

COVID-19 Vaccination Implementation in Canada v1.0.0

PID 363

Codebook ▾

Data Dictionary Codebook

01/06/2021 9:33pm

[^ Collapse all instruments](#)

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)								
Instrument: Participant Registration (participant_registration) Enabled as survey ^ Collapse											
1	record_id	Record ID	text								
2	pat_timestamp	Timestamp	text Field Annotation: @HIDDEN @NOW-SERVER								
3	part_email	Email Address:	text (email), Required, Identifier								
4	participant_registration_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										
1	Unverified										
2	Complete										
Instrument: Baseline Information (baseline_information) Enabled as survey ^ Collapse											
5	part_id	Participant ID:	text Field Annotation: @CHARLIMIT=10 @HIDDEN								
6	base_timestamp	Timestamp	text Field Annotation: @NOW-SERVER @HIDDEN								
7	base_email	Section Header: <i>COVID-19 VACCINATION IMPLEMENTATION IN CANADA</i> [part_email]	descriptive								
8	yob	What is your year of birth?	text (number, Min: 1920, Max: 2020) Field Annotation: @CHARLIMIT=4								
9	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										
10	sexatbirth_oth Show the field ONLY if: [sexatbirth] = '93'	How do you describe your assigned sex at birth?	text								
11	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
1	Male										
2	Female										
93	Prefer to self-describe										
99	Prefer not to answer										
12	sex_oth Show the field ONLY if: [sex] = '93'	How do you describe your sex now?	text								
13	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										

14	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																																																	
15	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																																																		
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16	ethnicity Show the field ONLY if: [indigenous_yn] = '1'	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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17	ethnicityoth Show the field ONLY if: [ethnicity(93)] = '1'	Please specify:	text																																																
18	postcode	What are the first three characters of your Postal Code?	text Field Annotation: @CHARLIMIT=3																																																
19	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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99	Prefer not to answer																																																		

20	ht_wt_section	Section Header: <i>Height and Weight</i> Current Height {height} {height_unit} Current Weight {weight} {weight_unit}	descriptive															
21	height	What is your current height?	text															
22	height_unit	What unit of measure did you use for height?	radio, Required <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)											
1	Metric (centimetres or metres)																	
2	Imperial (feet and inches)																	
23	weight	What is your current weight?	text															
24	weight_unit	What unit of measure did you use for weight?	radio, Required <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)											
1	Metric (kilograms)																	
2	Imperial (pounds)																	
25	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									
0	Never Smoked																	
1	Former smoker																	
2	Current smoker																	
26	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																	
27	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																	
28	allergies_spec Show the field ONLY if: [allergies] = '1'	Please specify your allergies:	text															
29	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
1	allergies_symp__1	Rash																
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3	allergies_symp__3	Difficulty breathing																
4	allergies_symp__4	Gastrointestinal effects																
93	allergies_symp__93	Other, specify																
30	allergy_sympoth Show the field ONLY if: [allergies_symp(93)] = '1'	Please specify other symptoms:	text															
31	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																	

32	<p>conditions</p> <p>Show the field ONLY if: [risk] = '1'</p>	<p>Have you been diagnosed with any of the following conditions? (CHECK ALL THAT APPLY)</p>	<table border="1"> <tr> <td colspan="3">checkbox</td> </tr> <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>	checkbox			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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12	conditions__12	Stroke or other neurological disorder																																								
33	<p>meds_bp</p> <p>Show the field ONLY if: [conditions(1)] = '1'</p>	<p>Are you taking prescription medications for high blood pressure?</p>	<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																																									
34	<p>meds_diabetes</p> <p>Show the field ONLY if: [conditions(2)] = '1'</p>	<p>Are you taking prescription medications for diabetes?</p>	<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_asthma</p> <p>Show the field ONLY if: [conditions(3)] = '1'</p>	<p>Are you taking prescription medications for asthma?</p>	<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																																									
36	<p>meds_copd</p> <p>Show the field ONLY if: [conditions(4)] = '1'</p>	<p>Are you taking prescription medications for COPD or other lung disease?</p>	<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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37	<p>meds_cv</p> <p>Show the field ONLY if: [conditions(5)] = '1'</p>	<p>Are you taking prescription medications for cardiovascular disease?</p>	<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																																									
38	<p>meds_kidney</p> <p>Show the field ONLY if: [conditions(6)] = '1'</p>	<p>Are you taking prescription medications for chronic kidney disease?</p>	<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_liver</p> <p>Show the field ONLY if: [conditions(7)] = '1'</p>	<p>Are you taking prescription medication for liver disease?</p>	<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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0	No																																									

