Variable / Field Name	Field Label	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)	
	Field Note		
Instrument:Asco Survey On Covid19 In Oncology Registry(asco_survey_on_covid19_in_oncology_registry)			
record_id	Record ID	text	
dua	We can only accept data from practices that have a Data Use Agreement with ASCO. Data entered without a Data Use Agreement will be immediately deleted from the registry.If your practice does not have a signed data use agreement with ASCO to contribute to the ASCO Registry, please contact centra@asco.org.	descriptive	
memo	Section Header: *UPDATES TO THE DATA REGISTRY (October 2021)*	descriptive	
	On October 23, 2020, the ASCO Registry Team sent out a memo to participating practices describing revisions to the data forms. If you have not reviewed that memo, please review it now (see pdf link below).		
schema_info	THE CURRENT SCHEDULE OF DATA ENTRY IS AS FOLLOWS: INITIAL patient entry: The first submission of data from a patient; occurs as soon as possible after positive SARS-CoV-2 test, but any time after the patient has received or reported a positive SARS-CoV-2 test test result FOLLOW-UP information on CANCER status: 1, 2, 3, 6, 9, 12, 18 and 24 months after positive SARS-CoV-2 test. ACUTE FOLLOW-UP information on COVID-19 status: 1, 2, and 3 months after positive SARS-CoV-2 test. LONG-TERM FOLLOW-UP information on COVID-19 status: 6, 9, 12, 18 and 24 months after positive SARS-CoV-2 test. *** Beginning October 6, 2021, we are collecting long term follow-up at 18 and 24 months after positive SARS-CoV-2 test. ASCO staff have created a tool to track patient data entry (link below). You may use this to plan for and document form submissions for each patient.	descriptive	
pin	Section Header:	text	
	Please enter the PIN code that was provided to your practice for patient data entry:		
name_of_practice	Name of Practice:	dropdown (autocomplete), Required	
five_digit_zip_code_of_onc	Five digit zip code of oncology practice where patient is being treated	text (zipcode), Required	
Show the field ONLY if:			
patient_s_date_of_birth_mm	Patient's date of birth (MM-DD-YYYY):	text (date_mdy, Min: 1910-01-01, Max: 2019-04-01), Required, Identifier	
Show the field ONLY if:	*Patient records will be linked using date of birth so please check for accuracy!*		
five_digit_zip_code_of_pat	Five digit zip code of patient's primary residence.	text (zipcode), Required, Identifier	
Show the field ONLY if:	*Patient records will be linked using zip code so please check for accuracy!*		
baseline_yn	The ASCO Registry has at least one registry patient who has recovered from COVID-19 and has had a re-infection. Please read the options and select to allow us to identify initial vs. a subsequent COVID-19 illness.	radio, Required	
Show the field ONLY if:		1	This patient has not had any data entered into registry before. I am reporting his/her baseline forms.	
	Is this patient new to the registry? If not, are you submitting information on a new infection or follow-up form?	0	This patient has had data entered into registry at least once before and I am submitting a follow-up form on an already reported infection.

		2	This patient already has data in the registry on an initial COVID-19 infection. I am reporting on a NEW COVID-19 infection in this patient.	
redcap_record_id	Unique patient ID (provided to you at baseline entry for this patient	text (integer)	
Show the field ONLY if:			
[baseline_yn] = '0' or [baseline_yn] = '2'			
cov_reinf_date	Date of most recent COVID-19 diagnosis (positive SARS-CoV-2 test):	text (date_mdy), Required	
Show the field ONLY if:			
[baseline_yn]='2'			
pt_left_practice	As of today, has the patient died or left your practice for any reason such that you will no longer be able to provide updates in the future on the patient's COVID-19, cancer and treatment status?	yesno	
Show the field ONLY if:		1 Yes	
		0 No	
new_info	Can you provide an update on the patient's COVID-19, cancer or treatment status since last data entry? Or, have you already entered all of the data for this patient at the last form submission?	radio	
Show the field ONLY if:		1 Yes, there is new information I can provide on this patient since their last follow-up.	
[pt_left_practice] = '1' and [baseline_yn] = '0'		0 No, the last form submission included the last known information on this patient.	
form_selection		checkbox, Required	
Show the field ONLY if:		0 form_selection___0	Cancer and COVID-19 update at 1, 2, or 3 months after COVID-19 diagnosis
[baseline_yn]='0' and [new_info]<>'0'		1 form_selection___1	Cancer and COVID-19 update at 6, 9 or 12 months after COVID-19 diagnosis
	What type of follow-up forms are you submitting? [check all that apply]	2 form_selection___2	retro form
		3 form_selection___3	Cancer and COVID-19 update at 18 months after COVID-19 diagnosis
		4 form_selection___4	Cancer and COVID-19 update at 24 months after COVID-19 diagnosis
		Field Annotation: @HIDECHOICE = "2"	
fu_lt	You selected 6, 9 or 12 month form. If any information about a patient's COVID-19 or cancer status from 30-90 days after COVID-19 diagnosis has NOT been entered, please also check the 1, 2, or 3 months follow-up form above, to ensure data on the acute phase of COVID-19 is also entered for this patient (select above, in previous question).	descriptive	
Show the field ONLY if:			
[baseline_yn] = '0' and [form_selection(1)] = '1'			
are_you_entering_data_on_a	Has the patient for whom you are entering data had a confirmed case of COVID-19 (i.e., positive test for SARS-CoV-2)?	yesno, Required	
Show the field ONLY if:		1 Yes	
[baseline_yn] = '1'		0 No	
does_the_patient_have_acti		radio, Required	
Show the field ONLY if:		1 The patient has active cancer	
[baseline_yn] = '1'	What is the patient's cancer status?	2 The patient is disease-free but is receiving adjuvant therapy within 1 year following surgical resection (including hormonal treatments)	
		3 Neither of the above	
other_registry	Section Header: *PARTICIPATION IN OTHER REGISTRIES*	radio	
Show the field ONLY if:	Has information on this patient been entered into another COVID-19 & Cancer Registry?	1 Yes	

		2	No	
		3	Unsure	
registry_name	To which registries have data been submitted for this patient?	checkbox		
Show the field ONLY if:	(check all that apply)	1	registry_name___1	ASH Registry for Hematologic Malignancies
[other_registry] = '1'		2	registry_name___2	CCC-19
		3	registry_name___3	Other
		4	registry_name___4	Unsure which registry
other_names		text		
Show the field ONLY if:	Which other registries?If more than one, separate with semi-colon (;).			
[registry_name(3)] = '1'				
practice_confirm	Section Header: *CONFIRM PRACTICE*	yesno, Required		
Show the field ONLY if:	Please confirm that you are entering data for a patient treated at [name_of_practice]. Is this correct?	1	Yes	
	(If not, please scroll to the top of the page and select the correct practice name.)	0	No	
asco_survey_on_covid19_in_oncology_registry_complete	Section Header: *Form Status*	dropdown		
	Complete?	0	Incomplete	
		1	Unverified	
		2	Complete	
Instrument:Baseline Cancer And Covid19 Info(baseline_cancer_and_covid19_info)				
	Section Header: *BASELINE DEMOGRAPHICS AND MEDICAL HISTORY*	radio, Required		
	Patient's gender:	0	Male	
patient_s_gender		1	Female	
		2	Other	
		3	Unknown	
		radio, Required		
		0	White	
		1	Black or African-American	
		2	Asian	
patient_s_race	Patient's race:	3	American Indian or Alaska Native	
		4	Native Hawaiian or Other Pacific Islander	
		6	Other	
		5	Unknown	
		radio, Required		
		1	Hispanic or Latino	
patient_s_ethnicity	Patient's Ethnicity:	2	Non-Hispanic or Non-Latino	
		4	Other	
		3	Unknown	
	Do you have access to the ICD-10 code for the patient's primary cancer diagnosis?It is strongly preferred that ICD-10 codes are entered. If you need to	yesno, Required		

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icd10_access	diagnosis?It is strongly preferred that ICD-10 codes are entered. If you need to look up an ICD-10 code, please refer to this site: https://www.icd10data.com/ICD10CM/Codes/C00-D49	1	Yes	
		0	No	
icd_10	Primary cancer currently being managed: Please enter relevant ICD-10 code, or begin typing cancer type to use auto-fill feature.	text, Required		
Show the field ONLY if:	*MOST ICD-10 CODES for CANCERS BEGIN WITH THE LETTER "C". IF THE CODE YOU ARE ENTERING DOES NOT BEGIN WITH C, PLEASE CONFIRM THAT THIS PATIENT HAS CANCER AND NOT A PRECANCEROUS (OR OTHER) CONDITION.*	BIOPORTAL: ICD10CM	BIOPORTAL:ICD10CM	
[icd10_access] = '1'				
icd_10_check	You stated that the patient's primary cancer is: [icd_10] Please confirm that it is the patient's PRIMARY CANCER and not a precancerous condition, a secondary tumor, or a non-cancerous condition.	descriptive		
cancer_not_icd10		dropdown (autocomplete), Required		
Show the field ONLY if:		1	Bladder Cancer	
[icd10_access] = '0'		2	Breast Cancer	
		3	Colon and Rectal Cancer	
		4	Endometrial Cancer	
		15	Head and Neck Cancer	
		5	Kidney Cancer	
		6	Leukemia	
	Primary cancer currently being managed:	7	Liver Cancer	
		8	Lung Cancer	
		9	Melanoma	
		10	Non-Hodgkin Lymphoma	
		11	Pancreatic Cancer	
		12	Prostate Cancer	
		13	Thyroid Cancer	
		14	Other	
other_cancer_type		text, Required		
Show the field ONLY if:	Other cancer type:			
[cancer_not_icd10] = '14'				
cancer_dx_date	Date of initial cancer diagnosis (for primary cancer being managed):	text (date_mdy), Required		
date_warning1		calc		
		Calculation: datediff ([cancer_dx_date], "today", "d","mdy", true)		
		Field Annotation: @HIDDEN		
warning_text1	The date you selected is in the future. Please revisit the date field above and revise your entry.	descriptive		
Show the field ONLY if:				
[date_warning1]<0		4		

		radio, Required		
use_of_tobacco_products	Use of tobacco products:	1	Current smoker (including e-cigarettes and vaping)	
		2	Former smoker (including e-cigarettes and vaping)	
		3	Never smoked	
		4	Unsure	
type_of_smoking		checkbox		
Show the field ONLY if:		1	type_of_smoking___1	Cigarette
[use_of_tobacco_products] = '1' or [use_of_tobacco_products] = '2'	Type of tobacco products for former or current smokers: (check all that apply)	2	type_of_smoking___2	E-cigarette or vaping
		3	type_of_smoking___3	Cigar
		4	type_of_smoking___4	Pipe
		5	type_of_smoking___5	Unknown
smoking_duration		radio		
Show the field ONLY if:		1	< 1 year	
[use_of_tobacco_products]= '1'	How many years ago did the patient start smoking (any type of tobacco product)?	2	1 - 5 years	
		3	6 - 9 years	
		4	10 or more years	
		5	Unknown	
please_specify_the_time_pe		radio		
Show the field ONLY if:		1	< 1 year	
[use_of_tobacco_products] = '2'	How long since the patient quit smoking?	2	1 - 5 years	
		3	6 - 9 years	
		4	10 or more years	
		5	Unknown	
		checkbox, Required		
		1	comorbidities_or_healthcar___1	Alcoholism
		2	comorbidities_or_healthcar___2	Chronic supplemental oxygen needed
		3	comorbidities_or_healthcar___3	Cirrhosis
		4	comorbidities_or_healthcar___4	Congestive heart failure (CHF)
		5	comorbidities_or_healthcar___5	Coronary artery disease (CAD)
		6	comorbidities_or_healthcar___6	Dementia
		7	comorbidities_or_healthcar___7	Diabetes
		8	comorbidities_or_healthcar___8	Hepatitis
		9	comorbidities_or_healthcar___9	History of solid organ transplant
		10	comorbidities_or_healthcar___10	HIV/AIDS
comorbidities_or_healthcar	Comorbidities or healthcare conditions requiring active treatment in the past 5	11	comorbidities_or_healthcar___11	Hypertension

