i> )
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
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.	<b>variable replaced by codestatus_preed and codestatus_ed</b>	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 ( <i>Range: 0 - 15</i> )
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 ( <i>Range: 0.00 - 48.00</i> )
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 ( <i>Range: 0.00 - 48.00</i> )

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	Continuous 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	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
pre_o2__1	Pre-oxygenation method before intubation: Nasal prongs	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes



pre_o2__2	Pre-oxygenation method before intubation: Face mask	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
pre_o2__3	Pre-oxygenation method before intubation: Simple rebreather	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
pre_o2__4	Pre-oxygenation method before intubation: non-rebreather	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
pre_o2__5	Pre-oxygenation method before intubation: Optiflow	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
pre_o2__6	Pre-oxygenation method before intubation: Bilevel pressure vent	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
pre_o2__7	Pre-oxygenation method before intubation: Continuous pressure vent	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
pre_o2__8	No pre-oxygenation before intubation	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
pre_o2__9	Unknown pre-oxygenation method before intubation:	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
bagged	Bagged during intubation	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes 9, Unknown
paralytic__1	Paralytic agent: Rocuronium	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
paralytic__2	Paralytic agent: Succinylcholine	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
paralytic__3	Other Paralytic agent	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
paralytic__4	No paralytic agent used	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes

paralytic__5	Unknown paralytic agent	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
other_paralytic	Other paralytic agent type	valid if paralytic__3=1	REDCap Retrospective form	Free-text	Text
sedative__1	Sedative agent: Ketamine	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
sedative__2	Sedative agent: Propofol	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
sedative__3	Sedative agent: Midazolam	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
sedative__4	Sedative agent: Etomidate	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
sedative__5	Sedative agent: Dexmedatomidine	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
sedative__6	Other sedative agent	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
other_sedative	Other sedative agent type	valid if sedative__6=1	REDCap Retrospective form	Free-text	Text
intubation_tech__1	Intubation technique used: Video laryngoscopy	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_tech__2	Intubation technique used: Fiberoptic intubation	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_tech__3	Intubation technique used: Direct laryngoscopy	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_tech__4	Intubation technique used: Blind nasotracheal	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_tech__5	Other intubation technique used	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
other_technique	Other technique used	valid if intubation_tech__5 =1	REDCap Retrospective form	Free-text	Text

intubation_outcome__0	Intubation outcome: First pass success	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_outcome__1	Intubation outcome: Second pass success	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_outcome__2	Intubation outcome: Third pass success	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_outcome__3	Intubation outcome: Rescue device	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_outcome__4	Intubation outcome: Surgical airway	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_outcome__5	Intubation outcome: Unable to establish airway	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_outcome_other	Other intubation outcomes	valid if intubation=1	REDCap Retrospective form	Free-text	Text
intubation_ae__1	Intubation adverse event: Desaturation < 80%	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_ae__2	Intubation adverse event: Desaturation < 70%	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_ae__3	Intubation adverse event: Vomiting	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_ae__4	Intubation adverse event: Arrhythmia	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_ae__5	Intubation adverse event: Cardiac arrest	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_ae__6	Intubation adverse event: Intubation awareness	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
intubation_ae__7	Intubation adverse event: Dental trauma	valid if intubation=1	REDCap Retrospective form	Categorical	0, No 1, Yes
ed_med1 - ed_med10	Medication administered in ED (aside from induction/paralytic) 1-10	<b>variables replaced by ed_medication__1 to ed_medication__43</b>	REDCap Retrospective form	Categorical	Drop-down MedDRA drug list

other_edmed	Other medications administered in ED (please separate with semi-colon).	<b>variable replaced by ed_medication__1 to ed_medication__43</b>	REDCap Retrospective form	Free-text	Text
ed_medication__1	Medication administered in ED: Acyclovir		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		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		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__17	Medication administered in ED: Etomidate		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__18	Medication administered in ED: Furosemide		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
ed_medication__21	Medication administered in ED: Hydroxychloroquine		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__22	Medication administered in ED: Ipratropium bromide		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__23	Medication administered in ED: Ketamine		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		REDCap Retrospective form	Categorical	0, No 1, Yes
ed_medication__31	Medication administered in ED: Oseltamivir		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
ed_medication__34	Medication administered in ED: Propofol		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		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:		REDCap Retrospective form	Categorical	0, No 1, Yes

no_ed_med	Colchicine Field for research assistants to confirm reason why no medications were administered in ED	valid if ed_medication__1 to ed_medication__43 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	DDMMYYYY: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 disposition_datetime. Unit of measurement is in minutes	Analytical Variable	Number	Integer
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
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
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
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
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
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

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
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
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
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
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
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
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
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
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
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
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
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

