

## COVID-19 Vaccination Implementation in Canada


PID 360

Codebook ▾

## Data Dictionary Codebook

01/06/2021 2:46pm

[^ Collapse all instruments](#)

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																		
Instrument: <b>Baseline Information</b> (baseline_information)  Enabled as survey <a href="#">^ Collapse</a>																					
1	record_id	Record ID	text																		
2	part_email	Email Address:	text (email), Identifier																		
3	part_id	Participant ID:	text Field Annotation: @CHARLIMIT=10																		
4	yob	Section Header: COVID-19 VACCINATION IMPLEMENTATION IN CANADA What is your year of birth?	text (number, Min: 1920, Max: 2020) Field Annotation: @CHARLIMIT=4																		
5	sexatbirth	What was your assigned sex at birth?	radio <table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> <tr><td>93</td><td>Prefer to self-describe</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Male	2	Female	93	Prefer to self-describe	99	Prefer not to answer										
1	Male																				
2	Female																				
93	Prefer to self-describe																				
99	Prefer not to answer																				
6	sexatbirth_oth Show the field ONLY if: [sexatbirth] = '93'	How do you describe your assigned sex at birth?	text																		
7	sex	What is your sex now?	radio <table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> <tr><td>93</td><td>Prefer to self-describe</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Male	2	Female	93	Prefer to self-describe	99	Prefer not to answer										
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99	Prefer not to answer																				
8	sex_oth Show the field ONLY if: [sex] = '93'	How do you describe your sex now?	text																		
9	indigenous_yn	Are you an Indigenous person originating from North America?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
10	indigeneity Show the field ONLY if: [indigenous_yn] = '1'	Which of the following groups do you belong to? (CHECK ALL THAT APPLY)	checkbox <table border="1"> <tr><td>1</td><td>indigeneity__1</td><td>First Nations</td></tr> <tr><td>2</td><td>indigeneity__2</td><td>Inuit</td></tr> <tr><td>3</td><td>indigeneity__3</td><td>Métis</td></tr> <tr><td>4</td><td>indigeneity__4</td><td>Non-Status First Nations</td></tr> <tr><td>93</td><td>indigeneity__93</td><td>Other Indigenous</td></tr> <tr><td>99</td><td>indigeneity__99</td><td>Prefer not to answer</td></tr> </table>	1	indigeneity__1	First Nations	2	indigeneity__2	Inuit	3	indigeneity__3	Métis	4	indigeneity__4	Non-Status First Nations	93	indigeneity__93	Other Indigenous	99	indigeneity__99	Prefer not to answer
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93	indigeneity__93	Other Indigenous																			
99	indigeneity__99	Prefer not to answer																			
11	reserve_status Show the field ONLY if: [indigenous_yn] = '1'	Do you live on- or off- reserve?	radio <table border="1"> <tr><td>1</td><td>On-reserve</td></tr> <tr><td>2</td><td>Off-reserve</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	On-reserve	2	Off-reserve	99	Prefer not to answer												
1	On-reserve																				
2	Off-reserve																				
99	Prefer not to answer																				

