

Questions	Variable Name	Values, Labels	Type
Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and 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
NNDSS loc. Rec. ID/ Case ID	nndss_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
Basic Case Information			
What is the current status of this person?	current_status	1, Patient under investigation (PUI) 2, Laboratory-confirmed case	Number
Report date of PUI to CDC (MM/DD/YYYY)	pui_cdcreport_dt		Date (mm/dd/yyyy)
Report date of case to CDC (MM/DD/YYYY)	case_cdcreport_dt		Date (mm/dd/yyyy)
County of residence	res_county		Character
State of residence	res_state		Character
Ethnicity	ethnicity	1, Hispanic/Latino 0, Non-Hispanic/Latino 9, Not specified 1, Male 2, Female 9,Unknown 3, Other	Number
Sex	sex		Number
Race (Check all that apply)			
Asian	race_asian	1, Yes	Number
American Indian/ Alaska Native	race_aian	1, Yes	Number
Black	race_black	1, Yes	Number
Native Hawaiian/ Other Pacific Islander	race_nhpi	1, Yes	Number
White	race_white	1, Yes	Number
Unknown	race_unk	1, Yes	Number
Other	race_other	1, Yes	Number
Other specified race	race_spec		Character
Date of birth (MM/DD/YYYY)	dob		Date (mm/dd/yyyy)
Age	age	1, Years 2, Months 3, Days	Number
Age units (yr/mo/days):	ageunit		Number
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	Number
Check if date not applicable	pos_spec_na	1, Yes 0, No	Number
Did the patient develop pneumonia?	pna_yn	9, Unknown 1, Yes 0, No	Number
Did the patient have acute respiratory distress syndrome?	acuterespdistress_yn	9, Unknown 1, Yes 0, No	Number
Did the patient have another diagnosis/etiology for their illness?	diagother	9, Unknown 1, Yes 0, No	Number
Did the patient have an abnormal chest X-ray?	abxchest_yn	9, Unknown 1, Symptomatic 0, Asymptomatic	Number
Symptoms present during course of illness:	sympstatus	9, Unknown	Number
If symptomatic, onset date (MM/DD/YYYY)	onset_dt		Date (mm/dd/yyyy)
If symptomatic, onset date - unknown	onset_unk	1, Yes	Number
If symptomatic, date of symptom resolution (MM/DD/YYYY)	symp_res_dt		Date (mm/dd/yyyy)
If symptomatic, state of resolution	symp_res_yn	1, Still symptomatic 0, Symptoms resolved, unknown date 9, Unknown symptom status 1, Yes 0, No	Number
Was the patient hospitalized?	hosp_yn	9, Unknown	Number
If yes, admission date 1 (MM/DD/YYYY)	adm1_dt		Date (mm/dd/yyyy)
If yes, discharge date 1 (MM/DD/YYYY)	dis1_dt	1, Yes 0, No	Date (mm/dd/yyyy)
Was the patient admitted to an intensive care unit (ICU)?	icu_yn	9, Unknown 1, Yes 0, No	Number
Did the patient receive mechanical ventilation (MV)/intubation?	mechvent_yn	9, Unknown	Number
If yes, total days with MV (days)	mechvent_dur	1, Yes 0, No	Number
Did the patient receive extracorporeal membrane oxygenation (ECMO)?	ecmo_yn	9, Unknown 1, Yes 0, No	Number
Did the patient die as a result of this illness?	death_yn	9, Unknown	Number
Date of Death (MM/DD/YYYY)	death_dt		Date (mm/dd/yyyy)
Date of Death Unknown	death_unk	1, Yes 1, Yes 0, No	Number
Is the patient a health care worker in the United States?	hc_work_yn	9, Unknown 1, Yes 0, No	Number
Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor) in China?	hc_work_china_yn	9, Unknown 1, Yes 0, No	Number
In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):			
Travel to Wuhan	exp_wuhan	1, Yes	Number
Travel to Hubei	exp_hubei	1, Yes	Number
Travel to mainland China	exp_china	1, Yes	Number
Travel to other non-US country	exp_othcountry	1, Yes	Number
If yes, specify	exp_othcountry_spec		Character