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
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
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
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.	<p>Patients are considered COVID positive if they meet any one of the following four criteria below:</p> <p>i) Positive pre-ED test result: results_covid_pre_ed=1, within 14 days before the ED visit date.</p> <p>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</p> <p>iii) ED discharge was "Confirmed COVID 19": discharge_dx_2=1</p> <p>iv) Hospital discharge diagnosis was "Confirmed COVID 19": any one of hosp_dx1 to hosp_dx5=2</p>	Analytical Variable	Categorical	0, Negative 1, Positive
covid_criteria1	Did patient fit the first COVID criteria: Positive pre-ED test	Positive pre-ED test result:	Analytical Variable	Categorical	0, No 1, Yes

	within 14 days before ED visit?	results_covid_pre_ed=1, within 14 days before the ED visit date.			
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
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?		REDCap Retrospective form	Categorical	0, No 1, Yes 9, Unknown
date_serology	Date of SARS-CoV-2 serology testing	valid if serology_test=1	REDCap Retrospective form	Date	YYYY-MM-DD
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	valid if serology_method=3	REDCap Retrospective form	Free-text	Text
igg_result	COVID-19 IgG test results (in mg/dL)	valid if serology_test=1	REDCap Retrospective form	Free-text	Text
igm_result	COVID-19 IgM test results (in mg/dL)	valid if serology_test=1	REDCap Retrospective form	Free-text	Text
bloodwork	Bloodwork completed?		REDCap Retrospective form	Categorical	0, No 1, Yes
arrival_hb	Arrival hemoglobin	valid if bloodwork=1	REDCap Retrospective form	Numeric	Number ( <i>Range: 0 - 200</i> )
arrival_wbc	Arrival white blood cells	valid if bloodwork=1	REDCap Retrospective form	Numeric	Number ( <i>Range: 0 - 300</i> )
arrival_neut	Arrival neutrophils	valid if bloodwork=1	REDCap Retrospective form	Numeric	Number ( <i>Range: 0 - 50</i> )
arrival_lymph	Arrival lymphocytes	valid if bloodwork=1	REDCap Retrospective form	Numeric	Number ( <i>Range: 0 - 50</i> )

arrival_plat	Arrival platelets	valid if bloodwork=1	REDCap Retrospective form	Numeric	Number (Range: 0 - 1000)
arrival_sodium	Arrival sodium	valid if bloodwork=1	REDCap Retrospective form	Numeric	Number (Range: 0 - 250)
arrival_potassium	Arrival potassium	valid if bloodwork=1	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)	valid if bloodwork=1	REDCap Retrospective form	Numeric	Number (Range: 0 - 10000)
bilirubin	Arrival bilirubin	valid if bloodwork=1	REDCap Retrospective form	Numeric	Number (Range: 0 - 300)
arrival_lactate	Arrival lactate	valid if bloodwork=1	REDCap Retrospective form	Numeric	Number (Range: 0 - 20)
inr	International normalised ratio (INR)	valid if bloodwork=1	REDCap Retrospective form	Numeric	Number (Range: 0 - 10)
ddimer	D-dimer	valid if bloodwork=1	REDCap Retrospective form	Free-text	Text
procalc	Procalcitonin	valid if bloodwork=1	REDCap Retrospective form	Free-text	Text
crp	C-Reactive Protein (CRP)	valid if bloodwork=1	REDCap Retrospective form	Numeric	Number (Range: 0 - 500)
troponin_yn	Troponin positive/negative	valid if bloodwork=1	REDCap Retrospective form	Categorical	0, Negative 1, Positive
troponin_i	Troponin I	valid if troponin_yn=1	REDCap Retrospective form	Numeric	Number (Range: 0 - 300)
troponin_t	Troponin T	valid if troponin_yn=1	REDCap Retrospective form	Numeric	Number (Range: 0 - 300)
troponin_other	Other troponin results (not otherwise entered above)	valid if troponin_yn=1	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 ( <i>Range: 6.5 - 7.7</i> )
pco2	pCO2	valid if bloodgas is not 0	REDCap Retrospective form	Numeric	Number ( <i>Range: 0 - 100</i> )
po2_v2	pO2	valid if bloodgas is not 0	REDCap Retrospective form	Numeric	Number ( <i>Range: 0 - 500</i> )
oxygen_saturation	Oxygen saturation amount	valid if bloodgas is not 0	REDCap Retrospective form	Numeric	Number ( <i>Range: 0 - 100</i> )
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 9, Unknown
influenza	Influenza	valid if viral=1	REDCap Retrospective form	Categorical	0, Negative 1, Positive 9, Unknown
cxr	Chest X-Ray (CXR)		REDCap Retrospective form	Categorical	0, CXR not performed 1, Focal consolidation 2, Multi-lobe consolidation