comorbidities_or_healthcar	12 months: (check all that apply)			Immuno-suppressed due to non-cancer related treatment (defined as outpatient use of systemic corticosteroids (>=10mg/d prednisone), use of chemotherapy, use of immunosuppressive agents for solid organ transplant or for an autoimmune disease).
		12	comorbidities_or_healthcar___12	
		13	comorbidities_or_healthcar___13	Inflammatory bowel disease
		14	comorbidities_or_healthcar___14	Pulmonary disease (specify pulmonary condition below)
		15	comorbidities_or_healthcar___15	Renal (specify renal condition below)
		16	comorbidities_or_healthcar___16	Systemic autoimmune disease
		17	comorbidities_or_healthcar___17	Patient has NONE of the above listed comorbidities or conditions
		Field Annotation: @NONEOFTHEABOVE = 17		
ace_inhibitor		radio		
Show the field ONLY if:	Is the patient taking an ACE inhibitor for his/her hypertension?	1	Yes	
[comorbidities_or_healthcar(11)] = '1'		2	No	
		3	Unsure	
pulmonary_con	Please specify pulmonary conditions:	checkbox		
Show the field ONLY if:	(check all that apply)	1	pulmonary_con___1	Asthma
[comorbidities_or_healthcar(14)] = '1'		2	pulmonary_con___2	COPD/Emphysema
		3	pulmonary_con___3	Obstructive sleep apnea
		4	pulmonary_con___4	History of pulmonary embolism
		5	pulmonary_con___5	Radiation pneumonitis
		6	pulmonary_con___6	Immune checkpoint inhibitor pneumonitis
renal_con	Please specify renal conditions:	checkbox		
Show the field ONLY if:	(check all that apply)	1	renal_con___1	Chronic renal insufficiency (CRI/CKD)
[comorbidities_or_healthcar(15)] = '1'		2	renal_con___2	End-stage renal disease, NOT on dialysis
		3	renal_con___3	End-stage renal disease, on dialysis
other_comorbidities	What other comorbidities or health conditions has the patient received treatment for in the previous 12 months?Please separate multiple conditions with a semicolon (;).	notes		
prior_or_concurrent_malign	Does the patient have a prior or concurrent malignancy?	yesno		
		1	Yes	
		0	No	
is_the_patient_pregnant		yesno		
Show the field ONLY if:	Is the patient pregnant?	1	Yes	
[patient_s_gender] = '1' and [patient_s_gender] = '2'		0	No	
date_of_clinical_encounter	Date of the most recent clinical encounter associated with the patient's COVID-19 status OR cancer and cancer treatment status:	text (date_mdy), Required		

date_warning2		calc
		Calculation: datediff([date_of_clinical_encounter], "today","d","mdy",true)
		Field Annotation: @HIDDEN
warning_text2	The date you selected is in the future. Please revisit the date field above and revise your entry.	descriptive
Show the field ONLY if:		
[date_warning2]<0		
height	Patient's height (in cm):	text (number, Min: 90, Max: 210), Required
weight	Patient's weight (in kg):	text (number, Min: 32, Max: 160), Required
bmi	Patient's BMI is:	calc
	If patient's BMI is available in his/her chart, please check for consistency with this calculation.	Calculation: round([weight]*10000/([height]*[height]),2)
died_yn	Has the patient died since the last clinical encounter?	yesno, Required
		1 Yes
		0 No
last_alive	What is the last date the patient was known to still be alive?	text (date_mdy), Required
Show the field ONLY if:		
[died_yn]='0'		
cause_of_death	The patient's death was likely most related to which of the following?	radio
Show the field ONLY if:		1 Cancer progression
[died_yn] = '1'		2 Complication of cancer treatment
		3 COVID-19 or complications due to COVID-19
		4 Another cause unrelated to Cancer or COVID-19
		5 Unknown cause of death
dod	Date of death:	text (date_mdy), Required
Show the field ONLY if:		
[died_yn] = '1'		
ecog	Patient's last known ECOG performance status:	radio, Required
Show the field ONLY if:		0 0 - Fully active, able to continue with all pre-disease activities without restriction.
[died_yn] = '0'		1 1 - Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work.
		2 2 - Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.
		3 3 - Capable of only limited self-care. Confined to bed or chair more than 50% of waking hours.
		4 4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
		6 Unknown ECOG status
complete_death	Although the patient has died, please complete the following information	

Show the field ONLY if:	Although the patient has died, please complete the following information regarding the patient's COVID-19 experience.	descriptive
[died_yn]= '1'		

	Section Header: *COVID-19 INFORMATION:*	radio	
vaccine_baseline	Either before the patient was diagnosed with COVID-19 or after, did the patient receive a COVID-19 vaccine?	1	Yes
		0	No
		2	Unsure

vaccine_date_yn		yesno	
Show the field ONLY if:	Do you have the date that the COVID-19 vaccine (1st injection) was obtained?	1	Yes
[vaccine_baseline] = '1'		0	No

approx_vaccine_date		radio	
Show the field ONLY if:	Approximately when did the patient receive the COVID-19 vaccine (1st injection)?	1	Within the last 7 days
[vaccine_date_yn] = '0'		2	2 - 4 weeks ago
		3	More than 1 month ago
		4	Unsure

vacc_date_baseline		
Show the field ONLY if:	Date of COVID-19 vaccine (1st injection):	text (date_mdy)
[vaccine_date_yn] = '1'		

vacc_co_baseline		radio	
Show the field ONLY if:		1	Moderna
[vaccine_baseline] = '1'		2	Pfizer
	Which vaccine did the patient receive?	5	Johnson & Johnson / Janssen
		3	AstraZeneca
		4	Unsure/Unknown

vaccine_date_yn2	Do you have the date that the COVID-19 vaccine (2nd injection) was obtained?)	yesno	
Show the field ONLY if:		1	Yes
[vaccine_baseline] = '1'		0	No

approx_vaccine_date2		radio	
Show the field ONLY if:		1	Within the last 7 days
[vaccine_date_yn2] = '0'		2	2 - 4 weeks ago
	Approximately when did the patient receive the COVID-19 vaccine (2nd injection)?	3	More than 1 month ago
		5	Has not received it yet
		6	Will not be getting a second dose
		4	Unsure

vacc_date_baseline2		
Show the field ONLY if:	Date of 2nd injection of vaccine (if received):	text (date_mdy)
[vaccine_date_yn2] = '1'		

third_vax		radio	
Show the field ONLY if:		1	Yes

[vaccine_date_yn2] = '1' or [approx_vaccine_date2] = '2' or [approx_vaccine_date2] = '3' or [approx_vaccine_date2] = '4'	Has the patient received a 3rd dose of the COVID-19 vaccine (3rd injection)?		0	No	
			2	Unsure	
vaccine_date_yn3	Do you have the date that the COVID-19 vaccine (3rd injection) was obtained?	yesno			
Show the field ONLY if:			1	Yes	
[third_vax]='1'			0	No	
approx_vaccine_date3	Approximately when did the patient receive the COVID-19 vaccine (3rd injection)?	radio			
Show the field ONLY if:			1	Within the last 7 days	
[vaccine_date_yn3]='0'			2	2 - 4 weeks ago	
			3	More than 1 month ago	
			5	Has not received it yet	
			6	Will not be getting a third dose	
			4	Unsure	
vacc_date_baseline3	Date of 3rd injection of vaccine (if received):	text			
Show the field ONLY if:					
[vaccine_date_yn3]='1'					
vacc_co_baseline_3rd	For the patient's third vaccine, which vaccine did the patient receive?	radio			
Show the field ONLY if:			1	Moderna	
[third_vax] = '1'			2	Pfizer	
			5	Johnson & Johnson / Janssen	
			3	AstraZeneca	
			4	Unsure/Unknown	
covid19_dx_date	Date of positive COVID-19 test: (use best approximation if exact date is not known)	text (date_mdy), Required			
date_warning4		calc			
		Calculation: datediff([covid19_dx_date], "today","d","mdy",true)			
		Field Annotation: @HIDDEN			
warning_text4	The date you selected is in the future. Please revisit the date field above and revise your entry.	descriptive			
Show the field ONLY if:					
[date_warning4]<0					
covid_test_reason	What was the reason for testing the patient for COVID-19?	checkbox, Required			
	(select all that apply)		1	covid_test_reason___1	Patient had symptoms consistent with COVID-19
			2	covid_test_reason___2	Patient had exposure to a COVID-19 patient
			3	covid_test_reason___3	Routine to test the patient prior to anti-cancer treatment in our practice
			4	covid_test_reason___4	Other
			5	covid_test_reason___5	Unknown

other_covidtest_reason				
Show the field ONLY if:	Other reason for testing:	text		
[covid_test_reason(4)] = '1'				

		radio		
			1	CDC	
			2	State or local health department lab	
			3	Commercial lab (e.g., Quest, LabCorp)	
covid_test_location	Where was the SARS-CoV-2 test performed?		4	Hospital lab	
			5	Other	
			6	Unknown	
		Field Annotation: @HIDDEN		

covid_test_loc_other				
Show the field ONLY if:	Where was the test performed?	text		
[covid_test_location] = '5'				

		radio		
			1	Known exposure to a person with COVID-19	
covid_exposure	Patient's reported likely source of exposure method:		2	Community exposure	
			3	Unknown	

		radio, Required		
			1	Symptomatic	
			2	COVID-19 test positive but asymptomatic	
			7	COVID-19 test positive, but no documentation about whether patient is symptomatic or asymptomatic	
			3	Fully recovered with no current symptoms	
covid19_status	What is the patient's current COVID-19 status?		8	Fully recovered with no documentation about whether patient is symptomatic or asymptomatic	
			4	Deceased due to COVID-19 or COVID-19 complication	
			6	Deceased due to cancer	
			5	Deceased due to other or unknown cause	

fu_covid_test		radio		
Show the field ONLY if:			1	Patient has tested negative since resolution of symptoms	
[covid19_status] = '3'	Given full recovery of symptoms, what is the patient's COVID-19 test status?		2	Patient is still COVID-19 positive despite resolution of symptoms	
			3	Patient was not retested after symptom resolution (i.e., COVID-19 test status is unknown)	

covid_sx_onset	Date of COVID-19 symptom onset:	text (date_mdy)		
	(leave blank if patient has never had symptoms)			

| | | calc | | |

date_warning5		Calculation: datediff([covid_sx_onset], "today","d","mdy",true)		
		Field Annotation: @HIDDEN		
warning_text5	The date you selected is in the future. Please revisit the date field above and revise your entry.	descriptive		
Show the field ONLY if:				
[date_warning5]<0				
covid_sx	What COVID-19 symptoms has the patient experienced? (check all that apply)	checkbox, Required		
		1	covid_sx___1	Fever
		2	covid_sx___2	Headache
		3	covid_sx___3	Sore throat
		4	covid_sx___4	Cough
		5	covid_sx___5	Shortness of breath
		6	covid_sx___6	Loss of taste or smell
		7	covid_sx___7	Diarrhea
		8	covid_sx___8	Vomiting
		11	covid_sx___11	Fatigue
		12	covid_sx___12	Body or muscle aches
		13	covid_sx___13	Loss of appetite
		14	covid_sx___14	Chest pain
		15	covid_sx___15	Congestion and/or runny nose
		9	covid_sx___9	Other
		10	covid_sx___10	None of the above (Asymptomatic)
		Field Annotation: @NONEOFTHEABOVE = 10		
other_covid_sx	Other COVID-19 symptoms:	text		
Show the field ONLY if:				
[covid_sx(9)] = '1'				
covid_pneumonia	Has the patient developed pneumonia?	yesno		
Show the field ONLY if:		1	Yes	
[covid_sx(10)]='0'		0	No	
telemed	Is the patient receiving any care appointments with the medical team (for COVID-19 or cancer) via telemedicine?	radio		
		1	Yes	
		2	No	
		3	Unsure	
hospitalization	Has the patient been hospitalized for COVID-19 or COVID-19 complications?	radio		
Show the field ONLY if:		1	No	
[covid_sx(10)]='0'		2	Yes, but not in the intensive care unit	
		3	Yes, in the intensive care unit	
field_hospital	Has the patient been admitted to a temporary hospital, such as a field hospital	radio		
Show the field ONLY if:		1	Yes	

[hospitalization] = '2' or [hospitalization] = '3'	or other building converted to a hospital for the COVID-19 crisis?	2 No	
		3 Unknown	
hosp_date		text (date_mdy)	
Show the field ONLY if:	Date of admission to hospital:		
[hospitalization] = '2' or [hospitalization] = '3'			
date_warning6		calc	
		Calculation: datediff([hosp_date], "today","d","mdy",true)	
		Field Annotation: @HIDDEN	
warning_text6	The date you selected is in the future. Please revisit the date field above and revise your entry.	descriptive	
Show the field ONLY if:			
[date_warning6]<0			
icu_date		text (date_mdy)	
Show the field ONLY if:	Date of admission to intensive care unit:		
[hospitalization] = '3'			
date_warning7		calc	
		Calculation: datediff([icu_date], "today","d","mdy",true)	
		Field Annotation: @HIDDEN	
warning_text7	The date you selected is in the future. Please revisit the date field above and revise your entry.	descriptive	
Show the field ONLY if:			
[date_warning7]<0			
icu_discharge		yesno	
Show the field ONLY if:	Has the patient been discharged from the intensive care unit?	1 Yes	
[hospitalization] = '3'		0 No	
icu_discharge_date		text (date_mdy)	
Show the field ONLY if:	Date of discharge from the ICU:		
[icu_discharge] = '1'			
date_warning8		calc	
		Calculation: datediff([icu_discharge_date], "today","d","mdy",true)	
		Field Annotation: @HIDDEN	
warning_text8	The date you selected is in the future. Please revisit the date field above and revise your entry.	descriptive	
Show the field ONLY if:			
[date_warning8]<0			
hosp_discharge		yesno	
Show the field ONLY if:	Has the patient been discharged from the hospital?	1 Yes	
[hospitalization] = '3' or [hospitalization] = '2'		0 No	
hosp_discharge_date		text (date_mdy)	
Show the field ONLY if:	Date of discharge from hospital:		

