

Data Element Dictionary

Form F2: COVID Impact Survey — Participant

Form F3: COVID Impact Survey — Co-participant

Form Header

Q #	Data element name	Ver	Description	Length of field	Column positions	Data type	Allowable codes	Comment
OA	PACKET	3	Packet code	2	1 – 2	Char	CV	
OB	FORMID	3	Form ID	3	4 – 6	Char	F1, F2, or F3	
OC	FORMVER	1	Form version number	3	8 – 10	Num	1	
OD	ADCID	3	Center ID	2	12 – 13	Num	2 – 43; use appropriate code below: 2 = Boston University 3 = Case Western University 4 = Columbia University 5 = Duke University 6 = Emory University 7 = Massachusetts ADRC 8 = Indiana University 9 = Johns Hopkins University 10 = Mayo Clinic 11 = Mount Sinai 12 = New York University 13 = Northwestern University 14 = Oregon Health & Science University 15 = Rush University 16 = University of California, Davis 17 = University of California, Los Angeles 18 = University of California, San Diego 19 = University of Kentucky 20 = University of Michigan 21 = University of Pennsylvania 22 = University of Pittsburgh 25 = University of Texas Southwestern 26 = University of Washington 27 = Washington University in St. Louis 28 = University of Alabama 30 = University of Southern California 31 = University of California, Irvine 32 = Stanford University 33 = Arizona ADC 34 = University of Arkansas 35 = University of California, San Francisco 36 = Florida ADC 37 = University of Wisconsin 38 = University of Kansas 39 = Stanford University #2 40 = Yale University 41 = 1Florida ADRC 42 = Wake Forest University 43 = University of Michigan ADC	

Note: In research data sets generated by NACC, the variable NACCADCID is replaced by a randomly generated NACCADC.

Q #	Data element name	Ver	Description	Length of field	Column positions	Data type	Allowable codes	Comment
OE	PTID	3	ADC subject ID	10	15 – 24	Char	Follow your Center's Patient ID scheme; use same ID as in MDS, if subject is enrolled in MDS.	Number must be unique within data from your Center and be used across all visits for the subject. NOTE: PTID is replaced by a randomly generated NACCID in research data sets generated by NACC.
OF	VISITMO	3	Form date — month	2	26 – 27	Num	1 – 12	Visit date cannot precede January 1, 2020.
OG	VISITDAY	3	Form date — day	2	29 – 30	Num	1 – 31	Visit date cannot precede January 1, 2020.
OH	VISITYR	3	Form date — year	4	32 – 35	Num	2020 to the current year	Visit date cannot precede January 1, 2020.
OJ	INITIALS	3	Examiner's initials	3	41 – 43	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	NOTE: INITIALS is never released in research data sets generated by NACC.

Q	Data element name	Ver	COVID question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
Form F2: COVID-19 Impact Survey — Participant									
1	C19SYMPT	1.0	During the COVID-19 pandemic, have you experienced new or worsening symptoms (see below) that led you to think you had COVID-19 (novel coronavirus) such as fever, cough, difficulty breathing, persistent pain or pressure in the chest, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, new confusion or inability to arouse, or bluish lips or face?	1	45 - 45	Num	0 = No 1 = Yes 2 = Other 8 = Decline to answer 9 = Unsure/unknown		
1a	C19SYOTX	1.0	Other specify	60	47 - 106	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if 1 C19SYMPT not = Other (2)	
2	C19TEST	1.0	Have you ever been tested for acute COVID-19 infection?	1	108 - 108	Num	0 = No, not tested 1 = Yes, I was tested once 2 = Yes, I was tested more than once 8 = Decline to answer 9 = Unsure/unknown		If 0, 8-9 then skip to 4
3a1	C19T1MO	1.0	Date of most recent test: month	2	110 - 111	Num	0 - 12	Blank if 2 C19TEST is 0, 8-9	
3a2	C19T1DY	1.0	Date of most recent test: day	2	113 - 114	Num	1 - 31 99 = Unknown	Blank if 2 C19TEST is 0, 8-9	
3a3	C19T1YR	1.0	Date of most recent test: year	4	116 - 119	Num	2020 - 2020	Blank if 2 C19TEST is 0, 8-9	

