



# Data Element Dictionary

*COVID Impact Surveys v2.0, July 2022*

Form F2: COVID Impact Survey — Participant

Form F3: COVID Impact Survey — Co-participant

## Form Header

Q #	Data element name	Ver	Description	Data type	Allowable codes	Comment	
0A	<b>PACKET</b>	2.0	Packet code	Char	CV		
0B	<b>FORMID</b>	2.0	Form ID	Char	F1, F2, or F3		
0C	<b>FORMVER</b>	2.0	Form version number	Num	2		
0D	<b>ADCID</b>	2.0	Center ID	Num	2 – 68; use appropriate code below: 2 = Boston University 4 = Columbia 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 18 = University of California, San Diego 19 = University of Kentucky 21 = University of Pennsylvania 22 = University of Pittsburgh 26 = University of Washington 27 = Washington University in St. Louis	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 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 46 = Cleveland Clinic, Las Vegas 47 = Vanderbilt University 48 = University of New Mexico 49 = Duke/UNC ADRC 65 = Cleveland ADRC 67 = South Texas ADRC 68 = U Alabama at Birmingham	Note: In research data sets generated by NACC, the variable NACCADCID is replaced by a randomly generated NACCADC.

Q #	Data element name	Ver	Description	Data type	Allowable codes	Comment
OE	<b>PTID</b>	2.0	ADC subject ID	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. <b>NOTE: PTID is replaced by a randomly generated NACCID in research data sets generated by NACC.</b>
OF	<b>VISITMO</b>	2.0	Form date — month	Num	1 – 12	Visit date cannot precede January 1, 2020.
OG	<b>VISITDAY</b>	2.0	Form date — day	Num	1 – 31	Visit date cannot precede January 1, 2020.
OH	<b>VISITYR</b>	2.0	Form date — year	Num	2020 to the current year	Visit date cannot precede January 1, 2020.
OJ	<b>INITIALS</b>	2.0	Examiner's initials	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.
OK	<b>C19CDR</b>	2.0	Is the participant's CDR® > 0.5?	Num	0 = No 1 = Yes	
OL	<b>C19F2CP</b>	2.0	Who will be filling in the F2 Participant Form?	Num	1 = Participant 2 = Co-participant 3 = Clinician	
OM	<b>C19F2D</b>	2.0	How are you administering this survey?	Num	1 = In-person electronic 2 = In-person printed Form 3 = Email 4 = Mail	

Q	Data element name	Ver	COVID question	Data type	Allowable codes	Blanks	Skips
<b>Form F2: COVID-19 Impact Survey — Participant</b>							
1	<b>C19DIAG</b>	2.0	During the COVID-19 pandemic, have you tested positive for COVID-19 and/or were diagnosed with COVID-19 by a healthcare provider?	Num	0 = No 1 = Yes, positive test for acute infection 2 = Yes, presumed COVID-19 diagnosis by healthcare provider but not tested 8 = Decline to answer 9 = Unsure/unknown		If 1 C19DIAG = 1, 2, then skip to 4
2	<b>C19SYMPT</b>	2.0	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?	Num	0 = No 1 = Yes 2 = Other 8 = Decline to answer 9 = Unsure/unknown	Blank if 1 C19DIAG = 1, 2	
2a	<b>C19SYOTX</b>	2.0	Other specify	Char	text	Blank if 2 C19SYMPT not = 2	
3	<b>C19TESTED</b>	2.0	Have you ever been tested for acute COVID-19 infection?	Num	1= No, not tested ( <i>wanted to but unable</i> ) 2= No, not tested ( <i>did not want to get tested</i> ) 3= Yes, I was tested once 4= Yes, I was tested more than once 8= Decline to answer 9= Unsure/Unknown	Blank if 1 C19DIAG = 1, 2	Skip to 10