[hosp_discharge] = '1'				
date_warning9		calc		
		Calculation: datediff([hosp_discharge_date], "today","d","mdy",true)		
		Field Annotation: @HIDDEN		
warning_text9	The date you selected is in the future. Please revisit the date field above and revise your entry.	descriptive		
Show the field ONLY if:				
[date_warning9]<0				
supp_o2	Section Header: *What COVID-19 treatments has the patient received?*	radio (Matrix), Required		
Show the field ONLY if:	Supplemental oxygen		1	Yes
[covid_sx(10)]='0'			2	No
			3	Unsure or unknown
ventilator		radio (Matrix), Required		
Show the field ONLY if:	Ventilator		1	Yes
[covid_sx(10)]='0'			2	No
			3	Unsure or unknown
covid_drugs		radio (Matrix), Required		
Show the field ONLY if:	Anti-COVID-19 drugs		1	Yes
[covid_sx(10)]='0'			2	No
			3	Unsure or unknown
other_trt		radio (Matrix), Required		
Show the field ONLY if:	Other treatment approaches		1	Yes
[covid_sx(10)]='0'			2	No
			3	Unsure or unknown
o2_start_date	What date did the patient start supplemental oxygen?	text (date_mdy)		
Show the field ONLY if:				
[supp_o2] = '1'				
date_warning10		calc		
		Calculation: datediff([o2_start_date], "today","d","mdy",true)		
		Field Annotation: @HIDDEN		
warning_text10	The date you selected is in the future. Please revisit the date field above and revise your entry.	descriptive		
Show the field ONLY if:				
[date_warning10]<0				
o2_still		radio		
Show the field ONLY if:	Is the patient still on supplemental oxygen?		1	Yes
[supp_o2] = '1'			2	No
			3	Unsure
o2_stop_date	When did the patient stop using supplemental oxygen (if known)?	text (date_mdy)		
Show the field ONLY if:				

[o2_still] = '2'				
date_warning11		calc		
		Calculation: datediff([o2_stop_date], "today","d","mdy",true)		
		Field Annotation: @HIDDEN		
warning_text11	The date you selected is in the future. Please revisit the date field above and revise your entry.	descriptive		
Show the field ONLY if:				
[date_warning11]<0				
vent_start_date	What date did the patient start treatment with a ventilator?	text (date_mdy)		
Show the field ONLY if:				
[ventilator] = '1'				
date_warning12		calc		
		Calculation: datediff([vent_start_date], "today","d","mdy",true)		
		Field Annotation: @HIDDEN		
warning_text12	The date you selected is in the future. Please revisit the date field above and revise your entry.	descriptive		
Show the field ONLY if:				
[date_warning12]<0				
vent_still	Is the patient still on a ventilator?	radio		
Show the field ONLY if:			1	Yes
[ventilator] = '1'			2	No
			3	Unsure
vent_stop_date	When did the patient stop using a ventilator?	text (date_mdy)		
Show the field ONLY if:				
[vent_still] = '2'				
date_warning13		calc		
		Calculation: datediff([vent_stop_date], "today","d","mdy",true)		
		Field Annotation: @HIDDEN		
warning_text13	The date you selected is in the future. Please revisit the date field above and revise your entry.	descriptive		
Show the field ONLY if:				
[date_warning13]<0				
anticovid_drug_types		checkbox, Required		
Show the field ONLY if:			1	anticovid_drug_types___1	ribavirin
[covid_drugs] = '1'			2	anticovid_drug_types___2	remdesivir
			3	anticovid_drug_types___3	lopinavir + ritonavir (kaletra)
			4	anticovid_drug_types___4	avipiravir
			5	anticovid_drug_types___5	hydroxychloroquine
			6	anticovid_drug_types___6	chloroquine
			7	anticovid_drug_types___7	tocilizumab
	Which anti-COVID-19 drugs has the patient received? (check all that apply)		8	anticovid_drug_types___8	siltuximab

	Which anti-COVID-19 drugs has the patient received? (check all that apply)	9	anticovid_drug_types___9	azithromycin
		10	anticovid_drug_types___10	losartan
		11	anticovid_drug_types___11	convalescent plasma
		12	anticovid_drug_types___12	mesenchymal stem cells
		13	anticovid_drug_types___13	IVIG
		16	anticovid_drug_types___16	dexamethasone
		17	anticovid_drug_types___17	monoclonal antibodies (e.g. bamlanivimab)
		14	anticovid_drug_types___14	Other
		15	anticovid_drug_types___15	Unknown
anticovid_drug_other Show the field ONLY if: [anticovid_drug_types(14)] = '1'	Other anti-COVID19 drugs:	text		
bleed_1	Section Header: *Has the patient experienced any of the following SYSTEMIC complications that could be related to his/her COVID-19 illness?*	radio (Matrix)		
	Bleeding	1	Yes	
		2	No	
		3	Unsure/Unknown	
coag_1	Disseminated intravascular coagulation	radio (Matrix)		
		1	Yes	
		2	No	
		3	Unsure/Unknown	
sepsis_1	Sepsis	radio (Matrix)		
		1	Yes	
		2	No	
		3	Unsure/Unknown	
ards_1	Section Header: *Has the patient experienced any of the following PULMONARY complications that could be related to his/her COVID-19 illness?*	radio (Matrix)		
	ARDS	1	Yes	
		2	No	
		3	Unsure/Unknown	
pneumon_1	Pneumonitis	radio (Matrix)		
		1	Yes	
		2	No	
		3	Unsure/Unknown	
pe_1	Pulmonary embolism	radio (Matrix)		
		1	Yes	
		2	No	
		3	Unsure/Unknown	

respfail_1	Respiratory failure	radio (Matrix)	
		1	Yes	
		2	No	
		3	Unsure/Unknown	
arryth_1	Section Header: *Has the patient experienced any of the following CARDIOVASCULAR complications that could be related to his/her COVID-19 illness?*	radio (Matrix)	
	Cardiac arrythmia	1	Yes	
		2	No	
		3	Unsure/Unknown	
cerebro_1	Cerebrovascular accident (e.g., CVA, stroke)	radio (Matrix)	
		1	Yes	
		2	No	
		3	Unsure/Unknown	
chf_1	Congestive heart failure	radio (Matrix)	
		1	Yes	
		2	No	
		3	Unsure/Unknown	
dvt_1	Deep venous thrombosis	radio (Matrix)	
		1	Yes	
		2	No	
		3	Unsure/Unknown	
mi_1	Myocardial infarction	radio (Matrix)	
		1	Yes	
		2	No	
		3	Unsure/Unknown	
hep_1	Section Header: *Has the patient experienced any of the following GASTROINTESTINAL complications that could be related to his/her COVID-19 illness??*	radio (Matrix)	
	Acute hepatic injury	1	Yes	
		2	No	
		3	Unsure/Unknown	
bowelperf_1	Bowel perforation	radio (Matrix)	
		1	Yes	
		2	No	
		3	Unsure/Unknown	
periton_1	Peritonitis	radio (Matrix)	
		1	Yes	
		2	No	
		3	Unsure/Unknown	

	Section Header: *Has the patient experienced any of these OTHER complications that could be related to his/her COVID-19 illness?*	radio (Matrix)		
arf_1	Acute renal failure	1	Yes	
		2	No	
		3	Unsure/Unknown	
enceph_1	Encephalopathy	radio (Matrix)		
		1	Yes	
		2	No	
		3	Unsure/Unknown	
seiz_1	Seizures	radio (Matrix)		
		1	Yes	
		2	No	
		3	Unsure/Unknown	
covid_clintrial	Section Header: *COVID-19 CLINICAL TRIAL PARTICIPATION*	yesno		
	Has the patient received treatment for COVID-19 as part of a therapeutic clinical trial?	1	Yes	
		0	No	
cancer_intro	Section Header: *CANCER AND CANCER TREATMENT INFORMATION*	descriptive		
	Please use the patient's cancer status and treatment information at the time of COVID-19 diagnosis for the following questions.			
solid_tumor	Is the patient's cancer a solid tumor?	yesno, Required		
		1	Yes	
		0	No	
cancer_extent		radio, Required		
Show the field ONLY if:	What was the extent of the patient's cancer at the time of COVID-19 diagnosis?	0	Local	
[solid_tumor] = '1'		1	Regional	
		2	Metastatic	
		3	Cancer-free but receiving adjuvant therapy	
cancer_status		radio		
Show the field ONLY if:	What was the status of the patient's cancer's status at the time of COVID-19 diagnosis (or last known status prior to COVID-19 diagnosis)?	0	Progressing	
[cancer_extent] = '0' or [cancer_extent] = '1' or [cancer_extent] = '2'		1	Stable	
		3	Responding to treatment	
		2	Unknown	
clinical_trial	Was the patient enrolled on a therapeutic cancer clinical trial at the time of COVID-19 diagnosis	yesno		
		1	Yes	
		0	No	
hospice	Was the patient enrolled in hospice at the time of COVID-19 diagnosis?	yesno		
		1	Yes	
		0	No	

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surg_recent	Did the patient have a surgery to resect or remove cancer within 6 weeks prior to COVID-19 diagnosis?	yesno		
		1	Yes	
		0	No	
date_surg_prior		text (date_mdy)		
Show the field ONLY if:	Date of most recent anti-cancer surgery prior to COVID-19 diagnosis if known:			
[surg_recent] = '1'				
trt_types_dx	Section Header: *CANCER TREATMENT AT COVID-19 DIAGNOSIS*	checkbox, Required		
	Which of the following cancer treatment types was the patient receiving or scheduled to receive at the time of COVID-19 diagnosis? (CHECK ALL THAT APPLY)"Receiving" should be taken to mean had a least one treatment in a planned schedule of treatments. For example, a patient had received one cycle of chemotherapy prior to COVID-19 diagnosis with a treatment plan that included 3 more cycles of chemotherapy.	1	trt_types_dx___1	surgery scheduled within 0 to 6 weeks after COVID-19 diagnosis
		2	trt_types_dx___2	radiation therapy
		3	trt_types_dx___3	drug-based therapy
		4	trt_types_dx___4	transplant (e.g., BMT) or cellular therapy (e.g., CAR-T cell therapy)
		5	trt_types_dx___5	the patient was not receiving any of the above listed anti-cancer therapies and had none planned at COVID-19 diagnosis
	Field Annotation: @NONEOFTHEABOVE = 5			
surg_soon	Section Header: *CHANGES TO PATIENT'S TREATMENT PLAN AT COVID-19 DIAGNOSIS Which of the following describes how the patient's treatment plan was modified at or immediately after COVID-19 diagnosis? (Check all that apply) If a patient was on more than one drug-based therapy with different status (e.g., one received on schedule, one delayed), check different status per drug for drug-based therapy row.*	checkbox, Required		
Show the field ONLY if:	Surgery scheduled 0 to 6 weeks after COVID-19 Dx	1	surg_soon___1	Patient received on schedule or within 14 days
[trt_types_dx(1)] = '1'		2	surg_soon___2	Patient receipt of therapy or surgery was delayed at least 14 days from initial treatment date
		3	surg_soon___3	Patient receipt of therapy or surgery was discontinued or canceled with no plans of restart
rad_tx		checkbox, Required		
Show the field ONLY if:		1	rad_tx___1	Patient received on schedule or within 14 days
[trt_types_dx(2)] = '1'	Radiation therapy	2	rad_tx___2	Patient receipt of therapy or surgery was delayed at least 14 days from initial treatment date
		3	rad_tx___3	Patient receipt of therapy or surgery was discontinued or canceled with no plans of restart
drug_tx		checkbox, Required		
Show the field ONLY if:		1	drug_tx___1	Patient received on schedule or within 14 days
[trt_types_dx(3)] = '1'	Drug-based therapies	2	drug_tx___2	Patient receipt of therapy or surgery was delayed at least 14 days from initial treatment date
		3	drug_tx___3	Patient receipt of therapy or surgery was discontinued or canceled with no plans of restart
transplant		checkbox, Required		

