

Questions	Variable Name	Values, Labels	Type
Human Infection with 2019 Novel Coronavirus Case Report Form			
Reporting jurisdiction	state		Character
Reporting health department	healthdept		Character
Contact ID	contact_id		Character
Case state/local ID	local_id		Character
CDC 2019-nCoV ID	cdc_ncov2019_id		Character
NNDS loc. Rec. ID/ Case ID	ndss_id		Character
Interviewer Information			
Last name of interviewer	interviewer_ln		Character
First name of interviewer	interviewer_fn		Character
Affiliation/ Organization	interviewer_org		Character
Telephone number	interviewer_tele		Character
Email	interviewer_email		Character
Case Classification and Identification			
What is the current status of this person?	current_status	5, Laboratory-confirmed case* 6, Probable case	Integer
If probable, reason for case classification	probable	1, Meets clinical criteria AND epidemiologic evidence with no confirmatory lab testing performed for COVID-19 2, Meets presumptive lab evidence AND either clinical criteria OR epidemiologic evidence 3, Meets vital records criteria with no confirmatory lab testing performed for COVID-19	Integer
Under what process was the case first identified? (check all that apply):			
Clinical evaluation	process_pui	1, Yes	Integer
Contact tracing of case patient	process_cont	1, Yes	Integer
Routine surveillance	process_surv	1, Yes	Integer
EpiX notification of travelers	process_epix	1, Yes	Integer
If checked, DGMQID	process_dgmqid		Character
Other	process_other	1, Yes	Integer
If other, specify	process_other_spec		Character
Unknown	process_unk	1, Yes	Integer
Report date of case to CDC (MM/DD/YYYY)	case_cdcreport_dt		Date (mm/dd/yyyy)
Date of first positive specimen collection (MM/DD/YYYY)	pos_spec_dt		Date (mm/dd/yyyy)
Check if date unknown	pos_spec_unk	1, Yes	Integer
Check if date not applicable	pos_spec_na	1, Yes	Integer
Hospitalization, ICU, and Death Information			
Was the patient hospitalized?	hosp_yn	1, Yes 0, No 9, Unknown	Integer
If yes, hospital admission date 1 (MM/DD/YYYY)	adm1_dt		Date (mm/dd/yyyy)
If yes, hospital discharge date 1 (MM/DD/YYYY)	dis1_dt		Date (mm/dd/yyyy)
If hospitalized, was a translator required?	translator_yn	1, Yes 0, No 9, Unknown	Integer
If yes, specify language	translator_spec		Character
Was the patient admitted to an intensive care unit (ICU)?	icu_yn	1, Yes 0, No 9, Unknown	Integer
If yes, ICU admission date 1 (MM/DD/YYYY)	icu_adm1_dt		Date (mm/dd/yyyy)
If yes, ICU discharge date 1 (MM/DD/YYYY)	icu_dis1_dt		Date (mm/dd/yyyy)
Did the patient die as a result of this illness?	death_yn	1, Yes 0, No 9, Unknown	Integer
Date of death (MM/DD/YYYY)	death_dt		Date (mm/dd/yyyy)
Date of death unknown	death_unk	1, Yes	Integer
Case Demographics			
Date of birth (MM/DD/YYYY)	dob		Date (mm/dd/yyyy)
Age	age		Integer
Age units (yr/mo/days):	ageunit	1, Years 2, Months 3, Days	Integer
State of residence	res_state		Character
County of residence	res_county		Character
Does this case have any tribal affiliation?	tribe	1, Yes 0, No 9, Unknown	Integer
If yes, which tribe(s)?	tribe_name		Character
If yes, enrolled member?	tribe_member	1, Yes 0, No 9, Unknown	Integer
Sex	sex	1, Male 2, Female 3, Other 9, Unknown	Integer
If female, currently pregnant?	pregnant_yn	1, Yes 0, No 9, Unknown	Integer
Ethnicity	ethnicity	1, Hispanic/Latino 0, Non-Hispanic/Latino 9, Unknown	Integer
Race (Check all that apply)			
Asian	race_asian	1, Yes	Integer
American Indian/ Alaska Native	race_aian	1, Yes	Integer

Black	race_black	1, Yes	Integer
Native Hawaiian/ Other Pacific Islander	race_nhpi	1, Yes	Integer
White	race_white	1, Yes	Integer
Unknown	race_unk	1, Yes	Integer
Other	race_other	1, Yes	Integer
If other, specify race	race_spec		Character
Which would best describe where the patient was staying at the time of illness onset?	housing	1, House/single family home 2, Apartment 3, Hotel/motel 4, Long term care facility 5, Nursing home/assisted living facility 6, Acute care inpatient facility 7, Rehabilitation facility 8, Correctional facility 9, Mobile home 10, Group home 11, Homeless shelter 12, Outside, in a car, or other location not meant for human habitation 13, Other, specify 14, Unknown	Integer
If other, specify housing	housing_spec		Character