Q	Data element name	Ver	COVID question	Data type	Allowable codes	Blanks	Skips
4	<b>C19NORM</b>	2.0	If 100% is feeling perfectly normal ( <i>fully recovered from your COVID-19 symptoms</i> ), what percent of normal do you feel?	Num	0 – 100	Blank if 1 C19DIAG not = 1, 2	If 4 C19NORM = 100, then skip to 5
4a	<b>C19NORMX</b>	2.0	If not 100%, why are you not feeling perfectly normal?	Char	text	Blank if 4 C19NORM = 100	
5	<b>C19SYMAF</b>	2.0	Over the past month, how often did symptoms from past or current COVID-19 infection(s) affect your daily life?	Num	1= Never 2= Seldom (1-2 days per week) 3= Sometimes (3-4 days per week) 4= Often (5-6 days per week) 5= Every day 8= Decline to answer	Blank if 1 C19DIAG not = 1, 2	
6	<b>C19NDIAG</b>	2.0	How many times have you been diagnosed with COVID-19 ( <i>distinct episodes of infection</i> )?	Num	1= Once 2= Twice 3= Three or more times 9= Unsure/unknown	Blank if 1 C19DIAG not = 1, 2	
6a1	<b>C19INF1BMO</b>	2.0	When did your first COVID-19 infection begin: month?	Num	1 – 12 88 = Decline to answer 99 = Unknown	Blank if 1 C19DIAG not = 1, 2	
6a2	<b>C19INF1BYR</b>	2.0	When did your first COVID-19 infection begin: year?	Num	2019 to the current year 8888 = Decline to answer 9999 = Unknown	Blank if 1 C19DIAG not = 1, 2	
6b	<b>C19SMDUR1</b>	2.0	What was the duration of symptoms from your first COVID-19 infection?	Num	0 = Never had symptoms 1 = < 1 week 2 = 1-2 weeks 3 = 2-4 weeks 4 = > 4 weeks 5 = Not yet recovered ( <i>symptoms persist to the present</i> ) 8 = Decline to answer	Blank if 1 C19DIAG not = 1, 2	If 6 C19NDIAG = 1, then skip to 7

Q	Data element name	Ver	COVID question	Data type	Allowable codes	Blanks	Skips
6c1	<b>C19INFRBMO</b>	2.0	When did your most recent COVID-19 infection begin: month?	Num	1 – 12 88 = Decline to answer 99 = Unknown	Blank if 6 C19NDIAG not = 2, 3	
6c2	<b>C19INFRBYR</b>	2.0	When did your most recent COVID-19 infection begin: year?	Num	2019 to the current year 8888 = Decline to answer 9999 = Unknown	Blank if 6 C19NDIAG not = 2, 3	
6d	<b>C19SMDURR</b>	2.0	What was the duration of symptoms from your most recent COVID-19 infection?	Num	0 = Never had symptoms 1 = < 1 week 2 = 1-2 weeks 3 = 2-4 weeks 4 = > 4 weeks 5 = Not yet recovered ( <i>symptoms persist to the present</i> ) 8 = Decline to answer	Blank if 6 C19NDIAG not = 2, 3	
7	<b>C19ANOS</b>	2.0	During any of your COVID-19 infections, did you lose the ability to smell or taste, experience lower ability to determine smells or tastes, or experience episodes of unprovoked, unfamiliar, or strange smells or tastes?	Num	0 = No 1 = Yes 8 = Decline to answer 9 = Unsure/unknown	Blank if 6 C19DIAG not = 1, 2	If 7 C19ANOS not = 1, then skip to 8
7a1	<b>C19ANOSBMO</b>	2.0	When did you first experience changes in smell or taste: month?	Num	1 – 12 88 = Decline to answer 99 = Unknown	Blank if 7 C19ANOS not = 1	
7a2	<b>C19ANOSBYR</b>	2.0	When did you first experience changes in smell or taste: year?	Num	2019 to the current year 8888 = Decline to answer 9999 = Unknown	Blank if 7 C19ANOS not = 1	