12	ethnicity	How would you describe your ethnicity or race? (CHECK ALL THAT APPLY) <i>categories are in alphabetical order</i>	checkbox <table border="1"> <tr><td>4</td><td>ethnicity__4</td><td>Black/African Descent</td></tr> <tr><td>3</td><td>ethnicity__3</td><td>East Asian - Chinese</td></tr> <tr><td>11</td><td>ethnicity__11</td><td>East Asian - Japanese</td></tr> <tr><td>10</td><td>ethnicity__10</td><td>East Asian - Korean</td></tr> <tr><td>14</td><td>ethnicity__14</td><td>Indigenous (First Nations, Metis, Inuit)</td></tr> <tr><td>15</td><td>ethnicity__15</td><td>Jewish</td></tr> <tr><td>6</td><td>ethnicity__6</td><td>Latino (Latin American, Hispanic Descent)</td></tr> <tr><td>7</td><td>ethnicity__7</td><td>Middle Eastern - Arab</td></tr> <tr><td>9</td><td>ethnicity__9</td><td>Middle Eastern - Other (Iranian/Persian, Egyptian, Kurdish, etc.)</td></tr> <tr><td>2</td><td>ethnicity__2</td><td>South Asian (Bangladeshi, Indian, Pakistani, Sri Lankan, etc.)</td></tr> <tr><td>5</td><td>ethnicity__5</td><td>Southeast Asian - Filipino</td></tr> <tr><td>8</td><td>ethnicity__8</td><td>Southeast Asian - Other (Vietnamese, Cambodian, Malaysian, Laotian, etc.)</td></tr> <tr><td>1</td><td>ethnicity__1</td><td>White/European Descent</td></tr> <tr><td>93</td><td>ethnicity__93</td><td>Other, specify</td></tr> <tr><td>94</td><td>ethnicity__94</td><td>Don't know</td></tr> <tr><td>99</td><td>ethnicity__99</td><td>Prefer not to answer</td></tr> </table>	4	ethnicity__4	Black/African Descent	3	ethnicity__3	East Asian - Chinese	11	ethnicity__11	East Asian - Japanese	10	ethnicity__10	East Asian - Korean	14	ethnicity__14	Indigenous (First Nations, Metis, Inuit)	15	ethnicity__15	Jewish	6	ethnicity__6	Latino (Latin American, Hispanic Descent)	7	ethnicity__7	Middle Eastern - Arab	9	ethnicity__9	Middle Eastern - Other (Iranian/Persian, Egyptian, Kurdish, etc.)	2	ethnicity__2	South Asian (Bangladeshi, Indian, Pakistani, Sri Lankan, etc.)	5	ethnicity__5	Southeast Asian - Filipino	8	ethnicity__8	Southeast Asian - Other (Vietnamese, Cambodian, Malaysian, Laotian, etc.)	1	ethnicity__1	White/European Descent	93	ethnicity__93	Other, specify	94	ethnicity__94	Don't know	99	ethnicity__99	Prefer not to answer
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13	ethnicityoth Show the field ONLY if: [ethnicity(93)] = '1'	Please specify:	text																																																
14	postcode	What are the first three characters of your Postal Code?	text Field Annotation: @CHARLIMIT=3																																																
15	education	What is the highest level of education you have completed? <i>Please select the highest level of education you have COMPLETED.</i>	radio <table border="1"> <tr><td>1</td><td>Elementary or middle school</td></tr> <tr><td>2</td><td>High school graduation</td></tr> <tr><td>3</td><td>Trade certificate, vocational school, or apprenticeship training</td></tr> <tr><td>4</td><td>Diploma from a community college or CEGEP</td></tr> <tr><td>5</td><td>Bachelor's degree</td></tr> <tr><td>6</td><td>Graduate degree (such as a Masters or Doctorate)</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Elementary or middle school	2	High school graduation	3	Trade certificate, vocational school, or apprenticeship training	4	Diploma from a community college or CEGEP	5	Bachelor's degree	6	Graduate degree (such as a Masters or Doctorate)	99	Prefer not to answer																																		
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16	ht_wt_section	Section Header: <i>Height and Weight</i> Current Height {height} {height_unit} Current Weight {weight} {weight_unit}	descriptive																																																
17	height	What is your current height?	text																																																
18	height_unit	What unit of measure did you use for height?	radio <table border="1"> <tr><td>1</td><td>Metric (centimetres or metres)</td></tr> <tr><td>2</td><td>Imperial (feet and inches)</td></tr> </table>	1	Metric (centimetres or metres)	2	Imperial (feet and inches)																																												
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19	weight	What is your current weight?	text																																																
20	weight_unit	What unit of measure did you use for weight?	radio <table border="1"> <tr><td>1</td><td>Metric (kilograms)</td></tr> <tr><td>2</td><td>Imperial (pounds)</td></tr> </table>	1	Metric (kilograms)	2	Imperial (pounds)																																												
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2	Imperial (pounds)																																																		