Household contact with another lab-confirmed COVID-19 case-patient	exp_house	1, Yes	Number
Community contact with another lab-confirmed COVID-19 case-patient	exp_community	1, Yes	Number
Any healthcare contact with another lab-confirmed COVID-19 case-patient	exp_health	1, Yes	Number
Healthcare contact with another lab-confirmed COVID-19 case-patient -- patient	exp_health_pt	1, Yes	Number
Healthcare contact with another lab-confirmed COVID-19 case-patient -- visitor	exp_health_vis	1, Yes	Number
Healthcare contact with another lab-confirmed COVID-19 case-patient -- healthcare worker	exp_health_hcw	1, Yes	Number
Animal exposure	exp_animal	1, Yes	Number
Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology	exp_cluster	1, Yes	Number
Other	exp_other	1, Yes	Number
If other, specify	exp_other_spec		Character
Unknown	exp_unk	1, Yes	Number
		1, Yes	
		0, No	
		9, Unknown	
If the patient had contact with another COVID-19 case, was this person a U.S. case?	cont_lab_us	5, NA	Number
If yes, specify nCoV ID of source case	cdc_ncov2019_sourceid_2		Character
Under what process was the PUI or case first identified? (check all that apply):			
Clinical evaluation leading to PUI determination	process_pui	1, Yes	Number
Contact tracing of case patient	process_cont	1, Yes	Number
Routine surveillance	process_surv	1, Yes	Number
EpiX notification of travelers	process_epix	1, Yes	Number
If checked, DGMQID	process_dgmqid		Character
Unknown	process_unk	1, Yes	Number
Other	process_other	1, Yes	Number
If other, specify	process_other_spec		Character
Symptoms, clinical course, past medical history and social history			
Collected from (check all that apply):			
Patient interview	collect_ptinterview	1, Yes	Number
Medical record review	collect_medchart	1, Yes	Number
During this illness, did the patient experience any of the following symptoms?			
		1, Yes	
		0, No	
Fever >100.4F (38C)	fever_yn	9, Unknown	Number
		1, Yes	
		0, No	
Subjective fever (felt feverish)	sfever_yn	9, Unknown	Number
		1, Yes	
		0, No	
Chills	chills_yn	9, Unknown	Number
		1, Yes	
		0, No	
Muscle aches (myalgia)	myalgia_yn	9, Unknown	Number
		1, Yes	
		0, No	
Runny nose (rhinorrhea)	runnose_yn	9, Unknown	Number
		1, Yes	
		0, No	
Sore throat	sthroat_yn	9, Unknown	Number
		1, Yes	
		0, No	
Cough (new onset or worsening of chronic cough)	cough_yn	9, Unknown	Number
		1, Yes	
		0, No	
Shortness of breath (dyspnea)	sob_yn	9, Unknown	Number
		1, Yes	
		0, No	
Nausea or Vomiting	nauseavomit_yn	9, Unknown	Number
		1, Yes	
		0, No	
Headache	headache_yn	9, Unknown	Number
		1, Yes	
		0, No	
Abdominal pain	abdom_yn	9, Unknown	Number
		1, Yes	
		0, No	
Diarrhea (≥3 loose/looser than normal stools/24hr period)	diarrhea_yn	9, Unknown	Number
Other symptoms - 1	othsym1_yn	1, Yes	Number
Other symptoms - 1, specify:	othsym1_spec		Character
Other symptoms - 2	othsym2_yn	1, Yes	Number
Other symptoms - 2, specify:	othsym2_spec		Character
Other symptoms - 3	othsym3_yn	1, Yes	Number
Other symptoms - 3, specify:	othsym3_spec		Character
		1, Yes	
		0, No	
Pre-existing medical conditions?	medcond_yn	9, Unknown	Number
		1, Yes	
		0, No	
Chronic lung disease (asthma/emphysema/COPD)	cld_yn	9, Unknown	Number
		1, Yes	
		0, No	
Diabetes Mellitus	diabetes_yn	9, Unknown	Number
		1, Yes	
		0, No	
Cardiovascular disease	cvd_yn	9, Unknown	Number
		1, Yes	
		0, No	
Chronic renal disease	renaldis_yn	9, Unknown	Number
		1, Yes	
		0, No	
Liver disease	liverdis_yn	9, Unknown	Number
		1, Yes	
		0, No	
Immunocompromised condition	immsupp_yn	9, Unknown	Number
		1, Yes	
		0, No	
Neurologic/neurodevelopmental	neuro_yn	9, Unknown	Number
If yes, specify	neuro_spec		Character
		1, Yes	
		0, No	
Other chronic diseases	otherdis_yn	9, Unknown	Number
If yes, specify	otherdis_spec		Character
		1, Yes	
		0, No	
If female, currently pregnant	pregnant_yn	9, Unknown	Number