Q	Data element name	Ver	COVID question	Data type	Allowable codes	Blanks	Skips
7b	<b>C19ANOSDUR</b>	2.0	How long did it take to recover smell and taste fully?	Num	1 = < 1 week 2 = 1-2 weeks 3 = 2-4 weeks 4 = > 4 weeks 5 = Not yet recovered ( <i>symptoms persist to the present</i> ) 8 = Decline to answer	Blank if 7 C19ANOS not = 1	
8	<b>C19BRF</b>	2.0	During any of your COVID-19 infections, did you experience new problems with thinking, remembering, or concentration ( <i>e.g., brain fog</i> )?	Num	0 = No 1 = Yes 8 = Decline to answer 9 = Unsure/unknown	Blank if 1 C19DIAG not = 1, 2	If 8 C19BRF not = 1, then skip to 9
8a1	<b>C19BRFBMO</b>	2.0	When did you first experience changes in thinking, remembering, or concentration: month?	Num	1 – 12 88 = Decline to answer 99 = Unknown	Blank if 8 C19BRF not = 1	
8a2	<b>C19BRFBYR</b>	2.0	When did you first experience changes in thinking, remembering, or concentration: year?	Num	2019 to the current year 8888 = Decline to answer 9999 = Unknown	Blank if 8 C19BRF not = 1	
8b	<b>C19BRFDUR</b>	2.0	How long did it take to recover changes in thinking, remembering, or concentration?	Num	1 = < 1 week 2 = 1-2 weeks 3 = 2-4 weeks 4 = > 4 weeks 5 = Not yet recovered ( <i>symptoms persist to the present</i> ) 8 = Decline to answer	Blank if 8 C19BRF not = 1	
9	<b>C19MEDC</b>	2.0	Did you ever seek medical care for COVID-19?	Num	0 = No 1 = Yes 8 = Decline to answer 9 = Unsure/unknown	Blank if 1 C19DIAG not = 1, 2	If 9 C19MEDC not = 1, then skip to 10

Q	Data element name	Ver	COVID question	Data type	Allowable codes	Blanks	Skips
9a	<b>C19OPATR</b>	2.0	Did you receive any type of outpatient treatment for your COVID-19 infection such as monoclonal antibody treatment, oral antiviral, subcutaneous injection of antiviral, or other treatment?	Num	0 = No 1 = Yes 8 = Decline to answer 9 = Unsure/unknown	Blank if 9 C19MEDC not = 1	If 9a C19OPATR not = 1, then skip to 9b
9a1a	<b>C19OPATRMO</b>	2.0	When did you receive this outpatient treatment: month?	Num	1 – 12 88 = Decline to answer 99 = Unknown	Blank if 9a C19OPATR not = 1	
9a1b	<b>C19OPATRYR</b>	2.0	When did you receive this outpatient treatment: year?	Num	2019 to the current year 8888 = Decline to answer 9999 = Unknown	Blank if 9a C19OPATR not = 1	
9b	<b>C19MEDCTYP</b>	2.0	What was the highest level of medical care you received for COVID-19?	Num	1 = Phone consultation or virtual care visit 2 = In-person physician or urgent care visit 3 = Emergency department 4 = Hospitalized but not the intensive care unit (ICU) 5 = Hospitalized, including a stay in the ICU and/or ventilator support ( <i>breathing tube in your throat</i> ) 8 = Decline to answer 9 = Unsure/unknown	Blank if 9 C19MEDC not = 1	If 9b C19MEDCTYP not = 4, 5, then skip to 10
9c	<b>C19HOSPN</b>	2.0	How many times have you been admitted to the hospital for COVID-19?	Num	1 = Once 2 = Twice 3 = Three or more times 9 = Unsure/unknown	Blank if 9b C19MEDC-TYP not = 4 or 5	If 9c C19HOSPN = 9, then skip to 10
9c1a	<b>C19H1MO</b>	2.0	Date of most recent hospitalization: month?	Num	1 – 12 88 = Decline to answer 99 = Unknown	Blank if 9c C19HOSPN = 9	