21	smoking_status	Section Header: <i>SMOKING STATUS</i> What is your smoking status?	radio <table border="1"> <tr><td>0</td><td>Never Smoked</td></tr> <tr><td>1</td><td>Former smoker</td></tr> <tr><td>2</td><td>Current smoker</td></tr> </table>	0	Never Smoked	1	Former smoker	2	Current smoker																														
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1	Former smoker																																						
2	Current smoker																																						
22	packday Show the field ONLY if: [smoking_status] = '2'	As a current smoker, do you smoke:	radio <table border="1"> <tr><td>1</td><td>Less than 1 pack/day</td></tr> <tr><td>2</td><td>More than 1 pack/day</td></tr> </table>	1	Less than 1 pack/day	2	More than 1 pack/day																																
1	Less than 1 pack/day																																						
2	More than 1 pack/day																																						
23	allergies	Section Header: <i>MEDICAL HISTORY</i> Do you have any known drug allergies?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
1	Yes																																						
0	No																																						
24	allergies_spec Show the field ONLY if: [allergies] = '1'	Please specify your allergies:	text																																				
25	allergies_symp Show the field ONLY if: [allergies] = '1'	What symptoms do you typically experience? (CHECK ALL THAT APPLY)	checkbox <table border="1"> <tr><td>1</td><td>allergies_symp__1</td><td>Rash</td></tr> <tr><td>2</td><td>allergies_symp__2</td><td>Hives</td></tr> <tr><td>3</td><td>allergies_symp__3</td><td>Difficulty breathing</td></tr> <tr><td>4</td><td>allergies_symp__4</td><td>Gastrointestinal effects</td></tr> <tr><td>93</td><td>allergies_symp__93</td><td>Other, specify</td></tr> </table>	1	allergies_symp__1	Rash	2	allergies_symp__2	Hives	3	allergies_symp__3	Difficulty breathing	4	allergies_symp__4	Gastrointestinal effects	93	allergies_symp__93	Other, specify																					
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93	allergies_symp__93	Other, specify																																					
26	allergy_sympoth Show the field ONLY if: [allergies_symp(93)] = '1'	Please specify other symptoms:	text																																				
27	risk	Do you have any medical conditions that may increase risk for severe illness from COVID-19?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
1	Yes																																						
0	No																																						
28	conditions Show the field ONLY if: [risk] = '1'	Have you been diagnosed with any of the following conditions? (CHECK ALL THAT APPLY)	checkbox <table border="1"> <tr><td>1</td><td>conditions__1</td><td>High Blood Pressure</td></tr> <tr><td>2</td><td>conditions__2</td><td>Diabetes</td></tr> <tr><td>3</td><td>conditions__3</td><td>Asthma</td></tr> <tr><td>4</td><td>conditions__4</td><td>Chronic Obstructive Pulmonary Disorder or other lung disease</td></tr> <tr><td>5</td><td>conditions__5</td><td>Cardiovascular Disease (heart attack, myocardial infarction, angina)</td></tr> <tr><td>6</td><td>conditions__6</td><td>Chronic Kidney Disease</td></tr> <tr><td>7</td><td>conditions__7</td><td>Liver Disease</td></tr> <tr><td>8</td><td>conditions__8</td><td>Cancer</td></tr> <tr><td>9</td><td>conditions__9</td><td>Sickle Cell Anemia or other blood disorder</td></tr> <tr><td>10</td><td>conditions__10</td><td>HIV</td></tr> <tr><td>11</td><td>conditions__11</td><td>Hepatitis C</td></tr> <tr><td>12</td><td>conditions__12</td><td>Stroke or other neurological disorder</td></tr> </table>	1	conditions__1	High Blood Pressure	2	conditions__2	Diabetes	3	conditions__3	Asthma	4	conditions__4	Chronic Obstructive Pulmonary Disorder or other lung disease	5	conditions__5	Cardiovascular Disease (heart attack, myocardial infarction, angina)	6	conditions__6	Chronic Kidney Disease	7	conditions__7	Liver Disease	8	conditions__8	Cancer	9	conditions__9	Sickle Cell Anemia or other blood disorder	10	conditions__10	HIV	11	conditions__11	Hepatitis C	12	conditions__12	Stroke or other neurological disorder
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11	conditions__11	Hepatitis C																																					
12	conditions__12	Stroke or other neurological disorder																																					
29	meds_bp Show the field ONLY if: [conditions(1)] = '1'	Are you taking prescription medications for high blood pressure?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
1	Yes																																						
0	No																																						
30	meds_diabetes Show the field ONLY if: [conditions(2)] = '1'	Are you taking prescription medications for diabetes?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																
1	Yes																																						
0	No																																						