Variable not in use, replaced by cxr_main1__0 to cxr_main5__13					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: Bilateral 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: Atelectasis		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: Bilateral 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: Atelectasis		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: Bilateral 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: Atelectasis		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: Bilateral 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: Atelectasis		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: Bilateral 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
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: Atelectasis		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, Atelectasis 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: Atelectasis		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 level1=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
hosp_medication__1	Medication administered in hospital: Acyclovir	valid if admitted=1	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	valid if admitted=1	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	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes

hosp_medication__17	Medication administered in hospital: Etomidate	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__18	Medication administered in hospital: Furosemide	valid if admitted=1	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	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__22	Medication administered in hospital: Ipratropium bromide	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__23	Medication administered in hospital: Ketamine	valid if admitted=1	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	valid if admitted=1	REDCap Retrospective form	Categorical	0, No 1, Yes
hosp_medication__31	Medication administered in hospital: Oseltamivir	valid if admitted=1	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	valid if admitted=1	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	valid if admitted=1	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
no_hosp_med	Field for research assistants to confirm reason why no medications were administered in hospital	valid if ed_medication__1 to ed_medication__43 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 (2 <sup>nd</sup> 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 (3 <sup>rd</sup> 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 (4 <sup>th</sup> 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, FEO 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, FUIO 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, FUIO 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, FUIO 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
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, FUI 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

## 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 ( <i>Min: 2020-12-01</i> )
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 ( <i>Min: 2020-12-01</i> )

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 ( <i>Min: 2020-12-01</i> )
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 ( <i>Min: 2020-12-01</i> )
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 ( <i>Min: 2020-12-01</i> )
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 ( <i>Min: 2020-12-01</i> )
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

					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 ( <i>Min: 2020-12-01</i> )
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 ( <i>Min: 2020-12-01</i> )
vaccinated_tfu	Was patient vaccinated for COVID-19?		REDCap Prospective form	Categorical	0, No 1, Yes 2, No documented / unknown
dose1_type_tfu	Type of vaccine patient received for the first dose	valid if vaccinated_yn_pro=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_pro=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_yn_pro=1	REDCap telephone follow-up form: Vaccine Status	Date	YYYY-MM-DD ( <i>Min: 2020-12-01</i> )
dose2_tfu	Did ,,,, receive a second dose of vaccine	valid if vaccinated_yn_pro=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_yn_pro=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_pro=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_yn_pro=1	REDCap telephone follow-up form: Vaccine Status	Date	YYYY-MM-DD ( <i>Min: 2020-12-01</i> )
additional_tfu	Did patient receive additional COVID-19 vaccination doses?	valid if dose2_yn_pro=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_pro=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_yn_pro=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_pro=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_yn_pro=1	REDCap telephone follow-up form: Vaccine Status	Date	YYYY-MM-DD ( <i>Min: 2020-12-01</i> )
dose4_yn_tfu	Did patient receive a fourth dose of vaccine	valid if dose3_yn_pro=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_pro=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_pro=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_pro=1	REDCap telephone follow-up form: Vaccine Status	Date	YYYY-MM-DD ( <i>Min: 2020-12-01</i> )
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 ( <i>Min: 2020-03-01</i> )
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

## Telephone Follow-up Data Collection

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
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	valid if participant_consent=1	REDCap telephone follow-up form: WHO	Date	YYYY-MM-DD

			Ordinal scale Assessment 30 Day		
discharged	Has patient been discharged from hospital?	valid if participant_consent=1	REDCap telephone follow-up form: WHO Ordinal scale Assessment 30 Day	Categorical	0, No 1, Yes
severity	Is the case mild or severe?	This variable is now dormant	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 visited an ED or been re-admitted to hospital since discharge?	valid if participant_consent=1	REDCap telephone follow-up form: WHO Ordinal scale Assessment 30 Day	Categorical	0, No 1, Yes
location_visit	Which hospital did you visit?	valid if revisit=1	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)	valid if participant_consent=1	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	Date	YYYY-MM-DD

			Cultural Questions 30 Day		
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 ( <i>Range: 0 - 40</i> )
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 and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity__6	Ethnic group patient identify with: French	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and	Categorical	0, No 1, Yes



			Cultural Questions 30 Day		
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
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 and Cultural Questions 30 Day	Categorical	0, No 1, Yes
ethnicity__21	Ethnic group patient identify with: I don't know	valid if participant_consent=1	REDCap telephone follow-up form: Contextual Social and	Categorical	0, No 1, Yes

			Cultural Questions 30 Day		
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:	Free-text	Text

			Contextual Social and Cultural Questions 30 Day		
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, scientific & 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
disgnosed_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)