40	cancersite Show the field ONLY if: [conditions(8)] = '1'	Site	checkbox <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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93	cancersite__93	Other, specify																																								
41	cancersite_oth Show the field ONLY if: [cancersite(93)] = '1'	Please specify other site:	text																																							
42	meds_cancer Show the field ONLY if: [conditions(8)] = '1'	Are you taking prescription medications for cancer?	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																																									
43	meds_scanemia Show the field ONLY if: [conditions(9)] = '1'	Are you taking prescription medications for sickle cell anemia or other blood disorder?	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																																			
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0	No																																									
44	meds_hiv Show the field ONLY if: [conditions(10)] = '1'	Are you taking prescription medications for HIV?	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																																			
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45	meds_hepc Show the field ONLY if: [conditions(11)] = '1'	Are you taking prescription medications for Hepatitis C?	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																																									
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46	meds_stroke Show the field ONLY if: [conditions(12)] = '1'	Are you taking prescription medications for stroke or other neurological disorder?	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																																			
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0	No																																									
47	transplant_yn	Have you ever had a transplant?	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																																									
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48	dialysis_yn	Have you ever needed dialysis?	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																																									
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49	steroids_yn	Do you take corticosteroids, for example, prednisone?	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																																									
50	vaccine	Section Header: <i>VACCINE INFORMATION</i> Which vaccine did you receive?	radio <table border="1"> <tr><td>1</td><td>Moderna</td></tr> <tr><td>2</td><td>Oxford-AstraZeneca</td></tr> <tr><td>3</td><td>Pfizer-BioNTech</td></tr> <tr><td>93</td><td>Other, specify</td></tr> <tr><td>94</td><td>I don't know</td></tr> </table>	1	Moderna	2	Oxford-AstraZeneca	3	Pfizer-BioNTech	93	Other, specify	94	I don't know																													
1	Moderna																																									
2	Oxford-AstraZeneca																																									
3	Pfizer-BioNTech																																									
93	Other, specify																																									
94	I don't know																																									

51	vaccine_oth Show the field ONLY if: [vaccine] = '93'	Please specify other vaccine:	text						
52	dt_dose1	When did you receive your first COVID-19 vaccination?	text (date_dmy)						
53	dt_boostersched	If applicable, when are you scheduled to receive your booster vaccination?	text (date_dmy)						
54	baseline_information_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								
1	Unverified								
2	Complete								