Current smoker	smoke_curr_yn	1, Yes 0, No 9, Unknown	Number
Former smoker	smoke_former_yn	1, Yes 0, No 9, Unknown	Number
Respiratory Diagnostic Testing			
Influenza A Rapid Ag	resp_flua_ag	1, Positive 2, Negative 3, Pending 4, Not Done	Number
Influenza B Rapid Ag	resp_flub_ag	1, Positive 2, Negative 3, Pending 4, Not Done	Number
Influenza A PCR	resp_flua_pcr	1, Positive 2, Negative 3, Pending 4, Not Done	Number
Influenza B PCR	resp_flub_pcr	1, Positive 2, Negative 3, Pending 4, Not Done	Number
RSV	resp_rsv	1, Positive 2, Negative 3, Pending 4, Not Done	Number
H. metapneumovirus	resp_hm	1, Positive 2, Negative 3, Pending 4, Not Done	Number
Parainfluenza (1-4)	resp_pi	1, Positive 2, Negative 3, Pending 4, Not Done	Number
Adenovirus	resp_adv	1, Positive 2, Negative 3, Pending 4, Not Done	Number
Rhinovirus/enterovirus	resp_rhino	1, Positive 2, Negative 3, Pending 4, Not Done	Number
Coronavirus (OC43, 229E, HKU1, NL63)	resp_cov	1, Positive 2, Negative 3, Pending 4, Not Done	Number
M. pneumoniae	resp_mp	1, Positive 2, Negative 3, Pending 4, Not Done	Number
C. pneumoniae	resp_rcp	1, Positive 2, Negative 3, Pending 4, Not Done	Number
Other positive pathogens If yes, specify	othrp othrp_spec	1, Yes 2, Negative 3, Pending 4, Not Done	Number Character
Specimens for COVID-19 Testing			
NP Swab: Local Specimen ID - 1	spec_npswab1id		Character
NP Swab: Collection date - 1	spec_npswab1_dt		Date (mm/dd/yyyy)
NP Swab: Sent to CDC - 1	spec_npswab1cdc	1, Yes	Number
NP Swab: State Lab Tested - 1	spec_npswab1state	1, Yes	Number
NP Swab: Local Specimen ID - 2	spec_npswab2id		Character
NP Swab: Collection date - 2	spec_npswab2_dt		Date (mm/dd/yyyy)
NP Swab: Sent to CDC - 2	spec_npswab2cdc	1, Yes	Number
NP Swab: State Lab Tested - 2	spec_npswab2state	1, Yes	Number
NP Swab: Local Specimen ID - 3	spec_npswab3id		Character
NP Swab: Collection date - 3	spec_npswab3_dt		Date (mm/dd/yyyy)
NP Swab: Sent to CDC - 3	spec_npswab3cdc	1, Yes	Number
NP Swab: State Lab Tested - 3	spec_npswab3state	1, Yes	Number
OP Swab: Local Specimen ID - 1	spec_opswab1id		Character
OP Swab: Collection date - 1	spec_opswab1_dt		Date (mm/dd/yyyy)
OP Swab: Sent to CDC - 1	spec_opswab1cdc	1, Yes	Number
OP Swab: State Lab Tested - 1	spec_opswab1state	1, Yes	Number
OP Swab: Local Specimen ID - 2	spec_opswab2id		Character
OP Swab: Collection date - 2	spec_opswab2_dt		Date (mm/dd/yyyy)