31	<p>meds_asthma</p> <p>Show the field ONLY if: [conditions(3)] = '1'</p>	Are you taking prescription medications for asthma?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																			
1	Yes																																									
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32	<p>meds_copd</p> <p>Show the field ONLY if: [conditions(4)] = '1'</p>	Are you taking prescription medications for COPD or other lung disease?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																			
1	Yes																																									
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33	<p>meds_cv</p> <p>Show the field ONLY if: [conditions(5)] = '1'</p>	Are you taking prescription medications for cardiovascular disease?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																			
1	Yes																																									
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34	<p>meds_kidney</p> <p>Show the field ONLY if: [conditions(6)] = '1'</p>	Are you taking prescription medications for chronic kidney disease?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																			
1	Yes																																									
0	No																																									
35	<p>meds_liver</p> <p>Show the field ONLY if: [conditions(7)] = '1'</p>	Are you taking prescription medication for liver disease?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																			
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36	<p>cancersite</p> <p>Show the field ONLY if: [conditions(8)] = '1'</p>	Site	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>cancersite__1</td><td>Skin</td></tr> <tr><td>2</td><td>cancersite__2</td><td>Breast</td></tr> <tr><td>3</td><td>cancersite__3</td><td>Lung</td></tr> <tr><td>4</td><td>cancersite__4</td><td>Colon</td></tr> <tr><td>5</td><td>cancersite__5</td><td>Pancreas</td></tr> <tr><td>6</td><td>cancersite__6</td><td>Liver</td></tr> <tr><td>7</td><td>cancersite__7</td><td>Prostate</td></tr> <tr><td>8</td><td>cancersite__8</td><td>Kidney</td></tr> <tr><td>9</td><td>cancersite__9</td><td>Ovary</td></tr> <tr><td>10</td><td>cancersite__10</td><td>Uterus</td></tr> <tr><td>11</td><td>cancersite__11</td><td>Cervix</td></tr> <tr><td>12</td><td>cancersite__12</td><td>Stomach</td></tr> <tr><td>93</td><td>cancersite__93</td><td>Other, specify</td></tr> </table>	1	cancersite__1	Skin	2	cancersite__2	Breast	3	cancersite__3	Lung	4	cancersite__4	Colon	5	cancersite__5	Pancreas	6	cancersite__6	Liver	7	cancersite__7	Prostate	8	cancersite__8	Kidney	9	cancersite__9	Ovary	10	cancersite__10	Uterus	11	cancersite__11	Cervix	12	cancersite__12	Stomach	93	cancersite__93	Other, specify
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37	<p>cancersite_oth</p> <p>Show the field ONLY if: [cancersite(93)] = '1'</p>	Please specify other site:	text																																							
38	<p>meds_cancer</p> <p>Show the field ONLY if: [conditions(8)] = '1'</p>	Are you taking prescription medications for cancer?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																			
1	Yes																																									
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39	<p>meds_scanemia</p> <p>Show the field ONLY if: [conditions(9)] = '1'</p>	Are you taking prescription medications for sickle cell anemia or other blood disorder?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																			
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40	<p>meds_hiv</p> <p>Show the field ONLY if: [conditions(10)] = '1'</p>	Are you taking prescription medications for HIV?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																			
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41	<p>meds_hepc</p> <p>Show the field ONLY if: [conditions(11)] = '1'</p>	Are you taking prescription medications for Hepatitis C?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																			
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42	<p>meds_stroke</p> <p>Show the field ONLY if: [conditions(12)] = '1'</p>	Are you taking prescription medications for stroke or other neurological disorder?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																			
1	Yes																																									
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43	transplant_yn	Have you ever had a transplant?	yesno 1 Yes 0 No
44	dialysis_yn	Have you ever needed dialysis?	yesno 1 Yes 0 No
45	steroids_yn	Do you take corticosteroids, for example, prednisone?	yesno 1 Yes 0 No
46	vaccine	Section Header: <i>VACCINE INFORMATION</i> Which vaccine did you receive?	radio 1 Moderna 2 Oxford-AstraZeneca 3 Pfizer-BioNtech 93 Other, specify 94 I don't know
47	vaccine_oth Show the field ONLY if: [vaccine] = '93'	Please specify other vaccine:	text
48	dt_dose1	When did you receive your first COVID-19 vaccination?	text (date_dmy)
49	dt_boostersched	If applicable, when are you scheduled to receive your booster vaccination?	text (date_dmy)
50	baseline_information_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Symptoms Diary** (symptoms\_diary)  Enabled as survey[^ Collapse](#)