Show the field ONLY if:	Transplant (e.g. bone marrow transplant) or Cellular Therapy (e.g., CAR-T cell therapy)	1	transplant___1	Patient received on schedule or within 14 days
[trt_types_dx(4)] = '1'		2	transplant___2	Patient receipt of therapy or surgery was delayed at least 14 days from initial treatment date
		3	transplant___3	Patient receipt of therapy or surgery was discontinued or canceled with no plans of restart
orig_surg_date	Date of the originally scheduled SURGERY if known. That is, the date the patient was supposed to have surgery before the patient's was diagnosed with COVID-19.	text (date_mdy)		
Show the field ONLY if:				
[surg_soon(1)] = '1' or [surg_soon(2)] = '1' or [surg_soon(3)] = '1'				
surg_reason	What was the PRIMARY reason for the delay or cancellation of SURGERY?	radio		
Show the field ONLY if:		0	Progressive or recurrent disease	
[surg_soon(2)] = '1' or [surg_soon(3)] = '1'		2	Patient's COVID-19 disease	
		3	Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)	
		4	Patient's choice	
		5	Other/Unknown	
surg_status	What is the current status of the SURGERY?	radio		
Show the field ONLY if:		0	surgery has occurred	
[surg_soon(2)] = '1' or [surg_soon(1)] = '1'		1	surgery is scheduled, but has not yet happened	
		2	the surgery has not been scheduled, but has not been canceled	
		3	the surgery has been canceled	
		4	unknown	
covtest_presurg	Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to SURGERY?	yesno		
Show the field ONLY if:		1	Yes	
[surg_status] = '0'		0	No	
sars_test1	Date of SARS-CoV-2 testing to confirm negative status:	text (date_mdy)		
Show the field ONLY if:				
[covtest_presurg]='1'				
surgery_date	Date of SURGERY:	text (date_mdy)		
Show the field ONLY if:				
[surg_status] = '0'				
surg_date_planned	Scheduled date for SURGERY if known:	text (date_mdy)		
Show the field ONLY if:				
[surg_status] = '1'				
rtx_prior_to_c19	Did the patient receive at least one dose of RADIATION therapy on the day of or PRIOR to COVID-19 diagnosis?	yesno		
Show the field ONLY if:		1	Yes	
[rad_tx(1)] = '1' or [rad_tx(2)] = '1' or [rad_tx(3)] = '1'		0	No	
rtx_start	Date of first dose of RADIATION therapy PRIOR to COVID-19 diagnosis:			

Show the field ONLY if:	[If exact date is not known, please list an approximate date.]	text (date_mdy)		
[rtx_prior_to_c19] = '1'				
rtx_last_date	Date of last dose of RADIATION therapy PRIOR to COVID-19 diagnosis (i.e., last date PRIOR to delay or discontinuation):	text (date_mdy)		
Show the field ONLY if:	[If exact date is not known, please list an approximate date.]			
[rtx_prior_to_c19] = '1'				
rad_restart		radio		
Show the field ONLY if:	Has RADIATION therapy been received/resumed after the COVID-19 diagnosis?		1	Yes
[rad_tx(2)] = '1' or [rad_tx(1)] = '1'			0	No or not yet
covtest_prerad	Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to RADIATION therapy receipt?	yesno		
Show the field ONLY if:			1	Yes
[rad_restart] = '1'			0	No
sars_test2	Date of SARS-CoV-2 testing to confirm negative status:	text (date_mdy)		
Show the field ONLY if:				
[covtest_prerad]='1'				
rad_altered		radio		
Show the field ONLY if:	Was the schedule of radiation therapy altered after COVID-19 diagnosis?		0	No, schedule stayed the same
[rad_restart] = '1'			1	Yes, schedule was altered to a reduced number of sessions or total dose.
			2	Unsure if schedule was changed
rad_1stdate_aftercovid	Date of first RADIATION therapy AFTER COVID-19 diagnosis:	text (date_mdy)		
Show the field ONLY if:	[If exact date is not known, please list an approximate date.]			
[rad_restart] = '1'				
rad_lastdate_aftercovid	Date of last (most recent) RADIATION therapy dose that the patient received AFTER COVID-19 diagnosis:	text (date_mdy)		
Show the field ONLY if:	[If exact date is not known, please list an approximate date.]			
[rad_restart] = '1'				
rad_reason		radio		
Show the field ONLY if:			0	Progressive or recurrent disease
[rad_tx(2)] = '1' or [rad_tx(3)] = '1' or [rad_altered] = '1'	What was the PRIMARY reason for the delay, alteration or discontinuation of RADIATION therapy?		1	Treatment-related toxicity
			2	Patient's COVID-19 disease
			3	Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
			4	Patient's choice
			5	Other/Unknown
rad_more		radio		
Show the field ONLY if:	Is the patient scheduled to receive more RADIATION therapy after the last recorded dose?		0	No, the patient has completed the prescribed regimen of radiation therapy
[rad_restart] = '1'			1	No, the patient stopped radiation therapy prior to completing the prescribed regimen

		2	Yes, the patient will receive at least one more dose of radiation therapy	
		3	Unknown status of radiation schedule	
radtx_stop_reason		radio		
Show the field ONLY if:			0	Progressive or recurrent disease	
[rad_more]='1'			1	Treatment-related toxicity	
	Why did the patient stop radiation therapy prior to completion of prescribed regimen?		2	Patient's COVID-19 disease	
			3	Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)	
			4	Patient's choice	
			5	Other/Unknown	
drug_reason		radio		
Show the field ONLY if:			0	Progressive or recurrent disease	
[drug_tx(2)] = '1' or [drug_tx(3)] = '1'			1	Treatment-related toxicity	
	What was the PRIMARY reason for the delay or discontinuation of one or more DRUG-BASED agents?		2	Patient's COVID-19 disease	
			3	Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)	
			4	Patient's choice	
			5	Other/Unknown	
n_drugs_dx		radio		
Show the field ONLY if:			1	1	
[drug_tx(2)] = '1' or [drug_tx(1)] = '1' or [drug_tx(3)] = '1'	How many anti-cancer DRUG-BASED agents was the patient receiving or was planned to receive at COVID-19 diagnosis?		2	2	
			3	3	
			4	4 or more	
drug_at_dx	Please enter the FIRST (or only) ANTI-CANCER DRUG (generic name) the patient was receiving or was planned for patient at COVID-19 diagnosis.	text, Required		
Show the field ONLY if:	This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.	BIOPORTAL: NCIT	BIOPORTAL:NCIT	
[n_drugs_dx] = '1' or [n_drugs_dx] = '2' or [n_drugs_dx] = '3' or [n_drugs_dx] = '4'				
drug_received_1		yesno		
Show the field ONLY if:			1	Yes	
[n_drugs_dx] = '1' or [n_drugs_dx] = '2' or [n_drugs_dx] = '3' or [n_drugs_dx] = '4'	Did the patient receive at least one dose of [drug_at_dx] on the day of or prior to COVID-19 diagnosis?		0	No	
drug_start_1				
Show the field ONLY if:	Date of first dose of [drug_at_dx] prior to COVID-19 diagnosis:	text (date_mdy)		
[drug_received_1] = '1'				
drug_last_date_1	Date of last dose of [drug_at_dx] received prior to COVID-19 diagnosis (i.e.	21		

Show the field ONLY if:	Date of last dose of [drug_at_dx] received prior to COVID-19 diagnosis (i.e., last date prior to delay or discontinuation):	text (date_mdy)			
[drug_received_1] = '1'					
drug_restart_1		radio			
Show the field ONLY if:			1	Yes, at same dose and schedule	
[n_drugs_dx] = '1' or [n_drugs_dx] = '2' or [n_drugs_dx] = '3' or [n_drugs_dx] = '4'	Was [drug_at_dx] received/resumed after the COVID-19 diagnosis?		2	Yes, but less intense schedule (e.g., interval dosing)	
			0	No or not yet	
drug_1stdate_aftercovid_1					
Show the field ONLY if:	Date of first dose of [drug_at_dx] AFTER COVID-19 diagnosis:	text (date_mdy)			
[drug_restart_1] = '1' or [drug_restart_1] = '2'					
drug_lastdate_aftercovid_1					
Show the field ONLY if:	Date of last (most recent) dose of [drug_at_dx] that the patient received AFTER COVID-19 diagnosis:	text (date_mdy)			
[drug_restart_1] = '1' or [drug_restart_1] = '2'					
continue_drug1		radio			
Show the field ONLY if:			0	No, the patient has completed the prescribed regimen of [drug_at_dx]	
[drug_restart_1] = '1' or [drug_restart_1] = '2'	Is the patient scheduled to continue receiving [drug_at_dx]?		1	No, the patient stopped [drug_at_dx] prior to completing the prescribed regimen	
			2	Yes, the patient will receive at least one more dose of [drug_at_dx]	
drug1_stop_reason		radio			
Show the field ONLY if:			0	Progressive or recurrent disease	
[continue_drug1]='1'			1	Treatment-related toxicity	
	Why did the patient stop [drug_at_dx] prior to completion of prescribed regimen?		2	Patient's COVID-19 disease	
			3	Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)	
			4	Patient's choice	
			5	Other/Unknown	
drug_at_dx2	Please enter the 2nd ANTI-CANCER DRUG (generic name) the patient was receiving at COVID-19 diagnosis.	text			
Show the field ONLY if:	*This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.*	BIOPORTAL:NCIT	BIOPORTAL:NCIT		
[n_drugs_dx] = '2' or [n_drugs_dx] = '3' or [n_drugs_dx] = '4'					
drug_received_2		yesno			
Show the field ONLY if:	Did the patient received at least one dose of [drug_at_dx2] on the day of or prior to COVID-19 diagnosis?		1	Yes	
[n_drugs_dx] = '2' or [n_drugs_dx] = '3' or [n_drugs_dx] = '4'			0	No	
trt_start_2					
Show the field ONLY if:	Date of first dose of [drug_at_dx2] prior to COVID-19 diagnosis:	text (date_mdy)			

[drug_received_2] = '1'				
drug_last_date_2	Date of last dose of [drug_at_dx2] received prior to COVID-19 diagnosis (i.e., last date prior to delay or discontinuation):	text (date_mdy)		
Show the field ONLY if:				
[drug_received_2] = '1'				
drug_restart_2		radio		
Show the field ONLY if:			1	Yes, at same dose and schedule
[n_drugs_dx] = '2' or [n_drugs_dx] = '3' or [n_drugs_dx] = '4'	Was [drug_at_dx2] received/resumed after the COVID-19 diagnosis?		2	Yes, but less intense schedule (e.g., interval dosing)
			0	No or not yet
drug_1stdate_aftercovid_2				
Show the field ONLY if:	Date of first dose of [drug_at_dx2] AFTER COVID-19 diagnosis:	text (date_mdy)		
[drug_restart_2] = '1' or [drug_restart_2] = '2'				
drug_lastdate_aftercovid_2				
Show the field ONLY if:	Date of last (most recent) dose of [drug_at_dx2] that the patient received AFTER COVID-19 diagnosis:	text (date_mdy)		
[drug_restart_2] = '1' or [drug_restart_2] = '2'				
continue_drug2		radio		
Show the field ONLY if:			0	No, the patient has completed the prescribed regimen of [drug_at_dx2]
[drug_restart_2] = '1' or [drug_restart_2] = '2'	Is the patient scheduled to continue receiving [drug_at_dx2]?		1	No, the patient stopped [drug_at_dx2] prior to completing the prescribed regimen
			2	Yes, the patient will receive at least one more dose of [drug_at_dx2]
drug2_stop_reason		radio		
Show the field ONLY if:			0	Progressive or recurrent disease
[continue_drug2]='1'			1	Treatment-related toxicity
	Why did the patient stop [drug_at_dx2] prior to completion of prescribed regimen?		2	Patient's COVID-19 disease
			3	Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
			4	Patient's choice
			5	Other/Unknown
drug_at_dx3	Please enter the 3rd ANTI-CANCER DRUG (generic name) the patient was receiving at COVID-19 Dx	text		
Show the field ONLY if:	*This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.*	BIOPORTAL: NCIT	BIOPORTAL:NCIT	
[n_drugs_dx] = '3' or [n_drugs_dx] = '4'				
drug_received_3		yesno		
Show the field ONLY if:	Did the patient receive at least one dose of [drug_at_dx3] on the day of or prior to COVID-19 diagnosis?		1	Yes
[n_drugs_dx] = '3' or [n_drugs_dx] = '4'			0	No
drug_start_3				
Show the field ONLY if:	Date of first dose of [drug_at_dx3] prior to COVID-19 diagnosis:	text (date_mdy)		