OP Swab: Sent to CDC - 2	spec_opswab2cdc	1, Yes	Number
OP Swab: State Lab Tested - 2	spec_opswab2state	1, Yes	Number
OP Swab: Local Specimen ID - 3	spec_opswab3id		Character
OP Swab: Collection date - 3	spec_opswab3_dt		Date (mm/dd/yyyy)
OP Swab: Sent to CDC - 3	spec_opswab3cdc	1, Yes	Number
OP Swab: State Lab Tested - 3	spec_opswab3state	1, Yes	Number
Sputum: Local Specimen ID - 1	spec_sputum1id		Character
Sputum: Collection date - 1	spec_sputum1_dt		Date (mm/dd/yyyy)
Sputum: Sent to CDC - 1	spec_sputum1cdc	1, Yes	Number
Sputum: State Lab Tested - 1	spec_sputum1state	1, Yes	Number
Sputum: Local Specimen ID - 2	spec_sputum2id		Character
Sputum: Collection date - 2	spec_sputum2_dt		Date (mm/dd/yyyy)
Sputum: Sent to CDC - 2	spec_sputum2cdc	1, Yes	Number
Sputum: State Lab Tested - 2	spec_sputum2state	1, Yes	Number
Sputum: Local Specimen ID - 3	spec_sputum3id		Character
Sputum: Collection date - 3	spec_sputum3_dt		Date (mm/dd/yyyy)
Sputum: Sent to CDC - 3	spec_sputum3cdc	1, Yes	Number
Sputum: State Lab Tested - 3	spec_sputum3state	1, Yes	Number
Other specimen type - 1 If yes, specify type - 1	spec_otherspecimen1_yn spec_otherspecimen1_spec	1, Yes	Number Character
Other: Local Specimen ID - 1	spec_otherspecimen1id		Character
Other: Collection date - 1	spec_otherspecimen1_dt		Date (mm/dd/yyyy)
Other: Sent to CDC - 1	spec_otherspecimen1cdc	1, Yes	Number
Other: State Lab Tested - 1	spec_otherspecimen1state	1, Yes	Number
Other specimen type - 2 If yes, specify type - 2	spec_otherspecimen2_yn spec_otherspecimen2_spec	1, Yes	Number Character

Other: Local Specimen ID - 2
Other: Collection date - 2
Other: Sent to CDC - 2
Other: State Lab Tested - 2
Other specimen type - 3
 If yes, specify type - 3
Other: Local Specimen ID - 3
Other: Collection date - 3
Other: Sent to CDC - 3
Other: State Lab Tested - 3
Additional State/local Specimen IDs:
Any additional comments/notes?

spec_otherspecimen2id
spec_otherspecimen2_dt
spec_otherspecimen2cdc
spec_otherspecimen2state
spec_otherspecimen3_yn
spec_otherspecimen3_spec
spec_otherspecimen3id
spec_otherspecimen3_dt
spec_otherspecimen3cdc
spec_otherspecimen3state
lab_local_id1
final_notes

1, Yes
1, Yes
1, Yes

1, Yes
1, Yes

Character
Date (mm/dd/yyyy)
Number
Number
Number
Character
Character
Date (mm/dd/yyyy)
Number
Number
Character
Character