51	diary_dt	Please enter date and time you are completing this diary.	text (datetime_dmy)
52	temp_table	Temperature (oral) {diary_temp} {temp_measure}	descriptive
53	diary_temp	Temperature (oral) <i>Please record oral temperature measured in the evening, or the highest temperature recorded today.</i>	text (number_1 dp)
54	temp_measure	Temperature unit of measure	radio 1 C 2 F
55	diary_redness	Redness at or near injection site? <i>Please check the area at or near the injection site for signs of redness.</i>	yesno 1 Yes 0 No
56	reaction_red Show the field ONLY if: [diary_redness] = '1'	Length/diameter of redness {diary_redlength} mm	descriptive
57	diary_redlength	Length/diameter <i>If any signs of redness, please measure the length/diameter.</i>	text (number)
58	diary_swelling	Lump/swelling at or near injection site? <i>Please check the area at or near the injection site for signs of swelling.</i>	yesno 1 Yes 0 No
59	reaction_swell Show the field ONLY if: [diary_swelling] = '1'	Length/diameter of lump/swelling {diary_swellength} mm	descriptive
60	diary_swellength	Length/diameter <i>If any signs of swelling, please measure the length/diameter.</i>	text

61	diary_hives	Hives on body away from the injection?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
62	reaction_hive Show the field ONLY if: [diary_hives] = '1'	Length/diameter of hives {diary_hivelength} mm	descriptive								
63	diary_hivelength	Length/diameter <i>If any hives are present, please measure the length/diameter of the largest hive.</i>	text								
64	diary_pain	Section Header: <i>SYMPTOMS</i> Only record symptoms that were not present before your vaccination or those that were present but worsened after your vaccination. Please indicate the severity of your symptoms.  Pain at or near injection site	radio (Matrix) <table border="1"> <tr> <td>0</td> <td>0 = None</td> </tr> <tr> <td>1</td> <td>1 = Mild (no interference with activity)</td> </tr> <tr> <td>2</td> <td>2 = Moderate (some interference with activity)</td> </tr> <tr> <td>3</td> <td>3 = Severe (significant, prevents daily activity)</td> </tr> </table>	0	0 = None	1	1 = Mild (no interference with activity)	2	2 = Moderate (some interference with activity)	3	3 = Severe (significant, prevents daily activity)
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65	diary_rash	New rash away from the injection site	radio (Matrix) <table border="1"> <tr> <td>0</td> <td>0 = None</td> </tr> <tr> <td>1</td> <td>1 = Mild (no interference with activity)</td> </tr> <tr> <td>2</td> <td>2 = Moderate (some interference with activity)</td> </tr> <tr> <td>3</td> <td>3 = Severe (significant, prevents daily activity)</td> </tr> </table>	0	0 = None	1	1 = Mild (no interference with activity)	2	2 = Moderate (some interference with activity)	3	3 = Severe (significant, prevents daily activity)
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66	diary_malaise	Malaise (not feeling well)	radio (Matrix) <table border="1"> <tr> <td>0</td> <td>0 = None</td> </tr> <tr> <td>1</td> <td>1 = Mild (no interference with activity)</td> </tr> <tr> <td>2</td> <td>2 = Moderate (some interference with activity)</td> </tr> <tr> <td>3</td> <td>3 = Severe (significant, prevents daily activity)</td> </tr> </table>	0	0 = None	1	1 = Mild (no interference with activity)	2	2 = Moderate (some interference with activity)	3	3 = Severe (significant, prevents daily activity)
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67	diary_headache	Headache	radio (Matrix) <table border="1"> <tr> <td>0</td> <td>0 = None</td> </tr> <tr> <td>1</td> <td>1 = Mild (no interference with activity)</td> </tr> <tr> <td>2</td> <td>2 = Moderate (some interference with activity)</td> </tr> <tr> <td>3</td> <td>3 = Severe (significant, prevents daily activity)</td> </tr> </table>	0	0 = None	1	1 = Mild (no interference with activity)	2	2 = Moderate (some interference with activity)	3	3 = Severe (significant, prevents daily activity)