[drug_received_3] = '1'				
drug_last_date_3	Date of last dose of [drug_at_dx3] received prior to COVID-19 diagnosis (i.e., last date prior to delay or discontinuation):	text (date_mdy)		
Show the field ONLY if:				
[drug_received_3] = '1'				
drug_restart_3	Was [drug_at_dx3] received/resumed after the COVID-19 diagnosis?	radio		
Show the field ONLY if:		1	Yes, at same dose and schedule	
[n_drugs_dx] = '3' or [n_drugs_dx] = '4'		2	Yes, but less intense schedule (e.g., interval dosing)	
		0	No or not yet	
drug_1stdate_aftercovid_3	Date of first [drug_at_dx3] treatment AFTER COVID-19 diagnosis:	text (date_mdy)		
Show the field ONLY if:				
[drug_restart_3] = '1' or [drug_restart_3] = '2'				
drug_lastdate_aftercovid_3	Date of last (most recent) dose of [drug_at_dx3] that the patient received AFTER COVID-19 diagnosis:	text (date_mdy)		
Show the field ONLY if:				
[drug_restart_3] = '1' or [drug_restart_3] ='2'				
continue_drug3	Is the patient scheduled to continue receiving [drug_at_dx3]?	radio		
Show the field ONLY if:		0	No, the patient has completed the prescribed regimen of [drug_at_dx3]	
[drug_restart_3] = '1' or [drug_restart_3] = '2'		1	No, the patient stopped [drug_at_dx3] prior to completing the prescribed regimen	
		2	Yes, the patient will receive at least one more dose of [drug_at_dx3]	
drug3_stop_reason	Why did the patient stop [drug_at_dx3] prior to completion of prescribed regimen?	radio		
Show the field ONLY if:		0	Progressive or recurrent disease	
[continue_drug3]='1'		1	Treatment-related toxicity	
		2	Patient's COVID-19 disease	
		3	Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)	
		4	Patient's choice	
		5	Other/Unknown	
drug_at_dx4	Please enter the 4th ANTI-CANCER DRUG (generic name) the patient was receiving at COVID-19 Dx	text		
Show the field ONLY if:	This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.	BIOPORTAL: NCIT	BIOPORTAL:NCIT	
[n_drugs_dx] = '4'				
drug_received_4	Did the patient receive at least one dose of [drug_at_dx4] on the day of or prior to COVID-19 diagnosis?	yesno		
Show the field ONLY if:		1	Yes	
[n_drugs_dx] = '4'		0	No	
drug_start_4	Date of first dose of [drug_at_dx4] prior to COVID-19 diagnosis:	text (date_mdy)		
Show the field ONLY if:				
[drug_received_4] = '1'				

drug_last_date_4	Date of last dose of [drug_at_dx] received prior to COVID-19 diagnosis (i.e., last date prior to delay or discontinuation):	text (date_mdy)		
Show the field ONLY if:				
[drug_received_4] = '1'				
drug_restart_4	Was [drug_at_dx4] received/resumed after the COVID-19 diagnosis?	radio		
Show the field ONLY if:		1	Yes, at same dose and schedule	
[n_drugs_dx] = '4'		2	Yes, but less intense schedule (e.g., interval dosing)	
		0	No or not yet	
drug_1stdate_aftercovid_4	Date of first [drug_at_dx4] treatment AFTER COVID-19 diagnosis:	text (date_mdy)		
Show the field ONLY if:				
[drug_restart_4] = '1' or [drug_restart_4] = '2'				
drug_lastdate_aftercovid_4	Date of last (most recent) dose of [drug_at_dx4] that the patient received AFTER COVID-19 diagnosis:	text (date_mdy)		
Show the field ONLY if:				
[drug_restart_4] = '1' or [drug_restart_4] = '2'				
continue_drug4	Is the patient scheduled to continue receiving [drug_at_dx4]?	radio		
Show the field ONLY if:		0	No, the patient has completed the prescribed regimen of [drug_at_dx4]	
[drug_restart_4] = '1' or [drug_restart_4] = '2'		1	No, the patient stopped [drug_at_dx4] prior to completing the prescribed regimen	
		2	Yes, the patient will receive at least one more dose of [drug_at_dx4]	
drug4_stop_reason	Why did the patient stop [drug_at_dx4] prior to completion of prescribed regimen?	radio		
Show the field ONLY if:		0	Progressive or recurrent disease	
[continue_drug4]='1'		1	Treatment-related toxicity	
		2	Patient's COVID-19 disease	
		3	Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)	
		4	Patient's choice	
		5	Other/Unknown	
covtest_predrug	Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to resumption of any DRUG-BASED therapies?	yesno		
Show the field ONLY if:		1	Yes	
[drug_restart_3] = '1' or [drug_restart_3] = '2' or [drug_restart_2] = '2' or [drug_restart_2] = '1' or [drug_restart_1] = '2' or [drug_restart_1] = '1' or [drug_restart_4] = '1' or [drug_restart_4] = '2'		0	No	
sars_test3	Date of SARS-CoV-2 testing to confirm negative status:	text (date_mdy)		
Show the field ONLY if:				
[covtest_predrug]='1'				

orig_tranplant_date	Date of the originally scheduled TRANSPLANT or CELLULAR THERAPY. That is, the date the patient was supposed to have transplant or cellular therapy before the patient's was diagnosed with COVID-19.	text (date_mdy)		
Show the field ONLY if:				
[transplant(1)] = '1' or [transplant(2)] = '1' or [transplant(3)] = '1'				
tranplant_reason		radio		
Show the field ONLY if:			0	Progressive or recurrent disease
[transplant(2)] = '1' or [transplant(3)] = '1'	What was the PRIMARY reason for the delay or discontinuation of TRANSPANT or CELLULAR THERAPY?		2	Patient's COVID-19 disease
			3	Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
			4	Patient's choice
			5	Other/Unknown
transplant_delay		radio		
Show the field ONLY if:			0	transplant or cellular therapy has occurred
[transplant(2)] = '1' or [transplant(1)] = '2'	What is the current status of the TRANSPLANT or CELLULAR THERAPY?		1	transplant or cellular therapy is scheduled, but has not yet happened
			2	the transplant or cellular therapy has not been scheduled, but has not been canceled
			3	the transplant or cellular therapy has been canceled
tranplant_date	Date of TRANSPLANT or CELLULAR THERAPY:	text (date_mdy)		
Show the field ONLY if:				
[transplant_delay] = '0' or [transplant(1)] = '1'				
transplant_date_planned	Scheduled date for TRANSPLANT or CELLULAR THERAPY:	text (date_mdy)		
Show the field ONLY if:				
[transplant_delay] = '1'				
covtest_pretransplant	Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to TRANSPLANT or CELLULAR THERAPY?	yesno		
Show the field ONLY if:			1	Yes
[transplant_delay]='0'			0	No
sars_test4	Date of SARS-CoV-2 testing to confirm negative status:	text (date_mdy)		
Show the field ONLY if:				
[covtest_pretransplant]='1'				
surg_other	Section Header: *OTHER CANCER TREATMENTS Has the patient received any other TREATMENTS or SURGERIES that ARE NOT listed above (i.e., treatments that were NOT part of the patient's initial treatment plan) since his or her COVID-19 diagnosis? Please indicate which other cancer treatments that patient has received since COVID-19 diagnosis:*	radio (Matrix)		
	Surgery		1	Yes
			0	No
rad_other	Radiation Therapy	radio (Matrix)		
			1	Yes
			0	No

		radio (Matrix)		
drug_other	Drug-Based Therapy	1	Yes	
		0	No	
transplant_other	Transplant (e.g., BMT) or Cellular Therapy (e.g., CAR-T cell Therapy)	radio (Matrix)		
		1	Yes	
		0	No	
surg_other_date	Date of SURGERY:	text (date_mdy)		
Show the field ONLY if:				
[surg_other]='1'				
covtest_surg2	Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to SURGERY?	yesno		
Show the field ONLY if:		1	Yes	
[surg_other]='1'		0	No	
sars_test5	Date of SARS-CoV-2 testing to confirm negative status:	text (date_mdy)		
Show the field ONLY if:				
[covtest_surg2]='1'				
rad_other_start	Date of start of RADIATION THERAPY:			
Show the field ONLY if:	[If exact date is not known, please list an approximate date.]	text (date_mdy)		
[rad_other] = '1'				
rad_other_last	Date of most recent dose of RADIATION THERAPY:			
Show the field ONLY if:	[If exact date is not known, please list an approximate date.]	text (date_mdy)		
[rad_other] = '1'				
covtest_rad2	Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to RADIATION therapy?	yesno		
Show the field ONLY if:		1	Yes	
[rad_other]='1'		0	No	
sars_test6	Date of SARS-CoV-2 testing to confirm negative status:	text (date_mdy)		
Show the field ONLY if:				
[covtest_rad2]='1'				
rad_continue		radio		
Show the field ONLY if:		0	No, the patient has completed the prescribed regimen of radiation therapy	
[rad_other] = '1'	Is the patient scheduled to continue receiving RADIATION THERAPY?	1	No, the patient stopped radiation therapy prior to completing the prescribed regimen	
		2	Yes, the patient will receive at least one more dose of radiation therapy	
		3	Unknown whether the patient will receive more radiation.	
rad_stop_reason		radio		
Show the field ONLY if:		0	Progressive or recurrent disease	
[rad_continue]='1'		1	Treatment-related toxicity	
	Why did the patient stop radiation therapy prior to completion of prescribed regimen?	2	Patient's COVID-19 disease	

	regimen?		3	Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)	
			4	Patient's choice	
			5	Other/Unknown	
other_drugs_current		radio			
Show the field ONLY if:	How many other DRUG-BASED therapies has the patient received that are not listed in the above responses?		1		1
[drug_other]='1'			2		2
			3	3 or more	
covtest_drug2		yesno			
Show the field ONLY if:	Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to receipt of DRUG-BASED AGENTS?		1	Yes	
[drug_other]='1'			0	No	
sars_test7		text (date_mdy)			
Show the field ONLY if:	Date of SARS-CoV-2 testing to confirm negative status:				
[covtest_drug2]='1'					
other_drug_1	Please enter the 1st of the ANTI-CANCER DRUGS (generic name) the patient has received since COVID-19 that was not part of his or her initial treatment plan:	text			
Show the field ONLY if:	*This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.*	BIOPORTAL: NCIT	BIOPORTAL:NCIT		
[other_drugs_current] = '1' or [other_drugs_current] = '2' or [other_drugs_current] = '3'					
other_drug_start_1		text (date_mdy)			
Show the field ONLY if:	Date of first dose of [other_drug_1] after COVID-19 diagnosis:				
[other_drugs_current] = '1' or [other_drugs_current] = '3' or [other_drugs_current] = '2'					
other_drug_last_1		text (date_mdy)			
Show the field ONLY if:	Date of most recent dose of [other_drug_1] received after COVID-19 diagnosis.				
[other_drugs_current] = '1' or [other_drugs_current] = '2' or [other_drugs_current] = '3'					
continue_other_drug1		radio			
Show the field ONLY if:			0	No, the patient has completed the prescribed regimen of [other_drug_1]	
[other_drugs_current] = '1' or [other_drugs_current] = '2' or [other_drugs_current] = '3'	Is the patient scheduled to continue receiving [other_drug_1]?		1	No, the patient stopped [other_drug_1] prior to completing the prescribed regimen	
			2	Yes, the patient will receive at least one more dose of [other_drug_1]	
otherdrug1_stop_reason		radio			
Show the field ONLY if:			0	Progressive or recurrent disease	
[continue_other_drug1]='1'			1	Treatment-related toxicity	
	Why did the patient stop [other_drug_1] prior to completion of prescribed regimen?		2	Patient's COVID-19 disease	

	regimen?		3	Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)	
			4	Patient's choice	
			5	Other/Unknown	
other_drug_2	Please enter the 2nd of the ANTI-CANCER DRUGS (generic name) the patient has received since COVID-19 that was not part of his or her initial treatment plan:	text			
Show the field ONLY if:	*This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.*	BIOPORTAL: NCIT	BIOPORTAL:NCIT		
[other_drugs_current] = '2' or [other_drugs_current] = '3'					
other_drug_start_2					
Show the field ONLY if:	Date of first dose of [other_drug_2] after COVID-19 diagnosis:	text (date_mdy)			
[other_drugs_current] = '3' or [other_drugs_current] = '2'					
other_drug_last_2					
Show the field ONLY if:	Date of most recent dose of [other_drug_2] received after COVID-19 diagnosis.	text (date_mdy)			
[other_drugs_current] = '2' or [other_drugs_current] = '3'					
continue_other_drug2		radio			
Show the field ONLY if:			0	No, the patient has completed the prescribed regimen of [other_drug_2]	
[other_drugs_current] = '2' or [other_drugs_current] = '3'	Is the patient scheduled to continue receiving [other_drug_2]?		1	No, the patient stopped [other_drug_2] prior to completing the prescribed regimen	
			2	Yes, the patient will receive at least one more dose of [other_drug_2]	
otherdrug2_stop_reason		radio			
Show the field ONLY if:			0	Progressive or recurrent disease	
[continue_other_drug2]='1'			1	Treatment-related toxicity	
	Why did the patient stop [other_drug_2] prior to completion of prescribed regimen?		2	Patient's COVID-19 disease	
			3	Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)	
			4	Patient's choice	
			5	Other/Unknown	
other_drug_3	Please enter the 3rd of the ANTI-CANCER DRUGS (generic name) the patient has received since COVID-19 that was not part of his or her initial treatment plan:	text			
Show the field ONLY if:	*This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.*	BIOPORTAL: NCIT	BIOPORTAL:NCIT		
[other_drugs_current] = '3'					
other_drug_start_3					
Show the field ONLY if:	Date of first dose of [other_drug_3] after COVID-19 diagnosis:	text (date_mdy)			
[other_drugs_current] = '3'					
other_drug_last_3					
Show the field ONLY if:	Date of most recent dose of [other_drug_3] received after COVID-19 diagnosis.	text (date_mdy)			
[other_drugs_current] = '3'		29			

continue_other_drug3	Is the patient scheduled to continue receiving [other_drug_3]?	radio		
Show the field ONLY if:		0	No, the patient has completed the prescribed regimen of [other_drug_3]	
[other_drugs_current] = '3'		1	No, the patient stopped [other_drug_3] prior to completing the prescribed regimen	
		2	Yes, the patient will receive at least one more dose of [other_drug_3]	
otherdrug3_stop_reason	Why did the patient stop [other_drug_3] prior to completion of prescribed regimen?	radio		
Show the field ONLY if:		0	Progressive or recurrent disease	
[continue_other_drug3]='1'		1	Treatment-related toxicity	
		2	Patient's COVID-19 disease	
		3	Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)	
		4	Patient's choice	
		5	Other/Unknown	
transplant_other_date	Date of TRANSPLANT or CELLULAR THERAPY:	text (date_mdy)		
Show the field ONLY if:				
[transplant_other]='1'				
covtest_transplant2	Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to TRANSPLANT or CELLULAR THERAPY?	yesno		
Show the field ONLY if:		1	Yes	
[transplant_other]='1'		0	No	
sars_test8	Date of SARS-CoV-2 testing to confirm negative status:	text (date_mdy)		
Show the field ONLY if:				
[covtest_transplant2]='1'				
growth_factors	Did the patient receive any WBC growth factors as part of his/her ANTI-CANCER treatment regimens after COVID-19 Infection?	yesno		
Show the field ONLY if:		1	Yes	
[drug_restart_1] = '1' or [drug_restart_1] = '2' or [drug_restart_2] = '1' or [drug_restart_2] = '2' or [drug_restart_3] = '1' or [drug_restart_3] = '2' or [drug_restart_4] = '1' or [drug_restart_4] = '2' or [other_drugs_current] = '1' or [other_drugs_current] = '2' or [other_drugs_current] = '3'		0	No	
record_id_record	Once you click Submit, a patient ID will be provided. Please record this for subsequent form submissions for this patient.	radio, Required		
		1	Yes, I will write down the patient ID after clicking Submit.	
baseline_cancer_and_covid19_info_complete	Section Header: *Form Status*	dropdown		
	Complete?	0	Incomplete	
		1	Unverified	
		2	Complete	