Q	Data element name	Ver	COVID question	Data type	Allowable codes	Blanks	Skips
9c1b	<b>C19H1YR</b>	2.0	Date of most recent hospitalization: year	Num	2019 to the current year 8888 = Decline to answer 9999 = Unknown	Blank if 9c C19HOSPN = 9	
9c2	<b>C19H1DYS</b>	2.0	How many days were you hospitalized?	Num	Numeric free-text (888= Decline to answer; 999 = Unknown)	Blank if 9c C19HOSPN = 9	If 9c C19HOSPN = 1, then skip to 10
9c3a	<b>C19H2MO</b>	2.0	Date of next most recent hospitalization: month	Num	1 – 12 88 = Decline to answer 99 = Unknown	Blank if 9c C19HOSPN = 1 or 9	
9c3b	<b>C19H2YR</b>	2.0	Date of next most recent hospitalization: year	Num	2019 to the current year 8888 = Decline to answer 9999 = Unknown	Blank if 9c C19HOSPN = 1 or 9	
9c4	<b>C19H2DYS</b>	2.0	How many days were you hospitalized?	Num	Numeric free-text (888= Decline to answer; 999 = Unknown)	Blank if 9c C19HOSPN = 1 or 9	If 9c C19HOSPN = 2, then skip to 10
9c5a	<b>C19H3MO</b>	2.0	Date of next most recent hospitalization: month	Num	1 – 12 88 = Decline to answer 99 = Unknown	Blank if 9c C19HOSPN not = 3	
9c5b	<b>C19H3YR</b>	2.0	Date of next most recent hospitalization: year	Num	2019 to the current year 8888 = Decline to answer 9999 = Unknown	Blank if 9c C19HOSPN not = 3	
9c6	<b>C19H3DYS</b>	2.0	How many days were you hospitalized?	Num	Numeric free-text (888= Decline to answer; 999 = Unknown)	Blank if 9c C19HOSPN not = 3	
10	<b>C19VAC</b>	2.0	Have you received at least one vaccination against COVID-19?	Num	0 = No 1 = Yes 8 = Decline to answer 9 = Unsure/unknown		If 10 C19VAC = 1, then skip to 10b; If 10 C19VAC = 8,9, then skip to 11

Q	Data element name	Ver	COVID question	Data type	Allowable codes	Blanks	Skips
10a	<b>C19UNVAC</b>	2.0	Why have you not received a COVID-19 vaccination?	Num	1 = Wanted to but unable 2 = Did not want to get vaccinated 3 = Allergy 4 = Medical contraindication (specify) 5 = Other (specify) 8 = Decline to answer 9 = Unsure/unknown	Blank if 10 C19VAC not = 0	If 10a C19UNVAC not = 4 or 5, then skip to 11
10a1	<b>C19UNVACMX</b>	2.0	Medical contraindication specify	Char	text	Blank if 10a C19UNVAC not = 4	Skip to 11
10a2	<b>C19UNVACOX</b>	2.0	Other specify	Char	text	Blank if 10a C19UNVAC not = 5	Skip to 11
10b	<b>C19NVAC</b>	2.0	How many COVID-19 vaccine doses have you received?	Num	1 = One: Partial vaccination (one dose of two-dose series) 2 = One: One-dose series, e.g., Janssen (Johnson & Johnson) without booster 3 = Two: Two-dose series without booster 4 = Two: One-dose series with one booster 5 = Three: Two-dose series with one booster 6 = Three +: One-dose series with more than one booster 7 = Four +: Two-dose series with more than one booster 8 = Decline to answer 9 = Unsure/unknown	Blank if 10 C19VAC not = 1	If 10b C19NVAC = 8, 9, then skip to 11

Q	Data element name	Ver	COVID question	Data type	Allowable codes	Blanks	Skips
10c1a	<b>C19VAC1MO</b>	2.0	When did you receive your first COVID-19 vaccination: month?	Num	1 – 12 88 = Decline to answer 99 = Unknown	Blank if 10b C19NVAC = 8, 9	
10c1b	<b>C19VAC1YR</b>	2.0	When did you receive your first COVID-19 vaccination: year?	Num	2019 to the current year 8888 = Decline to answer 9999 = Unknown	Blank if 10b C19NVAC = 8, 9	
10c2	<b>C19TVAC1</b>	2.0	Which COVID-19 vaccine did you first receive?	Num	1 = Pfizer 2 = Moderna 3 = Janssen (Johnson & Johnson) 4 = Other (SPECIFY) 8 = Decline to answer 9 = Unsure/unknown	Blank if 10b C19NVAC = 8, 9	
10c2a	<b>C19TVAC1OX</b>	2.0	Other specify	Char	text	Blank if 10c2 C19TVAC1 not = 4	
10c3	<b>C19SVAC1</b>	2.0	Did you experience any symptoms within 5 days of your first COVID-19 vaccination?	Num	0 = No 1 = Yes 8 = Decline to answer 9 = Unsure/unknown	Blank if 10b C19NVAC = 8, 9	If 10c3 C19SVAC1 not = 1, then skip to 10d1a; If 10c3 C19SVAC1 not = 1 <b>AND</b> 10b C19NVAC = 4, 6, then skip to 10e1a; If 10c3 C19SVAC1 not = 1 <b>AND</b> 10b C19NVAC = 1, 2, then skip to 11
10c4a	<b>C19VAC1ARM</b>	2.0	Which of the following symptoms did you experience after your first vaccine: Sore arm	Num	0 = No 1 = Yes	Blank if 10c3 C19SVAC1 not = 1	
10c4a1	<b>C19VAC1ADY</b>	2.0	Number of days sore arm lasted:	Num	Numeric free-text (999= Uncertain, 777= Continued through now)	Blank if 10c4a C19VAC1ARM = 0	