Q	Data element name	Ver	COVID question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
3a2	C19T1TYP	1.0	What type of test did you have?	1	121 - 121	Num	1 = Swab of nose or throat 2 = Blood test 8 = Decline to answer 9 = Unsure/unknown	Blank if 2 C19TEST is 0, 8-9	
3b1	C19T2MO	1.0	Date of next most recent test: month	2	123 - 124	Num	0 - 12	Blank if 2 C19TEST is 0, 8-9	
3b1	C19T2DY	1.0	Date of next most recent test: day	2	126 - 127	Num	1 - 31 99 = Unknown	Blank if 2 C19TEST is 0, 8-9	
3b1	C19T2YR	1.0	Date of next most recent test: year	4	129 - 132	Num	2020 - 2020	Blank if 2 C19TEST is 0, 8-9	
3b2	C19T2TYP	1.0	What type of test did you have?	1	134 - 134	Num	1 = Swab of nose or throat 2 = Blood test 8 = Decline to answer 9 = Unsure/unknown	Blank if 2 C19TEST is 0, 8-9	
3c1	C19T3MO	1.0	Date of next most recent test: month	2	136 - 137	Num	0 - 12	Blank if 2 C19TEST is 0, 8-9	
3c1	C19T3DY	1.0	Date of next most recent test: day	2	139 - 140	Num	1 - 31 99 = Unknown	Blank if 2 C19TEST is 0, 8-9	
3c1	C19T3YR	1.0	Date of next most recent test: year	4	142 - 145	Num	2020 - 2020	Blank if 2 C19TEST is 0, 8-9	
3c2	C19T3TYP	1.0	What type of test did you have?	1	147 - 147	Num	1 = Swab of nose or throat 2 = Blood test 8 = Decline to answer 9 = Unsure/unknown	Blank if 2 C19TEST is 0, 8-9	
4	C19DIAG	1.0	Have you been diagnosed with COVID-19 (you tested positive or were presumed to have COVID-19 by a healthcare provider)?	1	149 - 149	Num	0 = No 1 = Yes, positive test for acute infection 2 = Yes, presumed COVID-19 by healthcare provider but not tested 8 = Decline to answer 9 = Unsure/unknown		

Q	Data element name	Ver	COVID question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5	C19HOSP	1.0	Were you admitted to a hospital for treatment of COVID-19?	1	151 - 151	Num	0 = No 1 = Yes, but not the intensive care unit (ICU) 2 = Yes, including a stay in the ICU and/or ventilator support (breathing tube in your throat) 8 = Decline to answer 9 = Unsure/unknown		If 0 or 8-9 skip to 7
6a1	C19H1MO	1.0	Date of most recent hospitalization: month	2	153 - 154	Num	0 - 12		Blank if 5 C19HOSP is 0 or 8-9
6a2	C19H1DY	1.0	Date of most recent hospitalization: day	2	156 - 157	Num	1 - 31 99 = Unknown		Blank if 5 C19HOSP is 0 or 8-9
6a3	C19H1YR	1.0	Date of most recent hospitalization: year	4	159 - 162	Num	2020 - 2020		Blank if 5 C19HOSP is 0 or 8-9
6a2	C19H1DYS	1.0	How many days were you hospitalized?	3	164 - 166	Num	1 - 180		Blank if 5 C19HOSP is 0 or 8-9
6b1	C19H2MO	1.0	Date of next most recent hospitalization: month	2	168 - 169	Num	0 - 12		Blank if 5 C19HOSP is 0 or 8-9
6b1	C19H2DY	1.0	Date of next most recent hospitalization: day	2	171 - 172	Num	1 - 31 99 = Unknown		Blank if 5 C19HOSP is 0 or 8-9
6b1	C19H2YR	1.0	Date of next most recent hospitalization: year	4	174 - 177	Num	2020 - 2020		Blank if 5 C19HOSP is 0 or 8-9
6b2	C19H2DYS	1.0	How many days were you hospitalized?	3	179 - 181	Num	1 - 180		Blank if 5 C19HOSP is 0 or 8-9
6c1	C19H3MO	1.0	Date of next most recent hospitalization: month	2	183 - 184	Num	0 - 12		Blank if 5 C19HOSP is 0 or 8-9
6c1	C19H3DY	1.0	Date of next most recent hospitalization: day	2	186 - 187	Num	1 - 31 99 = Unknown		Blank if 5 C19HOSP is 0 or 8-9