Instrument:ACUTE follow-up on COVID-19 Status(acute_followup_on_covid19_status)				
false_pos_covidtest	Is there reason to believe that the patient's positive COVID-19 test that made them eligible for this registry was a FALSE POSITIVE?	yesno		
			1	Yes
			0	No
false_pos_confirm	Please confirm the previous answer: You believe this patient is not eligible due to a FALSE POSITIVE COVID-19 test result. If you answer "Yes", the survey will end and this patient's data will be removed from the registry. Do not submit additional follow-up forms for this patient.	yesno		
Show the field ONLY if:			1	Yes
[false_pos_covidtest] = '1'			0	No
		Stop actions on 1		
date_of_clinical_encounter_v2	Section Header: *PATIENT HEALTH STATUS*	text (date_mdy), Required		
	Date of last clinical encounter with the practice for this patient:			
date_warning15		calc		
		Calculation: datediff([date_of_clinical_encounter_v2],"today","d","mdy",true)		
		Field Annotation: @HIDDEN		
warning_text15	The date you entered is in the future. Please revisit the date field above and revise your entry.	descriptive		
Show the field ONLY if:				
[date_warning15]<0				
died_yn_covid	Has the patient died since the last clinical encounter?	yesno, Required		
			1	Yes
			0	No
last_alive_2	What is the last date the patient was known to still be alive?	text (date_mdy), Required		
Show the field ONLY if:				
[died_yn_covid]='0'				
dod_v2	Date of death:	text (date_mdy), Required		
Show the field ONLY if:				
[died_yn_covid] ='1'				
cause_death_v2	The patient's death was likely most related to which of the following?	radio		
Show the field ONLY if:			1	Cancer progression
[died_yn_covid] ='1'			2	Complication of cancer treatment
			3	COVID-19 or complications due to COVID-19
			4	Another cause unrelated to Cancer or COVID-19
			5	Unknown cause of death
ecog_v2		radio, Required		
Show the field ONLY if:			0	0 - Fully active, able to continue with all pre-disease activities without restriction.
[died_yn_covid] = '0'			1	1 - Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work.

	Patient's ECOG performance status at clinical encounter:		2	2 - Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.	
			3	3 - Capable of only limited self-care. Confined to bed or chair more than 50% of waking hours.	
			4	4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.	
			6	Unknown ECOG status	
date_warning16		calc			
		Calculation: datediff([dod_v2],"today","d","mdy",true)			
		Field Annotation: @HIDDEN			
warning_text16	The date you entered is in the future. Please revisit the date field above and revise your entry.	descriptive			
Show the field ONLY if:					
[date_warning16]<0					
complete_death_v2	Although the patient has died, please complete the following information regarding the patient's COVID-19 experience prior to his/her death, and the next form regarding the patient's cancer status and treatment prior to his/her death.	descriptive			
Show the field ONLY if:					
[died_yn_covid] ='1'					
vaccine_acute	Section Header: *COVID-19 INFORMATION:*	radio			
	Has the patient received a COVID-19 vaccine?		1	Yes	
			0	No	
			2	Unsure	
vaccine_date_yn_acute		yesno			
Show the field ONLY if:	Do you have the date that the COVID-19 vaccine (1st injection) was obtained?		1	Yes	
[vaccine_acute] = '1'			0	No	
approx_vaccine_date_acute		radio			
Show the field ONLY if:	Approximately when did the patient receive the COVID-19 vaccine (1st injection)?		1	Within the last 7 days	
[vaccine_date_yn_acute] = '0'			2	2 - 4 weeks ago	
			3	More than 1 month ago	
			4	Unsure	
vacc_date_acute		text (date_mdy)			
Show the field ONLY if:	Date of COVID-19 vaccine (1st injection):				
[vaccine_date_yn_acute] = '1'					
vacc_co_acute		radio			
Show the field ONLY if:			1	Moderna	
[vaccine_acute]='1'			2	Pfizer	
	Which vaccine did the patient receive?		5	Johnson & Johnson / Janssen	
			3	AstraZeneca	
			4	Unsure/Unknown	
vaccine_date_yn2_acute		yesno			
Show the field ONLY if:	Do you have the date that the COVID-19 vaccine (2nd injection) was obtained?)		1	Yes	

[vaccine_acute] = '1'			0	No
approx_vaccine_date2_acute		radio		
Show the field ONLY if:			1	Within the last 7 days
[vaccine_date_yn2_acute] = '0'	Approximately when did the patient receive the COVID-19 vaccine (2nd injection)?		2	2 - 4 weeks ago
			3	More than 1 month ago
			5	Has not received it yet
			6	Will not be getting a second dose
			4	Unsure
vacc_date_acute2				
Show the field ONLY if:	Date of 2nd injection of vaccine (if received):	text (date_mdy)		
[vaccine_date_yn2_acute] = '1'				
third_vax_acute		radio		
Show the field ONLY if:			1	Yes
[vaccine_date_yn2_acute] = '1' or [approx_vaccine_date2_acute] = '2' or [approx_vaccine_date2_acute] = '3' or [approx_vaccine_date2_acute] = '4'	Has the patient received a 3rd dose of the COVID-19 vaccine (3rd injection)?		0	No
			2	Unsure
vaccine_date_yn3_acute		yesno		
Show the field ONLY if:	Do you have the date that the COVID-19 vaccine (3rd injection) was obtained?		1	Yes
[third_vax_acute]='1'			0	No
approx_vaccine_date3_acute		radio		
Show the field ONLY if:			1	Within the last 7 days
[vaccine_date_yn3_acute]='0'	Approximately when did the patient receive the COVID-19 vaccine (3rd injection)?		2	2 - 4 weeks ago
			3	More than 1 month ago
			5	Has not received it yet
			6	Will not be getting a third dose
			4	Unsure
vacc_date3_acute				
Show the field ONLY if:	Date of 3rd injection of vaccine (if received):	text		
[vaccine_date_yn3_acute]='1'				
vacc_co_acute_3rd		radio		
Show the field ONLY if:			1	Moderna
[third_vax_acute]='1'	For the patient's third vaccine, which vaccine did the patient receive?		2	Pfizer
			5	Johnson & Johnson / Janssen
			3	AstraZeneca

		4	Unsure/Unknown	
		radio, Required		
		1	Symptomatic	
		2	COVID-19 test positive but asymptomatic	
covid19_status_v2	What is the patient's current (or last known) COVID-19 status?	7	COVID-19 test positive, but no documentation about whether patient is symptomatic or asymptomatic	
		3	Fully recovered with no current symptoms	
		8	Fully recovered with no documentation about whether patient is symptomatic or asymptomatic	
		4	Deceased due to COVID-19 or COVID-19 complication	
		6	Deceased due to cancer	
		5	Deceased due to other or unknown cause	
fu_covid_test_v2		radio		
Show the field ONLY if:	Given full recovery of symptoms, what is the patient's COVID-19 test status?	1	Patient has tested negative since since resolution of symptoms	
[covid19_status_v2] = '3'		2	Patient is COVID-19 positive despite resolution of symptoms	
		3	Patient was not retested after symptom resolution (i.e. COVID-19 test status is unknown)	
		checkbox, Required		
		1	covid_sx_v2___1	Fever
		2	covid_sx_v2___2	Headache
		3	covid_sx_v2___3	Sore throat
		4	covid_sx_v2___4	Cough
		5	covid_sx_v2___5	Shortness of breath
		6	covid_sx_v2___6	Loss of taste or smell
		7	covid_sx_v2___7	Vomiting
		8	covid_sx_v2___8	Diarrhea
covid_sx_v2	What COVID-19 symptoms has the patient experienced? (check all that apply)	11	covid_sx_v2___11	Fatigue
		12	covid_sx_v2___12	Body or muscle aches
		13	covid_sx_v2___13	Loss of appetite
		14	covid_sx_v2___14	Chest pain
		15	covid_sx_v2___15	Congestion and/or runny nose
		9	covid_sx_v2___9	Other
		10	covid_sx_v2___10	None of the above (Asymptomatic)
		Field Annotation: @NONEOFTHEABOVE = 10		
other_covid_sx_v2				
Show the field ONLY if:	Other COVID-19 symptoms:	text		
[covid_sx_v2(9)] = '1'				

covid_pneumonia_v2		yesno		
Show the field ONLY if:	Has the patient developed pneumonia?		1	Yes
[covid_sx_v2(10)]='0'			0	No
		radio, Required		
telemed_v2	Is the patient receiving any care or treatment (for COVID-19 or cancer) via telemedicine?		1	Yes
			2	No
			3	Unsure
hospitalization_v2		radio, Required		
Show the field ONLY if:	Has the patient been hospitalized for COVID-19 or COVID-19 complications?		1	No
[covid_sx_v2(10)]='0'			2	Yes, but not in the intensive care unit
			3	Yes, in the intensive care unit
field_hospital_v2		radio		
Show the field ONLY if:	Has the patient been admitted to a temporary hospital, such as a field hospital or other building converted to hospital for the COVID-19 crisis?		1	Yes
[hospitalization_v2] = '2' or [hospitalization_v2] = '3'			2	No
			3	Unknown
hosp_date_v2				
Show the field ONLY if:	Date of admission to hospital:	text (date_mdy)		
[hospitalization_v2] = '2' or [hospitalization_v2] = '3'				
date_warning18		calc		
		Calculation: datediff([hosp_date_v2],"today","d","mdy",true)		
		Field Annotation: @HIDDEN		
warning_text18	The date you entered is in the future. Please revisit the date field above and revise your entry.	descriptive		
Show the field ONLY if:				
[date_warning18]<0				
icu_date_v2				
Show the field ONLY if:	Date of admission to intensive care unit:	text (date_mdy)		
[hospitalization_v2] = '3'				
date_warning19		calc		
		Calculation: datediff([icu_date_v2],"today","d","mdy",true)		
		Field Annotation: @HIDDEN		
warning_text19	The date you entered is in the future. Please revisit the date field above and revise your entry.	descriptive		
Show the field ONLY if:				
[date_warning19]<0				
icu_discharge_v2		yesno		
Show the field ONLY if:	Has the patient been discharged from the intensive care unit?		1	Yes
[hospitalization_v2] = '3'			0	No
icu_discharge_date_v2				