Healthcare Worker Information			
Is the patient a health care worker in the United States?	hc_work_yn	1, Yes 0, No 9, Unknown	Integer
If yes, what is their occupation (type of job)?	hc_job	1, Physician 2, Nurse 3, Respiratory therapist 4, Environmental services 5, Other, specify 9, Unknown	Integer
If other, specify occupation	hc_job_spec		Character
If yes, what is their job setting?	hc_setting	1, Hospital 2, Long-term care facility 3, Rehabilitation facility 4, Nursing home/assisted living facility 5, Other, specify 9, Unknown	Integer
If other, specify setting	hc_setting_spec		Character
Exposure Information			
<i>In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):</i>			
Domestic travel (outside state of normal residence)	exp_othstate	1, Yes	Integer
If yes, specify state(s)	exp_othstate_spec		Character
International travel	exp_othcountry	1, Yes	Integer
If yes, specify country(s)	exp_othcountry_spec		Character
Cruise ship or vessel travel as passenger or crew member	exp_ship	1, Yes	Integer
If yes, specify name of ship	exp_ship_spec		Character
Workplace	exp_work	1, Yes	Integer
If yes, is the workplace critical infrastructure?	exp_work_critical	1, Yes 0, No 9, Unknown	Integer
If critical infrastructure, specify workplace setting	exp_work_critical_spec		Character
Airport/airplane	exp_airport	1, Yes	Integer
Adult congregate living facility	exp_adultfacility	1, Yes	Integer
School/university/childcare center	exp_school	1, Yes	Integer
Correctional facility	exp_correctional	1, Yes	Integer
Community event/mass gathering	exp_gathering	1, Yes	Integer
Animal with confirmed or suspected COVID-19	exp_animal	1, Yes	Integer
If yes, specify type of animal	exp_animal_spec		Character
Other exposures	exp_other	1, Yes	Integer
If other exposures, specify	exp_other_spec		Character
Unknown exposures in the 14 days prior to illness onset	exp_unk	1, Yes	Integer
Contact with a known COVID-19 case (probable or confirmed)	exp_contact	1, Yes	Integer
Household contact with a known COVID-19 case	exp_house	1, Yes	Integer
Community contact with a known COVID-19 case	exp_community	1, Yes	Integer
Healthcare-associated contact (patient, visitor, or healthcare worker)	exp_health	1, Yes	Integer
If the patient had contact with another COVID-19 case, was this person a U.S. case?	cont_lab_us	1, Yes 0, No 9, Unknown	Integer
If yes, specify nCoV ID of source case	cdc_ncov2019_sourceid_2		Character
If yes, specify nCoV ID of source case	cdc_ncov2019_sourceid_3		Character
If yes, specify nCoV ID of source case	cdc_ncov2019_sourceid_4		Character
Is this case part of an outbreak?	outbreak_associated	1, Yes 0, No 9, Unknown	Integer
If yes, specify outbreak name:	outbreak_name		Character
Clinical course, symptoms, past medical history, and social history			
<i>Collected from (check all that apply):</i>			
Patient interview	collect_ptinterview	1, Yes	Integer
Medical record review	collect_medchart	1, Yes	Integer
Symptoms present during course of illness:	sympstatus	1, Symptomatic 0, Asymptomatic 9, Unknown	Integer
If symptomatic, onset date (MM/DD/YYYY)	onset_dt		Date (mm/dd/yyyy)
If symptomatic, onset date - unknown	onset_unk	1, Yes	Integer
If symptomatic, date of symptom resolution (MM/DD/YYYY)	symp_res_dt		Date (mm/dd/yyyy)

If symptomatic, status of symptom resolution	symp_res_yn	1, No, still symptomatic 0, Symptoms resolved, unknown date 9, Unknown if symptoms resolved	Integer
Did the patient develop pneumonia?	pna_yn	1, Yes 0, No 9, Unknown	Integer
Did the patient have acute respiratory distress syndrome?	acuterespdistress_yn	1, Yes 0, No 9, Unknown	Integer
Did the patient have an abnormal chest X-ray?	abxchest_yn	1, Yes 0, No 9, Unknown 5, NA	Integer
Did the patient have another diagnosis/etiology for their illness?	diagother	1, Yes 0, No 9, Unknown	Integer
Did the patient have an abnormal EKG?	abxekg_yn	1, Yes 0, No 9, Unknown 5, NA	Integer
Did the patient receive mechanical ventilation (MV)/intubation?	mechvent_yn	1, Yes 0, No 9, Unknown	Integer
If yes, total days with MV (days)	mechvent_dur		Integer
Did the patient receive extracorporeal membrane oxygenation (ECMO)?	ecmo_yn	1, Yes 0, No 9, Unknown	Integer
If symptomatic, which of the following did the patient experience during their illness?			