Q	Data element name	Ver	COVID question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6c1	C19H3YR	1.0	Date of next most recent hospitalization: year	4	189 - 192	Num	2020 - 2020		Blank if 5 C19HOSP is 0 or 8-9
6c2	C19H3DYS	1.0	How many days were you hospitalized?	3	194 - 196	Num	1 - 180		Blank if 5 C19HOSP is 0 or 8-9
7	C19WORRY	1.0	On a scale of 1-5, how worried are you that you will get COVID-19?	1	198 - 198	Num	1 = 1=Not at all worried 2 = 2=A little worried 3 = 3=Somewhat worried 4 = 4=Very worried 5 = 5=Extremely worried 8 = 8=Decline to answer		
8	C19ISO	1.0	On a scale of 1-5, how isolated or cut off from family and friends are you feeling due to COVID-19?	1	200 - 200	Num	1 = 1=Not at all isolated 2 = 2=A little isolated 3 = 3=Somewhat isolated 4 = 4=Very isolated 5 = 5=Extremely isolated 8 = 8=Decline to answer		
9	C19DIS	1.0	On a scale of 1-5, how disruptive has the COVID-19 pandemic been to your everyday life?	1	202 - 202	Num	1 = 1=Not at all disruptive 2 = 2=A little disruptive 3 = 3=Somewhat disruptive 4 = 4=Very disruptive 5 = 5=Extremely disruptive 8 = 8=Decline to answer		
10	C19INC	1.0	Has your household's income been significantly reduced due to COVID-19?	1	204 - 204	Num	0 = No 1 = Yes 8 = Decline to answer 9 = Unsure/unknown		

Q	Data element name	Ver	COVID question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
11	C19CTRL	1.0	On a scale of 1-5, since the start of COVID-19, how often have you felt that you were unable to control the important things in your life?	1	206 - 206	Num	1 = 1=Never 2 = 2=Almost never 3 = 3=Sometimes 4 = 4=Fairly often 5 = 5=Very often 8 = 8=Decline to answer		
12	C19MH	1.0	Have you noticed any changes in your memory and thinking, depression, anxiety, or behavioral symptoms since the COVID-19 pandemic began (due to need for social distancing, sheltering in place, worries about getting infected, or other causes)?	1	208 - 208	Num	1 = No changes 2 = Some changes, but nothing out of the ordinary 3 = A great deal of change 8 = Decline to answer		If 1 or 8 skip to 14
13a	C19CMEM	1.0	Memory and thinking	1	210 - 210	Num	0 = No 1 = Yes 8 = Decline to answer	Blank if 12 C19MH is 1 or 8	
13b	C19CDEP	1.0	Depression	1	212 - 212	Num	0 = No 1 = Yes 8 = Decline to answer	Blank if 12 C19MH is 1 or 8	
13c	C19CANX	1.0	Anxiety	1	214 - 214	Num	0 = No 1 = Yes 8 = Decline to answer	Blank if 12 C19MH is 1 or 8	
13d	C19CBEH	1.0	Behavior	1	216 - 216	Num	0 = No 1 = Yes 8 = Decline to answer	Blank if 12 C19MH is 1 or 8	
13e	C19COTH	1.0	Other	1	218 - 218	Num	0 = No 1 = Yes 8 = Decline to answer	Blank if 12 C19MH is 1 or 8	

Q	Data element name	Ver	COVID question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
13e1	C19OTHX	1.0	Specify	60	220 - 279	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).		Blank if 12 C19MH is 1 or 8 or 13e C19COTH not = Yes (1)
14	C19RES	1.0	On a scale of 1-5, how much has COVID-19 changed your willingness to participate in clinical research if it requires in-person visits to the research clinic?	1	281 - 281	Num	1 = 1=Not at all 2 = 2=A little 3 = 3=Somewhat 4 = 4=Very much 5 = 5=Extremely 8 = 8=Decline to answer		