Show the field ONLY if:	Date of discharge from the ICU:	text (date_mdy)
[icu_discharge_v2] = '1'		
date_warning20		calc
		Calculation: datediff([icu_discharge_date_v2],"today","d","mdy",true)
		Field Annotation: @HIDDEN
warning_text20	The date you entered is in the future. Please revisit the date field above and revise your entry.	descriptive
Show the field ONLY if:		
[date_warning20]<0		
hosp_discharge_v2	Has the patient been discharged from the hospital?	yesno
Show the field ONLY if:		1 Yes
[hospitalization_v2] = '3' or [hospitalization_v2] = '2'		0 No
hosp_discharge_date_v2	Date of discharge from hospital:	text (date_mdy)
Show the field ONLY if:		
[hosp_discharge_v2] = '1'		
date_warning21		calc
		Calculation: datediff([hosp_discharge_date_v2],"today","d","mdy",true)
		Field Annotation: @HIDDEN
warning_text21	The date you entered is in the future. Please revisit the date field above and revise your entry.	descriptive
Show the field ONLY if:		
[date_warning21]<0		
supp_o2_v2	Section Header: *What COVID-19 treatments has the patient received?*	radio (Matrix), Required
Show the field ONLY if:	Supplemental oxygen	1 Yes
[covid_sx_v2(10)]='0'		2 No
		3 Unsure or unknown
ventilator_v2	Ventilator	radio (Matrix), Required
Show the field ONLY if:		1 Yes
[covid_sx_v2(10)]='0'		2 No
		3 Unsure or unknown
covid_drugs_v2	Anti-COVID-19 drugs	radio (Matrix), Required
Show the field ONLY if:		1 Yes
[covid_sx_v2(10)]='0'		2 No
		3 Unsure or unknown
other_trt_v2	Other treatment approaches	radio (Matrix), Required
Show the field ONLY if:		1 Yes
[covid_sx_v2(10)]='0'		2 No
		3 Unsure or unknown
o2_start_date_v2	What date did the patient start supplemental oxygen?	text (date_mdy)
Show the field ONLY if:		

[supp_o2_v2] = '1'		

		calc
date_warning22		Calculation: datediff([o2_start_date_v2],"today","d","mdy",true)
		Field Annotation: @HIDDEN

warning_text22	The date you entered is in the future. Please revisit the date field above and revise your entry.	descriptive
Show the field ONLY if:		
[date_warning22]<0		

o2_still_v2		radio		
Show the field ONLY if:	Is the patient still on supplemental oxygen?		1	Yes
[supp_o2_v2] = '1'			2	No
			3	Unsure

o2_stop_date_v2	When did the patient stop using supplemental oxygen?	text (date_mdy)
Show the field ONLY if:		
[o2_still_v2] = '2'		

		calc
date_warning23		Calculation: datediff([o2_stop_date_v2],"today","d","mdy",true)
		Field Annotation: @HIDDEN

warning_text23	The date you entered is in the future. Please revisit the date field above and revise your entry.	descriptive
Show the field ONLY if:		
[date_warning23]<0		

vent_start_date_v2	What date did the patient start treatment with a ventilator?	text (date_mdy)
Show the field ONLY if:		
[ventilator_v2] = '1'		

		calc
date_warning24		Calculation: datediff([vent_start_date_v2],"today","d","mdy",true)
		Field Annotation: @HIDDEN

warning_text24	The date you entered is in the future. Please revisit the date field above and revise your entry.	descriptive
Show the field ONLY if:		
[date_warning24]<0		

vent_still_v2		radio		
Show the field ONLY if:	Is the patient still on a ventilator?		1	Yes
[ventilator_v2] = '1'			2	No
			3	Unsure

vent_stop_date_v2	When did the patient stop using a ventilator?	text (date_mdy)
Show the field ONLY if:		
[vent_still_v2] = '2'		

		calc
date_warning25		Calculation: datediff([vent_stop_date_v2],"today","d","mdy",true)

		Field Annotation: @HIDDEN		
warning_text25	The date you entered is in the future. Please revisit the date field above and revise your entry.	descriptive		
Show the field ONLY if:				
[date_warning25]<0				
anticovid_drug_types_v2		checkbox, Required		
Show the field ONLY if:		1	anticovid_drug_types_v2___1	ribavirin
[covid_drugs_v2] = '1'		2	anticovid_drug_types_v2___2	remdesivir
		3	anticovid_drug_types_v2___3	lopinavir + ritonavir (kaletra)
		4	anticovid_drug_types_v2___4	avipiravir
		5	anticovid_drug_types_v2___5	hydroxychloroquine
		6	anticovid_drug_types_v2___6	chloroquine
		7	anticovid_drug_types_v2___7	tocilizumab
		8	anticovid_drug_types_v2___8	siltuximab
	Which anti-COVID-19 drugs has the patient received? (check all that apply)	9	anticovid_drug_types_v2___9	azithromycin
		10	anticovid_drug_types_v2___10	losartan
		11	anticovid_drug_types_v2___11	convalescent plasma
		12	anticovid_drug_types_v2___12	mesenchymal stem cells
		13	anticovid_drug_types_v2___13	IVIG
		16	anticovid_drug_types_v2___16	dexamethasone
		17	anticovid_drug_types_v2___17	monoclonal antibodies (e.g. bamlanivimab)
		14	anticovid_drug_types_v2___14	Other
		15	anticovid_drug_types_v2___15	Unknown
anticovid_drug_other_v2	Other anti-COVID19 drugs:	text		
Show the field ONLY if:				
[anticovid_drug_types_v2(14)] = '1'				
	Section Header: *Has the patient had any of the following SYSTEMIC complications that could be related to his/her COVID-19 illness?*	radio (Matrix)		
bleed_2	Bleeding	1	Yes	
		2	No	
		3	Unsure/Unknown	
		radio (Matrix)		
intra_coag_2	Disseminated intravascular coagulation	1	Yes	
		2	No	
		3	Unsure/Unknown	
		radio (Matrix)		
organ_fail_2	Multiorgan failure	1	Yes	
		2	No	
		3	Unsure/Unknown	

		radio (Matrix)		
sepsis_2	Sepsis	1	Yes	
		2	No	
		3	Unsure/Unknown	
ards_2	Section Header: *Has the patient had any of the following PULMONARY complications that could be related to his/her COVID-19 illness?*	radio (Matrix)		
	ARDS	1	Yes	
		2	No	
		3	Unsure/Unknown	
		radio (Matrix)		
pneumon_2	Pneumonitis	1	Yes	
		2	No	
		3	Unsure/Unknown	
		radio (Matrix)		
pe_2	Pulmonary embolism	1	Yes	
		2	No	
		3	Unsure/Unknown	
		radio (Matrix)		
resp_fail_2	Respiratory failure	1	Yes	
		2	No	
		3	Unsure/Unknown	
arryth_2	Section Header: *Has the patient had any of the following CARDIOVASCULAR that could be related to during his/her COVID-19 illness?*	radio (Matrix)		
	Cardiac arrythmia	1	Yes	
		2	No	
		3	Unsure/Unknown	
		radio (Matrix)		
cerebro_2	Cerebrovascular accident (e.g., CVA, stroke)	1	Yes	
		2	No	
		3	Unsure/Unknown	
		radio (Matrix)		
chf_2	Congestive heart failure	1	Yes	
		2	No	
		3	Unsure/Unknown	
		radio (Matrix)		
dvt_2	Deep venous thrombosis	1	Yes	
		2	No	
		3	Unsure/Unknown	
		radio (Matrix)		

mi_2	Myocardial infarction	1	Yes	
		2	No	
		3	Unsure/Unknown	
hep_inj_2	Section Header: *Has the patient had any of the following GASTROINTESTINAL complications that could be related to his/her COVID-19 illness?*	radio (Matrix)		
	Acute hepatic injury	1	Yes	
		2	No	
		3	Unsure/Unknown	
bowel_perf2	Bowel perforation	radio (Matrix)		
		1	Yes	
		2	No	
		3	Unsure/Unknown	
periton_2	Peritonitis	radio (Matrix)		
		1	Yes	
		2	No	
		3	Unsure/Unknown	
arf_2	Section Header: *Has the patient had any of these OTHER complications that could be related to his/her COVID-19 illness?*	radio (Matrix)		
	Acute renal failure	1	Yes	
		2	No	
		3	Unsure/Unknown	
enceph_2	Encephalopathy	radio (Matrix)		
		1	Yes	
		2	No	
		3	Unsure/Unknown	
seiz_2	Seizures	radio (Matrix)		
		1	Yes	
		2	No	
		3	Unsure/Unknown	
covid_clintrial_v2	Section Header: *CLINICAL TRIAL PARTICIPATION*	yesno		
	Has the patient received treatment for COVID-19 as part of a therapeutic clinical trial?	1	Yes	
		0	No	
acute_followup_on_covid19_status_complete	Section Header: *Form Status*	dropdown		
	Complete?	0	Incomplete	
		1	Unverified	
		2	Complete	
Instrument:LONG-TERM Follow-up on COVID-19 Status 2(longterm_followup_on_covid19_status_2)				
date_of_clinical_encounter_v2_lt	Date of last clinical encounter with patient:	text (date_mdy), Required		

date_warning15_lt		calc		
		Calculation: datediff([date_of_clinical_encounter_v2_lt],"today","d","mdy",true)		
		Field Annotation: @HIDDEN		
warning_text15_lt	The date you entered is in the future. Please revisit the date field above and revise your entry.	descriptive		
Show the field ONLY if:				
[date_warning15_lt]<0				
died_yn_covid_lt	Has the patient died since the last clinical encounter?	yesno, Required		
			1	Yes
			0	No
last_alive_3	What is the last date the patient was known to still be alive?	text (date_mdy), Required		
Show the field ONLY if:				
[died_yn_covid_lt]='0'				
dod_v2_lt	Date of death:	text (date_mdy), Required		
Show the field ONLY if:				
[died_yn_covid_lt] ='1'				
date_warning16_lt		calc		
		Calculation: datediff([dod_v2_lt],"today","d","mdy",true)		
		Field Annotation: @HIDDEN		
warning_text16_lt	The date you entered is in the future. Please revisit the date field above and revise your entry.	descriptive		
Show the field ONLY if:				
[date_warning16_lt]<0				
cause_death_v2_lt	The patient's death was likely most related to which of the following?	radio		
Show the field ONLY if:			1	Cancer progression
[died_yn_covid_lt] ='1'			2	Complication of cancer treatment
			3	COVID-19 or complications due to COVID-19
			4	Another cause unrelated to Cancer or COVID-19
			5	Unknown cause of death
ecog_v2_lt	Patient's ECOG performance status at most recent clinical encounter:	radio, Required		
Show the field ONLY if:			0	0 - Fully active, able to continue with all pre-disease activities without restriction.
[died_yn_covid_lt] = '0'			1	1 - Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work.
			2	2 - Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.
			3	3 - Capable of only limited self-care. Confined to bed or chair more than 50% of waking hours.
			4	4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
			6	Unknown ECOG status

Field	Question	Type	Code	Label	
complete_ecog_death_v2_lt Show the field ONLY if: [died_yn_covid_lt] ='1'	Although the patient has died, please complete the following information regarding the patient's COVID-19 experience prior to his/her death, and the next form regarding the patient's cancer status and treatment prior to his/her death.	descriptive			
	Section Header: *COVID-19 INFORMATION:*	radio			
vaccine_lt	Has the patient received a COVID-19 vaccine?		1	Yes	
			0	No	
			2	Unsure	
vaccine_date_yn_lt Show the field ONLY if: [vaccine_lt] = '1'	Do you have the date that the COVID-19 vaccine (1st injection) was obtained?	yesno			
			1	Yes	
			0	No	
approx_vaccine_date_lt Show the field ONLY if: [vaccine_date_yn_lt] = '0'	Approximately when did the patient receive the COVID-19 vaccine (1st injection)?	radio			
			1	Within the last 7 days	
			2	2 - 4 weeks ago	
			3	More than 1 month ago	
			4	Unsure	
vacc_date_lt Show the field ONLY if: [vaccine_date_yn_lt] = '1'	Date of COVID-19 vaccine (1st injection):	text (date_mdy)			
vacc_co_lt Show the field ONLY if: [vaccine_lt]='1'	Which vaccine did the patient receive?	radio			
			1	Moderna	
			2	Pfizer	
			5	Johnson & Johnson / Janssen	
			3	AstraZeneca	
			4	Unsure/Unknown	
vaccine_date_yn2_lt Show the field ONLY if: [vaccine_lt] = '1'	Do you have the date that the COVID-19 vaccine (2nd injection) was obtained?)	yesno			
			1	Yes	
			0	No	
approx_vaccine_date2_lt Show the field ONLY if: [vaccine_date_yn2_lt] = '0'	Approximately when did the patient receive the COVID-19 vaccine (2nd injection)?	radio			
			1	Within the last 7 days	
			2	2 - 4 weeks ago	
			3	More than 1 month ago	
			5	Has not received it yet	
			6	Will not be getting a second dose	
			4	Unsure	
vacc_date_lt2 Show the field ONLY if: [vaccine_date_yn2_lt] = '1'	Date of 2nd injection of vaccine (if received):	text (date_mdy)			
third_vax_lt		radio			