Q	Data element name	Ver	COVID question	Data type	Allowable codes	Blanks	Skips
10c4b	<b>C19VAC1FLU</b>	2.0	Which of the following symptoms did you experience after your first vaccine: Flu-like feelings ( <i>fever, chills, tiredness, or "malaise"</i> )	Num	0 = No 1 = Yes	Blank if 10c3 C19SVAC1 not = 1	
10c4b1	<b>C19VAC1FDY</b>	2.0	Number of days flu-like feelings lasted	Num	Numeric free-text (999= Uncertain, 777= Continued through now)	Blank if 10c4b C19VAC1FLU = 0	
10c4c	<b>C19VAC1MEM</b>	2.0	Which of the following symptoms did you experience after your first vaccine: New problems with memory, thinking, or concentration	Num	0 = No 1 = Yes	Blank if 10c3 C19SVAC1 not = 1	
10c4c1	<b>C19VAC1MDY</b>	2.0	Number of days new problems with memory, thinking, or concentration lasted:	Num	Numeric free-text (999= Uncertain, 777= Continued through now)	Blank if 10c4c C19VAC1MEM = 0	
10c4d	<b>C19VAC1DEC</b>	2.0	Which of the following symptoms did you experience after your first vaccine: Decline to answer	Num	0 = No 1 = Yes	Blank if 10c3 C19SVAC1 not = 1	
10c4e	<b>C19VAC1UNK</b>	2.0	Which of the following symptoms did you experience after your first vaccine: Unknown	Num	0 = No 1 = Yes	Blank if 10c3 C19SVAC1 not = 1	
10d1a	<b>C19VAC2MO</b>	2.0	When did you receive your second COVID-19 vaccination: month?	Num	1 – 12 88 = Decline to answer 99 = Unknown	Blank if 10b C19NVAC not = 3, 5, 7	If 10b C19NVAC = 1, 2, then skip to 11; <b>OR</b> if 10b C19NVAC = 4, 6, then skip to 10e1a
10d1b	<b>C19VAC2YR</b>	2.0	When did you receive your second COVID-19 vaccination: year?	Num	2019 to the current year 8888 = Decline to answer 9999 = Unknown	Blank if 10b C19NVAC not = 3, 5, 7	