Q	Data element name	Ver	COVID question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
Form F3: COVID-19 Impact Survey — Co-participant									
1	C19COISO	1.0	On a scale of 1-5, how isolated or cut off from family and friends are you feeling due to COVID-19?	1	45 - 45	Num	1 = Not at all isolated 2 = A little isolated 3 = Somewhat isolated 4 = Very isolated 5 = Extremely isolated 8 = Decline to answer		
2	C19CODIS	1.0	On a scale of 1-5, how disruptive has the COVID-19 pandemic been to your everyday life?	1	47 - 47	Num	1 = Not at all disruptive 2 = A little disruptive 3 = Somewhat disruptive 4 = Very disruptive 5 = Extremely disruptive 8 = Decline to answer		

Q	Data element name	Ver	COVID question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
3	C19COINC	1.0	Has your household's income been significantly reduced due to COVID-19?	1	49 - 49	Num	0 = No 1 = Yes 8 = Decline to answer 9 = Unsure/unknown		
4	C19COCTL	1.0	On a scale of 1-5, since the start of COVID-19, how often have you felt that you were unable to control the important things in your life?	1	51 - 51	Num	1 = Never 2 = Almost never 3 = Sometimes 4 = Fairly often 5 = Very often 8 = Decline to answer		
5	C19CONN	1.0	Regarding your feelings of connectedness with friends and family during the period of social distancing, do you feel ...	1	53 - 53	Num	1 = Less connected 2 = About the same level of connection 3 = More connected 8 = Decline to answer		
6	C19CARE	1.0	Has the COVID-19 pandemic affected your ability to provide care for the research participant?	1	55 - 55	Num	1 = It is easier to provide care 2 = I am managing the same as always 3 = It is somewhat more difficult to provide care 4 = It is extremely difficult to provide care 8 = Decline to answer		
7a	C19KFAM	1.0	Respite by family or friends	1	57 - 57	Num	0 = No 1 = Yes 8 = Decline to answer		

Q	Data element name	Ver	COVID question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7b	C19KAGE	1.0	Paid respite by care agencies	1	59 - 59	Num	0 = No 1 = Yes 8 = Decline to answer		
7c	C19KACT	1.0	Day activity programs	1	61 - 61	Num	0 = No 1 = Yes 8 = Decline to answer		
7d	C19KOVE	1.0	Overnight or extended-stay respite care	1	63 - 63	Num	0 = No 1 = Yes 8 = Decline to answer		
7e	C19KFAC	1.0	Ability to find skilled residential facility placement	1	65 - 65	Num	0 = No 1 = Yes 8 = Decline to answer		
7f	C19KAPP	1.0	Medical care including physician appointments	1	67 - 67	Num	0 = No 1 = Yes 8 = Decline to answer		
7g	C19KOTH	1.0	Other	1	69 - 69	Num	0 = No 1 = Yes 8 = Decline to answer		
7g1	C19KOTHX	1.0	Specify	60	71 - 130	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if 7 C19KOTH not = Yes (1)	

Q	Data element name	Ver	COVID question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
8	C19CORE	1.0	On a scale of 1-5, how much has COVID-19 changed your willingness to allow or encourage your care partner's participation in clinical research if it requires in-person visits to the research clinic?	1	132 - 132	Num	1 = Not at all 2 = A little 3 = Somewhat 4 = Very much 5 = Extremely 8 = Decline to answer		
9	C19COPRE	1.0	On a scale of 1-5, how much has COVID-19 changed your own personal willingness to participate in clinical research, irrespective of whether in-person or telephone/remote visits are used?	1	134 - 134	Num	1 = Not at all 2 = A little 3 = Somewhat 4 = Very much 5 = Extremely 8 = Decline to answer		
10	C19COSPX	1.0	Do you have specific care needs that are not addressed above? Please list any care needs (both yours and the research participant's) that are not being met because of the COVID-19 pandemic.	1024	136 - 1159	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).		