Show the field ONLY if:			1	Yes	
[vaccine_date_yn2_lt] = '1' or [approx_vaccine_date2_lt] = '2' or [approx_vaccine_date2_lt] = '3' or [approx_vaccine_date2_lt] = '4'	Has the patient received a 3rd dose of the COVID-19 vaccine (3rd injection)?		0	No	
			2	Unsure	
vaccine_date_yn3_lt		yesno			
Show the field ONLY if:	Do you have the date that the COVID-19 vaccine (3rd injection) was obtained?		1	Yes	
[third_vax_lt]='1'			0	No	
approx_vaccine_date3_lt		radio			
Show the field ONLY if:			1	Within the last 7 days	
[vaccine_date_yn3_lt]='0'			2	2 - 4 weeks ago	
	Approximately when did the patient receive the COVID-19 vaccine (3rd injection)?		3	More than 1 month ago	
			5	Has not received it yet	
			6	Will not be getting a third dose	
			4	Unsure	
vacc_date3_lt					
Show the field ONLY if:	Date of 3rd injection of vaccine (if received):	text			
[vaccine_date_yn3_lt]='1'					
vacc_co_lt_3rd		radio			
Show the field ONLY if:			1	Moderna	
[third_vax_lt]='1'	For the patient's third vaccine, which vaccine did the patient receive?		2	Pfizer	
			5	Johnson & Johnson / Janssen	
			3	AstraZeneca	
			4	Unsure/Unknown	
covid19_status_v2_lt	What is the patient's current (or last known) COVID-19 status?	radio, Required			
			1	Patient still reports symptoms or has complications believed to be related to COVID-19	
			2	Patient is alive and has no symptoms or lingering effects of COVID-19	
			3	Deceased	
covid_sx_v2_lt	What symptoms or sequelae has the patient experienced after the acute phase of COVID-19 disease (i.e., 3 or more months after COVID-19 diagnosis)?	checkbox, Required			
Show the field ONLY if:	(check all that apply)		2	covid_sx_v2_lt___2	Headache
[covid19_status_v2_lt] = '1'			3	covid_sx_v2_lt___3	Sore throat
			4	covid_sx_v2_lt___4	Cough
			5	covid_sx_v2_lt___5	Shortness of breath
			6	covid_sx_v2_lt___6	Loss of taste or smell

		11	covid_sx_v2_lt___11	Fatigue
		12	covid_sx_v2_lt___12	Body or muscle aches
		13	covid_sx_v2_lt___13	Loss of appetite
		14	covid_sx_v2_lt___14	Chest pain
		15	covid_sx_v2_lt___15	Lack of cognitive acuity or focus ("brain fog")
		16	covid_sx_v2_lt___16	Depression
		17	covid_sx_v2_lt___17	Anxiety
		9	covid_sx_v2_lt___9	Other
		10	covid_sx_v2_lt___10	None of the above (No remaining symptoms)
		Field Annotation: @NONEOFTHEABOVE=10		
other_symptoms_lt	What other symptoms has the patient experienced in after the acute phase of COVID-19 (i.e., 3 or more months after COVID-19 diagnosis)? Please separate symptoms with a semi-colon (;)	text		
Show the field ONLY if:				
[covid_sx_v2_lt(9)] = '1'				
		radio		
func_status	Has the patient's functional status returned to his/her pre-COVID-19 functional status?	1	Yes, the patient's functional status has returned to baseline level, pre-COVID-19	
		0	No, the patient's functional status is worse than it was prior to COVID-19	
		2	Unknown functional status	
lung_damage	Section Header: *What COMPLICATIONS or SEQUELAE has the patient experienced after his/her COVID-19 illness? For patients with sequelae, please rate as severe or mild/moderate.*	radio (Matrix)		
Show the field ONLY if:	Lung damage	0	None	
[covid19_status_v2_lt] = '1'		1	Mild/Moderate	
		2	Severe	
		3	Unsure/Unknown	
heart_damage		radio (Matrix)		
Show the field ONLY if:		0	None	
[covid19_status_v2_lt] = '1'		1	Mild/Moderate	
	Heart damage	2	Severe	
		3	Unsure/Unknown	
		Field Annotation: ischemic events or damage to heart tissue		
neuro		radio (Matrix)		
Show the field ONLY if:		0	None	
[covid19_status_v2_lt] = '1'	Neurologic decline/effects	1	Mild/Moderate	
		2	Severe	
		3	Unsure/Unknown	
kidney_damage		radio (Matrix)		

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

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

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

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

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

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

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

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

			4	Unsure	
type_of_smoking_18mo		checkbox			
Show the field ONLY if:			1	type_of_smoking_18mo___1	Cigarette
[use_of_tobacco_products_18mo] = '1' or [use_of_tobacco_products_18mo] = '2'	Type of tobacco products for former or current smokers: (check all that apply)		2	type_of_smoking_18mo___2	E-cigarette or vaping
			3	type_of_smoking_18mo___3	Cigar
			4	type_of_smoking_18mo___4	Pipe
			5	type_of_smoking_18mo___5	Unknown
smoking_duration_18mo		radio			
Show the field ONLY if:			1	< 1 year	
[use_of_tobacco_products_18mo]= '1'	How many years ago did the patient start smoking (any type of tobacco product)?		2	1 - 5 years	
			3	6 - 9 years	
			4	10 or more years	
			5	Unknown	
please_specify_the_time_pe_18mo		radio			
Show the field ONLY if:			1	< 1 year	
[use_of_tobacco_products_18mo] = '2'	How long since the patient quit smoking?		2	1 - 5 years	
			3	6 - 9 years	
			4	10 or more years	
			5	Unknown	
	Comorbidities or healthcare conditions requiring active treatment since the patient has tested positive for SARS-CoV-2:	checkbox, Required			
			1	comorbidities_or_healthcar_18mo___1	Alcoholism
	(check all that apply)		2	comorbidities_or_healthcar_18mo___2	Chronic supplemental oxygen needed
			3	comorbidities_or_healthcar_18mo___3	Cirrhosis
			4	comorbidities_or_healthcar_18mo___4	Congestive heart failure (CHF)
			5	comorbidities_or_healthcar_18mo___5	Coronary artery disease (CAD)
			6	comorbidities_or_healthcar_18mo___6	Dementia
			7	comorbidities_or_healthcar_18mo___7	Diabetes
			8	comorbidities_or_healthcar_18mo___8	Hepatitis
			9	comorbidities_or_healthcar_18mo___9	History of solid organ transplant
comorbidities_or_healthcar_18mo			10	comorbidities_or_healthcar_18mo___10	HIV/AIDS
			11	comorbidities_or_healthcar_18mo___11	Hypertension

		12 comorbidities_or_healthcar_18mo___12	Immuno-suppressed due to non-cancer related treatment (defined as outpatient use of systemic corticosteroids (>=10mg/d prednisone), use of chemotherapy, use of immunosuppressive agents for solid organ transplant or for an autoimmune disease).
		13 comorbidities_or_healthcar_18mo___13	Inflammatory bowel disease
		14 comorbidities_or_healthcar_18mo___14	Pulmonary disease (specify pulmonary condition below)
		15 comorbidities_or_healthcar_18mo___15	Renal (specify renal condition below)
		16 comorbidities_or_healthcar_18mo___16	Systemic autoimmune disease
		17 comorbidities_or_healthcar_18mo___17	Patient has NONE of the above listed comorbidities or conditions
ace_inhibitor_18mo		radio	
Show the field ONLY if:	Is the patient taking an ACE inhibitor for his/her hypertension?	1 Yes	
[comorbidities_or_healthcar_18mo(11)] = '1'		2 No	
		3 Unsure	
pulmonary_con_18mo	Please specify pulmonary conditions:	checkbox	
Show the field ONLY if:	(check all that apply)	1 pulmonary_con_18mo___1	Asthma
[comorbidities_or_healthcar_18mo(14)] = '1'		2 pulmonary_con_18mo___2	COPD/Emphysema
		3 pulmonary_con_18mo___3	Obstructive sleep apnea
		4 pulmonary_con_18mo___4	History of pulmonary embolism
		5 pulmonary_con_18mo___5	Radiation pneumonitis
		6 pulmonary_con_18mo___6	Immune checkpoint inhibitor pneumonitis
renal_con_18mo	Please specify renal conditions:	checkbox	
Show the field ONLY if:	(check all that apply)	1 renal_con_18mo___1	Chronic renal insufficiency (CRI/CKD)
[comorbidities_or_healthcar_18mo(15)] = '1'		2 renal_con_18mo___2	End-stage renal disease, NOT on dialysis
		3 renal_con_18mo___3	End-stage renal disease, on dialysis
other_comorbidities_18mo	What other comorbidities or health conditions has the patient received treatment for in since his/her positive SARS-CoV-2 test?	notes	
	Please separate multiple conditions with a semicolon (;).	Custom alignment: LH	
height_18mo	Patient's height (in cm):	text (number, Min: 90, Max: 210), Required	
		Custom alignment: LH	
weight_18mo	Patient's weight (in kg):	text (number, Min: 32, Max: 160), Required	
		Custom alignment: LH	
bmi_18mo	Patient's BMI is:	calc	
	If patient's BMI is available in his/her chart, please check for consistency with this calculation.	Calculation: round([weight_18mo]*10000/([height_18mo]*[height_18mo]),2)	
vaccine_18mo	Section Header: *COVID-19 INFORMATION:*	radio	
	Has the patient received at least one dose of a COVID-19 vaccine?	1 Yes	
		0 No	

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

[approx_vaccine_date2_18mo] = '2' or [approx_vaccine_date2_18mo] = '3' or [approx_vaccine_date2_18mo] = '4' or [vaccine_date_yn2_18mo] = '1'	Has the patient received a 3rd dose of the COVID-19 vaccine (3rd injection)?		0	No	
			2	Unsure	
vaccine_date_yn3_18mo	Do you have the date that the COVID-19 vaccine (3rd injection) was obtained?	yesno			
Show the field ONLY if:			1	Yes	
[third_vax_18mo] = '1'			0	No	
approx_vaccine_date3_18mo	Approximately when did the patient receive the COVID-19 vaccine (3rd injection)?	radio			
Show the field ONLY if:			1	Within the last 7 days	
[vaccine_date_yn3_18mo] = '0'			2	2 - 4 weeks ago	
			3	More than 1 month ago	
			5	Has not received it yet	
			6	Will not be getting a third dose	
			4	Unsure	
vacc_date3_18mo	Date of 3rd injection of vaccine (if received):	text (date_mdy)			
Show the field ONLY if:					
[vaccine_date_yn3_18mo] = '1'					
vacc_co_18mo_3rd	For the patient's third vaccine, which vaccine did the patient receive?	radio			
Show the field ONLY if:			1	Moderna	
[third_vax_18mo]='1'			2	Pfizer	
			5	Johnson & Johnson / Janssen	
			3	AstraZeneca	
			4	Unsure/Unknown	
covid19_status_18mo	What is the patient's current (or last known) COVID-19 status?	radio, Required			
			1	Patient still reports symptoms or has complications believed to be related to COVID-19	
			2	Patient is alive and has no symptoms or lingering effects of COVID-19	
			3	Deceased	
covid_sx_18mo	What symptoms or sequelae has the patient experienced after the acute phase of COVID-19 disease (i.e., 3 or more months after COVID-19 diagnosis)?	checkbox, Required			
Show the field ONLY if:	(check all that apply)		2	covid_sx_18mo___2	Headache
[covid19_status_18mo] = '1'			3	covid_sx_18mo___3	Sore throat
			4	covid_sx_18mo___4	Cough
			5	covid_sx_18mo___5	Shortness of breath
		56	6	covid_sx_18mo___6	Loss of taste or smell

		11	covid_sx_18mo___11	Fatigue
		12	covid_sx_18mo___12	Body or muscle aches
		13	covid_sx_18mo___13	Loss of appetite
		14	covid_sx_18mo___14	Chest pain
		15	covid_sx_18mo___15	Lack of cognitive acuity or focus ("brain fog")
		16	covid_sx_18mo___16	Depression
		17	covid_sx_18mo___17	Anxiety
		9	covid_sx_18mo___9	Other
		10	covid_sx_18mo___10	None of the above (No remaining symptoms)
			Field Annotation: @NONEOFTHEABOVE=10	
other_symptoms_18mo Show the field ONLY if: [covid_sx_18mo(9)] = '1'	What other symptoms has the patient experienced in after the acute phase of COVID-19 (i.e., 3 or more months after COVID-19 diagnosis)? Please separate symptoms with a semi-colon (;)		text	
func_status_18mo	Has the patient's functional status returned to his/her pre-COVID-19 functional status?		radio	
		1	Yes, the patient's functional status has returned to baseline level, pre-COVID-19	
		0	No, the patient's functional status is worse than it was prior to COVID-19	
		2	Unknown functional status	
lung_damage_18mo	Section Header: *What COMPLICATIONS or SEQUELAE has the patient experienced after his/her COVID-19 illness? For patients with sequelae, please rate as severe or mild/moderate.*		radio (Matrix)	
Show the field ONLY if:	Lung damage	0	None	
[covid19_status_18mo] = '1'		1	Mild/Moderate	
		2	Severe	
		3	Unsure/Unknown	
heart_damage_18mo			radio (Matrix)	
Show the field ONLY if:		0	None	
[covid19_status_18mo] = '1'		1	Mild/Moderate	
	Heart damage	2	Severe	
		3	Unsure/Unknown	
			Field Annotation: ischemic events or damage to heart tissue	
neuro_18mo			radio (Matrix)	
Show the field ONLY if:		0	None	
[covid19_status_18mo] = '1'	Neurologic decline/effects	1	Mild/Moderate	
		2	Severe	
		3	Unsure/Unknown	
kidney_damage_18mo			radio (Matrix)	

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