Q	Data element name	Ver	COVID question	Data type	Allowable codes	Blanks	Skips
10d2	<b>C19TVAC2</b>	2.0	Which COVID-19 vaccine did you receive?	Num	1 = Pfizer 2 = Moderna 3 = Other (SPECIFY) 8 = Decline to answer 9 = Unsure/unknown	Blank if 10b C19NVAC not = 3, 5, 7	
10d2a	<b>C19TVAC2OX</b>	2.0	Other specify	Char	text	Blank if 10d2 C19TVAC2 not = 3	
10d3	<b>C19SVAC2</b>	2.0	Did you experience any symptoms within 5 days of your second COVID-19 vaccination?	Num	0 = No 1 = Yes 8 = Decline to answer 9 = Unsure/unknown	Blank if 10b C19NVAC not = 3, 5, 7	If 10d3 C19SVAC2 not = 1, then skip to 10e1a
10d4a	<b>C19VAC2ARM</b>	2.0	Which of the following symptoms did you experience after your second vaccine: Sore arm	Num	0 = No 1 = Yes	Blank if 10d3 C19SVAC2 not = 1	
10d4a1	<b>C19VAC2ADY</b>	2.0	Number of days sore arm lasted:	Num	Numeric free-text (999= Uncertain, 777= Continued through now)	Blank if 10d4a C19VAC2ARM = 0	
10d4b	<b>C19VAC2FLU</b>	2.0	Which of the following symptoms did you experience after your second vaccine: Flu-like feelings ( <i>fever, chills, tiredness, or "malaise"</i> )	Num	0 = No 1 = Yes	Blank if 10d3 C19SVAC2 not = 1	
10d4b1	<b>C19VAC2FDY</b>	2.0	Number of days flu-like feelings lasted	Num	Numeric free-text (999= Uncertain, 777= Continued through now)	Blank if 10d4b C19VAC2FLU = 0	
10d4c	<b>C19VAC2MEM</b>	2.0	Which of the following symptoms did you experience after your second vaccine: New problems with memory, thinking, or concentration	Num	0 = No 1 = Yes	Blank if 10d3 C19SVAC2 not = 1	
10d4c1	<b>C19VAC2MDY</b>	2.0	Number of days new problems with memory, thinking, or concentration lasted:	Num	Numeric free-text (999= Uncertain, 777= Continued through now)	Blank if 10d4c C19VAC2MEM = 0	

Q	Data element name	Ver	COVID question	Data type	Allowable codes	Blanks	Skips
10d4d	<b>C19VAC2DEC</b>	2.0	Which of the following symptoms did you experience after your second vaccine: Decline to answer	Num	0 = No 1 = Yes	Blank if 10d3 C19SVAC2 not = 1	
10d4e	<b>C19VAC2UNK</b>	2.0	Which of the following symptoms did you experience after your second vaccine: Unknown	Num	0 = No 1 = Yes	Blank if 10d3 C19SVAC2 not = 1	
10e1a	<b>C19BST1MO</b>	2.0	When did you receive your first COVID-19 booster vaccination: month?	Num	1 – 12 88 = Decline to answer 99 = Unknown	Blank 10b C19NVAC not = 4, 5, 6, 7	If 10b C19NVAC = 3, then skip to 11
10e1b	<b>C19BST1YR</b>	2.0	When did you receive your first COVID-19 booster vaccination: year?	Num	2019 to the current year 8888 = Decline to answer 9999 = Unknown	Blank if 10b C19NVAC not = 4, 5, 6, 7	
10e2	<b>C19TBST1</b>	2.0	Which COVID-19 vaccine did you receive?	Num	1 = Pfizer 2 = Moderna 3 = Other (SPECIFY) 8 = Decline to answer 9 = Unsure/unknown	Blank if 10b C19NVAC not = 4, 5, 6, 7	
10e2a	<b>C19TBST1OX</b>	2.0	Other specify	Char	text	Blank if 10e2 C19TBST1 not = 3	
10e3	<b>C19SBST1</b>	2.0	Did you experience any symptoms within 5 days of your first COVID-19 booster vaccination?	Num	0 = No 1 = Yes 8 = Decline to answer 9 = Unsure/unknown	Blank if 10b C19NVAC not = 4, 5, 6, 7	If 10e3 C19SBST1 not = 1, then skip to 10fa
10e4a	<b>C19BST1ARM</b>	2.0	Which of the following symptoms did you experience after your first booster vaccination: Sore arm	Num	0 = No 1 = Yes	Blank if 10e3 C19SBST1 not = 1	
10e4a1	<b>C19BST1ADY</b>	2.0	Number of days sore arm lasted:	Num	Numeric free-text (999= Uncertain, 777= Continued through now)	Blank if 10e4a C19BST1ARM = 0	