Fever >100.4F (38C)	fever_yn	1, Yes 0, No 9, Unknown	Integer
Subjective fever (felt feverish)	sfever_yn	1, Yes 0, No 9, Unknown	Integer
Chills	chills_yn	1, Yes 0, No 9, Unknown	Integer
Rigors	rigors_yn	1, Yes 0, No 9, Unknown	Integer
Muscle aches (myalgia)	myalgia_yn	1, Yes 0, No 9, Unknown	Integer
Runny nose (rhinorrhea)	runnose_yn	1, Yes 0, No 9, Unknown	Integer
Sore throat	sthroat_yn	1, Yes 0, No 9, Unknown	Integer
New olfactory and taste disorder(s)	taste_yn	1, Yes 0, No 9, Unknown	Integer
Headache	headache_yn	1, Yes 0, No 9, Unknown	Integer
Fatigue	fatigue_yn	1, Yes 0, No 9, Unknown	Integer
Cough (new onset or worsening of chronic cough)	cough_yn	1, Yes 0, No 9, Unknown	Integer
Wheezing	wheezing_yn	1, Yes 0, No 9, Unknown	Integer
Shortness of breath (dyspnea)	sob_yn	1, Yes 0, No 9, Unknown	Integer
Difficulty breathing	breathing_yn	1, Yes 0, No 9, Unknown	Integer
Chest pain	chestpain_yn	1, Yes 0, No 9, Unknown	Integer
Nausea or Vomiting	nauseavomit_yn	1, Yes 0, No 9, Unknown	Integer
Abdominal pain	abdom_yn	1, Yes 0, No 9, Unknown	Integer
Diarrhea (≥3 loose/looser than normal stools/24hr period)	diarrhea_yn	1, Yes 0, No 9, Unknown	Integer
Other symptoms	othsym1_yn	1, Yes 0, No 9, Unknown	Integer
Other symptoms, specify:	othsym1_spec1		Character
Other symptoms, specify:	othsym1_spec2		Character
Other symptoms, specify:	othsym1_spec3		Character
Did they have any underlying medical conditions and/or risk behaviors?	medcond_yn	1, Yes 0, No 9, Unknown	Integer

Diabetes Mellitus	diabetes_yn	1, Yes 0, No 9, Unknown	Integer
Hypertension	hypertension_yn	1, Yes 0, No 9, Unknown	Integer
Severe obesity (BMI >= 40)	obesity_yn	1, Yes 0, No 9, Unknown	Integer
Cardiovascular disease	cvd_yn	1, Yes 0, No 9, Unknown	Integer
Chronic renal disease	renaldis_yn	1, Yes 0, No 9, Unknown	Integer
Chronic liver disease	liverdis_yn	1, Yes 0, No 9, Unknown	Integer
Chronic lung disease (asthma/emphysema/COPD)	clid_yn	1, Yes 0, No 9, Unknown	Integer
Other chronic diseases	otherdis_yn	1, Yes 0, No 9, Unknown	Integer
If yes, specify	otherdis_spec		Character
Other underlying condition or risk behavior	othercond_yn	1, Yes 0, No 9, Unknown	Integer
If yes, specify	othercond_spec		Character
Immunosuppressive condition	immsupp_yn	1, Yes 0, No 9, Unknown	Integer
Autoimmune condition	autoimm_yn	1, Yes 0, No 9, Unknown	Integer
Current smoker	smoke_curr_yn	1, Yes 0, No 9, Unknown	Integer
Former smoker	smoke_former_yn	1, Yes 0, No 9, Unknown	Integer
Substance abuse or misuse	substance_yn	1, Yes 0, No 9, Unknown	Integer
Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment)	neuro_yn	1, Yes 0, No 9, Unknown	Integer
If yes, specify	neuro_spec		Character
Psychological/psychiatric condition	psych_yn	1, Yes 0, No 9, Unknown	Integer
If yes, specify	psych_spec		Character
SARS-CoV-2-Testing			
Molecular amplification test (RT PCR)	test_pcr	1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done	Integer
Serologic test	test_serologic	1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done	Integer
Other	test_other	1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done	Integer
Other specify	test_other_spec		Character
Specimens for COVID-19 Testing			
Other: Local Specimen ID - 1	spec_otherspecimen1id		Character
Other: Local Specimen ID - 2	spec_otherspecimen2id		Character
Other: Local Specimen ID - 3	spec_otherspecimen3id		Character
Additional Comments			
Additional comments/notes	final_notes		Character