Instrument: **Symptoms Diary** (symptoms_diary)  Enabled as survey ^ Collapse

55	diary_timestamp	Section Header: <i>INSTRUCTIONS FOR POST-VACCINE SYMPTOMS DIARY</i> <i>This Symptoms Diary will be emailed to you each day for 7 days following vaccination. Please complete the diary on a daily basis.</i> Timestamp	text Field Annotation: @NOW-SERVER @HIDDEN																
56	diary_email	[part_email]	descriptive																
57	diary_daypost	I am recording symptoms for:	radio <table border="1"> <tr><td>0</td><td>the day of vaccination</td></tr> <tr><td>1</td><td>1 day after vaccination</td></tr> <tr><td>2</td><td>2 days after vaccination</td></tr> <tr><td>3</td><td>3 days after vaccination</td></tr> <tr><td>4</td><td>4 days after vaccination</td></tr> <tr><td>5</td><td>5 days after vaccination</td></tr> <tr><td>6</td><td>6 days after vaccination</td></tr> <tr><td>7</td><td>7 days after vaccination</td></tr> </table>	0	the day of vaccination	1	1 day after vaccination	2	2 days after vaccination	3	3 days after vaccination	4	4 days after vaccination	5	5 days after vaccination	6	6 days after vaccination	7	7 days after vaccination
0	the day of vaccination																		
1	1 day after vaccination																		
2	2 days after vaccination																		
3	3 days after vaccination																		
4	4 days after vaccination																		
5	5 days after vaccination																		
6	6 days after vaccination																		
7	7 days after vaccination																		
58	temp_table	Temperature (oral) {diary_temp} {temp_measure}	descriptive																
59	diary_temp	Temperature (oral) <i>Please record oral temperature measured in the evening, or the highest temperature recorded today.</i>	text (number_1dp)																
60	temp_measure	Temperature unit of measure	radio, Required <table border="1"> <tr><td>1</td><td>C</td></tr> <tr><td>2</td><td>F</td></tr> </table>	1	C	2	F												
1	C																		
2	F																		
61	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 <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_red Show the field ONLY if: [diary_redness] = '1'	Length/diameter of redness {diary_redlength} mm	descriptive																
63	diary_redlength	Length/diameter <i>If any signs of redness, please measure the length/diameter.</i>	text (number)																
64	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 <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																		
65	reaction_swell Show the field ONLY if: [diary_swelling] = '1'	Length/diameter of lump/swelling {diary_swellength} mm	descriptive																
66	diary_swellength	Length/diameter <i>If any signs of swelling, please measure the length/diameter.</i>	text																
67	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																		

68	reaction_hive Show the field ONLY if: [diary_hives] = '1'	Length/diameter of hives {diary_hivelength} mm	descriptive
69	diary_hivelength	Length/diameter <i>If any hives are present, please measure the length/diameter of the largest hive.</i>	text
70	diary_pain	Section Header: <i>SYMPTOMS 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.</i> Pain at or near injection site	radio (Matrix) 0 0 = None 1 1 = Mild (no interference with activity) 2 2 = Moderate (some interference with activity) 3 3 = Severe (significant, prevents daily activity)
71	diary_rash	New rash away from the injection site	radio (Matrix) 0 0 = None 1 1 = Mild (no interference with activity) 2 2 = Moderate (some interference with activity) 3 3 = Severe (significant, prevents daily activity)
72	diary_malaise	Malaise (not feeling well)	radio (Matrix) 0 0 = None 1 1 = Mild (no interference with activity) 2 2 = Moderate (some interference with activity) 3 3 = Severe (significant, prevents daily activity)
73	diary_headache	Headache	radio (Matrix) 0 0 = None 1 1 = Mild (no interference with activity) 2 2 = Moderate (some interference with activity) 3 3 = Severe (significant, prevents daily activity)
74	diary_fatigue	Fatigue (feeling tired)	radio (Matrix) 0 0 = None 1 1 = Mild (no interference with activity) 2 2 = Moderate (some interference with activity) 3 3 = Severe (significant, prevents daily activity)
75	diary_chills	Chills/shivering	radio (Matrix) 0 0 = None 1 1 = Mild (no interference with activity) 2 2 = Moderate (some interference with activity) 3 3 = Severe (significant, prevents daily activity)
76	diary_muscle	Muscle aches or pains	radio (Matrix) 0 0 = None 1 1 = Mild (no interference with activity) 2 2 = Moderate (some interference with activity) 3 3 = Severe (significant, prevents daily activity)
77	diary_joint	Joint aches or pains	radio (Matrix) 0 0 = None 1 1 = Mild (no interference with activity) 2 2 = Moderate (some interference with activity) 3 3 = Severe (significant, prevents daily activity)

78	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)
0	0 = None										
1	1 = Mild (no interference with activity)										
2	2 = Moderate (some interference with activity)										
3	3 = Severe (significant, prevents daily activity)										
79	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										
80	diary_othdesc Show the field ONLY if: [diary_othsymp] = '1'	Please briefly describe:	notes								
81	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										
82	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)								
83	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										
84	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										
85	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										
86	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		
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