Q	Data element name	Ver	COVID question	Data type	Allowable codes	Blanks	Skips
10e4b	<b>C19BST1FLU</b>	2.0	Which of the following symptoms did you experience after your first booster vaccination: Flu-like feelings ( <i>fever, chills, tiredness, or "malaise"</i> )	Num	0 = No 1 = Yes	Blank if 10e3 C19SBST1 not = 1	
10e4b1	<b>C19BST1FDY</b>	2.0	Number of days flu-like feelings lasted	Num	Numeric free-text (999= Uncertain, 777= Continued through now)	Blank if 10e4b C19BST1FLU = 0	
10e4c	<b>C19BST1MEM</b>	2.0	Which of the following symptoms did you experience after your first booster vaccination: New problems with memory, thinking, or concentration	Num	0 = No 1 = Yes	Blank if 10e3 C19SBST1 not = 1	
10e4c1	<b>C19BST1MDY</b>	2.0	Number of days new problems with memory, thinking, or concentration lasted:	Num	Numeric free-text (999= Uncertain, 777= Continued through now)	Blank if 10e4c C19BST1MEM = 0	
10e4d	<b>C19BST1DEC</b>	2.0	Which of the following symptoms did you experience after your first booster vaccination: Decline to answer	Num	0 = No 1 = Yes	Blank if 10e3 C19SBST1 not = 1	
10e4e	<b>C19BST1UNK</b>	2.0	Which of the following symptoms did you experience after your first booster vaccination: Unknown	Num	0 = No 1 = Yes	Blank if 10e3 C19SBST1 not = 1	
10fa	<b>C19BSTRMO</b>	2.0	When was your most recent COVID-19 vaccination/booster: month	Num	1 – 12 88 = Decline to answer 99 = Unknown	Blank if 10b C19NVAC not = 6, 7	If 10b C19NVAC = 4, 5, then skip to 11
10fb	<b>C19BSTRYR</b>	2.0	When was your most recent COVID-19 vaccination/booster: year	Num	2019 to the current year 8888 = Decline to answer 9999 = Unknown	Blank if 10b C19NVAC not = 6, 7	

Q	Data element name	Ver	COVID question	Data type	Allowable codes	Blanks	Skips
11	<b>C19VHELP</b>	2.0	Do you need help in setting up a COVID vaccination for yourself?	Num	0 = No 1 = Yes (Center will provide information) 8 = Decline to answer 9 = Unsure/unknown		
12	<b>C19WORRY</b>	2.0	On a scale of 1-5, how worried are you that you will get COVID-19 (or, if previously infected, worried that you will get it again)?	Num	1 = Not at all worried 2 = A little worried 3 = Somewhat worried 4 = Very worried 5 = Extremely worried 8 = Decline to answer		
13	<b>C19DIS</b>	2.0	On a scale of 1-5, how disruptive has the COVID-19 pandemic been to your everyday life?	Num	1 = Not at all disruptive 2 = A little disruptive 3 = Somewhat disruptive 4 = Very disruptive 5 = Extremely disruptive 8 = Decline to answer		
14	<b>C19COPEST</b>	2.0	On a scale of 1-6 (with 1 being "I can shake off stress" and 6 being "Stress eats away at me") how would you rate your ability to handle stress?	Num	1 = "I can shake off stress" 2 = 3 = 4 = 5 = 6 = "Stress eats away at me" 8 = Decline to answer		



Q	Data element name	Ver	COVID question	Data type	Allowable codes	Blanks	Skips
15	<b>C19AMST</b>	2.0	In the past year, on a scale of 1-6 with 1 being “no stress” and 6 being “extreme stress” how would you rate the amount of stress in your life ( <i>at home and at work</i> )?	Num	1 = “No stress” 2 = 3 = 4 = 5 = 6 = “Extreme stress” 8 = Decline to answer		
16	<b>C19PRE</b>	2.0	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?	Num	1 = Not at all 2 = A little 3 = Somewhat 4 = Very much 5 = Extremely 8 = Decline to answer		