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68	diary_fatigue	Fatigue (feeling tired)	radio (Matrix) <table border="1"> <tr> <td>0</td> <td>0 = None</td> </tr> <tr> <td>1</td> <td>1 = Mild (no interference with activity)</td> </tr> <tr> <td>2</td> <td>2 = Moderate (some interference with activity)</td> </tr> <tr> <td>3</td> <td>3 = Severe (significant, prevents daily activity)</td> </tr> </table>	0	0 = None	1	1 = Mild (no interference with activity)	2	2 = Moderate (some interference with activity)	3	3 = Severe (significant, prevents daily activity)
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69	diary_chills	Chills/shivering	radio (Matrix) <table border="1"> <tr> <td>0</td> <td>0 = None</td> </tr> <tr> <td>1</td> <td>1 = Mild (no interference with activity)</td> </tr> <tr> <td>2</td> <td>2 = Moderate (some interference with activity)</td> </tr> <tr> <td>3</td> <td>3 = Severe (significant, prevents daily activity)</td> </tr> </table>	0	0 = None	1	1 = Mild (no interference with activity)	2	2 = Moderate (some interference with activity)	3	3 = Severe (significant, prevents daily activity)
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70	diary_muscle	Muscle aches or pains	radio (Matrix) <table border="1"> <tr> <td>0</td> <td>0 = None</td> </tr> <tr> <td>1</td> <td>1 = Mild (no interference with activity)</td> </tr> <tr> <td>2</td> <td>2 = Moderate (some interference with activity)</td> </tr> <tr> <td>3</td> <td>3 = Severe (significant, prevents daily activity)</td> </tr> </table>	0	0 = None	1	1 = Mild (no interference with activity)	2	2 = Moderate (some interference with activity)	3	3 = Severe (significant, prevents daily activity)
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71	diary_joint	Joint aches or pains	radio (Matrix) <table border="1"> <tr> <td>0</td> <td>0 = None</td> </tr> <tr> <td>1</td> <td>1 = Mild (no interference with activity)</td> </tr> <tr> <td>2</td> <td>2 = Moderate (some interference with activity)</td> </tr> <tr> <td>3</td> <td>3 = Severe (significant, prevents daily activity)</td> </tr> </table>	0	0 = None	1	1 = Mild (no interference with activity)	2	2 = Moderate (some interference with activity)	3	3 = Severe (significant, prevents daily activity)
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72	diary_nausea	Nausea/vomiting	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 = None</td></tr> <tr><td>1</td><td>1 = Mild (no interference with activity)</td></tr> <tr><td>2</td><td>2 = Moderate (some interference with activity)</td></tr> <tr><td>3</td><td>3 = Severe (significant, prevents daily activity)</td></tr> </table>	0	0 = None	1	1 = Mild (no interference with activity)	2	2 = Moderate (some interference with activity)	3	3 = Severe (significant, prevents daily activity)
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73	diary_othsymp	Is there any other serious problem you have experienced that you believe may be related to the vaccine?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
74	diary_othdesc Show the field ONLY if: [diary_othsymp] = '1'	Please briefly describe:	notes								
75	diary_othongoing Show the field ONLY if: [diary_othsymp] = '1'	Is it still ongoing?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
76	diary_resolved Show the field ONLY if: [diary_othongoing] = '0'	Date resolved <i>Please enter the date, and if appropriate, the time this problem was resolved.</i>	text (datetime_dmy)								
77	diary_medattn	Did you need to seek medical attention because of any of your symptoms?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
78	diary_misswork	Did any of your symptoms cause you to miss work today?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
79	diary_booster	Do you still plan to get your booster vaccine?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>90</td><td>Not Applicable</td></tr> <tr><td>99</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	90	Not Applicable	99	Prefer not to answer
1	Yes										
0	No										
90	Not Applicable										
99	Prefer not to answer										
80	symptoms_diary_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
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