Q	Data element name	Ver	COVID question	Data type	Allowable codes	Blanks	Skips
<b>Form F3: COVID-19 Impact Survey — Co-participant</b>							
1	<b>C19COISO</b>	2.0	On a scale of 1-5, how isolated or cut off from family and friends have you felt due to the COVID-19 pandemic?	Num	1 = Not at all isolated 2 = A little isolated 3 = Somewhat isolated 4 = Very isolated 5 = Extremely isolated 8 = Decline to answer		
2	<b>C19CODIS</b>	2.0	On a scale of 1-5, how disruptive has the COVID-19 pandemic been to your everyday life?	Num	1 = Not at all disruptive 2 = A little disruptive 3 = Somewhat disruptive 4 = Very disruptive 5 = Extremely disruptive 8 = Decline to answer		
3	<b>C19COCTL</b>	2.0	On a scale of 1-5, since the start of the COVID-19 pandemic, how often have you felt that you were unable to control the important things in your life?	Num	1 = Never 2 = Almost never 3 = Sometimes 4 = Fairly often 5 = Very often 8 = Decline to answer		
4	<b>C19PESTCP</b>	2.0	On a scale of 1-6 ( <i>with 1 being "I can shake off stress" and 6 being "Stress eats away at me"</i> ) how would you rate your ability to handle stress?	Num	1 = "I can shake off stress" 2 = 3 = 4 = 5 = 6 = "Stress eats away at me" 8 = Decline to answer		

Q	Data element name	Ver	COVID question	Data type	Allowable codes	Blanks	Skips
5	<b>C19AMTSTCP</b>	2.0	In the past year, on a scale of 1-6 with 1 being “no stress” and 6 being “extreme stress” how would you rate the amount of stress in your life ( <i>at home and at work</i> )?	Num	1 = “No stress” 2 = 3 = 4 = 5 = 6 = “Extreme stress” 8 = Decline to answer		
6	<b>C19CONN</b>	2.0	Regarding your feelings of connectedness with friends and family during the COVID-19 pandemic, did you feel or have you felt...	Num	1 = Less connected 2 = About the same level of connection 3 = More connected 8 = Decline to answer		
7	<b>C19CARE</b>	2.0	Has the COVID-19 pandemic affected your ability to provide care for the research participant?	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		
8a	<b>C19KFAM</b>	2.0	What kind of care assistance, if any, has become harder to access: Respite by family or friends	Num	0 = No 1 = Yes 8 = Decline to answer		
8b	<b>C19KAGE</b>	2.0	What kind of care assistance, if any, has become harder to access: Paid respite by care agencies	Num	0 = No 1 = Yes 8 = Decline to answer		
8c	<b>C19KACT</b>	2.0	What kind of care assistance, if any, has become harder to access: Day activity programs	Num	0 = No 1 = Yes 8 = Decline to answer		

Q	Data element name	Ver	COVID question	Data type	Allowable codes	Blanks	Skips
8d	<b>C19KOVE</b>	2.0	What kind of care assistance, if any, has become harder to access: Overnight or extended-stay respite care	Num	0 = No 1 = Yes 8 = Decline to answer		
8e	<b>C19KFAC</b>	2.0	What kind of care assistance, if any, has become harder to access: Ability to find skilled residential facility placement	Num	0 = No 1 = Yes 8 = Decline to answer		
8f	<b>C19KAPP</b>	2.0	What kind of care assistance, if any, has become harder to access: Medical care including physician appointments	Num	0 = No 1 = Yes 8 = Decline to answer		
8g	<b>C19KOTH</b>	2.0	What kind of care assistance, if any, has become harder to access: Other	Num	0 = No 1 = Yes 8 = Decline to answer		
8g1	<b>C19KOTHX</b>	2.0	Other specify	Char	text	Blank if 8g C19KOTH not = 1	
9	<b>C19CORE</b>	2.0	On a scale of 1-5, how much has the COVID-19 pandemic 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?	Num	1 = Not at all 2 = A little 3 = Somewhat 4 = Very much 5 = Extremely 8 = Decline to answer		
10	<b>C19COPRE</b>	2.0	On a scale of 1-5, how much has the COVID-19 pandemic changed your own personal willingness to participate in clinical research, irrespective of whether in-person or telephone/remote visits are used?	Num	1 = Not at all 2 = A little 3 = Somewhat 4 = Very much 5 = Extremely 8 = Decline to answer		
11	<b>C19COSPX</b>	2.0	Do you have specific care needs that are not addressed above? Please list any care needs ( <i>both yours and the research participant's</i> ) that are not being met because of the COVID-19 pandemic:	Char	text		