



Healthcare Workers & COVID-19 Database

PID 2020

Codebook ▾

Data Dictionary Codebook

11/16/2020 12:38pm

^ Collapse all instruments

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: Demographics (demographics) ^ Collapse			
1	record_id	Record ID	text, Required
2	gender	Gender	radio, Required 1 Male 2 Female
3	age_group	Age Group	radio, Required 1 18 and Under 2 19-24 3 25-44 4 45-64 5 65-74 6 75-89 7 90+
4	totallos	Total LOS <i>Number of Days Patient in Hospital</i>	calc
5	ethnicity	Ethnicity	radio, Required 1 Hispanic/Latino 2 Not Hispanic/Latino 3 Unknown/Not Reported
6	domicile	Domicile	radio, Required 1 Private Home 2 Assisted Living/Skilled Nursing Facility 3 Veterans Home 4 Group Home
7	demographics_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Symptoms At Presentation (symptoms_at_presentation) ^ Collapse			
8	covid_at_presentation	Is the patient presenting with a known positive COVID 19 test result?	yesno, Required 1 Yes 0 No

9	symptoms	Symptoms (check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>symptoms__1</td><td>Fever (patient reported)</td></tr> <tr><td>2</td><td>symptoms__2</td><td>Cough</td></tr> <tr><td>3</td><td>symptoms__3</td><td>SOB</td></tr> <tr><td>4</td><td>symptoms__4</td><td>Fatigue</td></tr> <tr><td>5</td><td>symptoms__5</td><td>Sputum</td></tr> <tr><td>6</td><td>symptoms__6</td><td>Myalgia</td></tr> <tr><td>7</td><td>symptoms__7</td><td>Diarrhea</td></tr> <tr><td>8</td><td>symptoms__8</td><td>Nausea or vomiting</td></tr> <tr><td>10</td><td>symptoms__10</td><td>Sore throat</td></tr> <tr><td>11</td><td>symptoms__11</td><td>Runny nose/nasal congestion</td></tr> <tr><td>12</td><td>symptoms__12</td><td>Loss of smell</td></tr> <tr><td>13</td><td>symptoms__13</td><td>Loss of taste</td></tr> <tr><td>14</td><td>symptoms__14</td><td>Headache</td></tr> <tr><td>15</td><td>symptoms__15</td><td>chest discomfort, chest pain</td></tr> <tr><td>9</td><td>symptoms__9</td><td>Asymptomatic</td></tr> </table>	1	symptoms__1	Fever (patient reported)	2	symptoms__2	Cough	3	symptoms__3	SOB	4	symptoms__4	Fatigue	5	symptoms__5	Sputum	6	symptoms__6	Myalgia	7	symptoms__7	Diarrhea	8	symptoms__8	Nausea or vomiting	10	symptoms__10	Sore throat	11	symptoms__11	Runny nose/nasal congestion	12	symptoms__12	Loss of smell	13	symptoms__13	Loss of taste	14	symptoms__14	Headache	15	symptoms__15	chest discomfort, chest pain	9	symptoms__9	Asymptomatic
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14	symptoms__14	Headache																																														
15	symptoms__15	chest discomfort, chest pain																																														
9	symptoms__9	Asymptomatic																																														
10	travel_yn	Recent Travel?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																									
1	Yes																																															
0	No																																															
11	sickcontacts	Sick Contacts?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																									
1	Yes																																															
0	No																																															
12	exposure	Exposure to someone with confirmed COVID-19 infection?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																									
1	Yes																																															
0	No																																															
13	healthcare_worker	Does the patient work in a healthcare facility?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																									
1	Yes																																															
0	No																																															
14	symptoms_at_presentation_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																							
0	Incomplete																																															
1	Unverified																																															
2	Complete																																															
Instrument: Medical History (medical_history) ^ Collapse																																																
15	smoking_history	Smoking History	radio, Required <table border="1"> <tr><td>1</td><td>Current Smoker</td></tr> <tr><td>2</td><td>Former Smoker</td></tr> <tr><td>3</td><td>Never Smoker</td></tr> <tr><td>4</td><td>Unknown</td></tr> </table>	1	Current Smoker	2	Former Smoker	3	Never Smoker	4	Unknown																																					
1	Current Smoker																																															
2	Former Smoker																																															
3	Never Smoker																																															
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16	vaping_history	Vaping History?	radio, Required <table border="1"> <tr><td>1</td><td>Current</td></tr> <tr><td>2</td><td>Former</td></tr> <tr><td>3</td><td>Never</td></tr> <tr><td>4</td><td>Unknown</td></tr> </table>	1	Current	2	Former	3	Never	4	Unknown																																					
1	Current																																															
2	Former																																															
3	Never																																															
4	Unknown																																															
17	pregnancy	Is the patient pregnant?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																									
1	Yes																																															
0	No																																															

18	hypertensionhx	History of Hypertension?	yesno, Required 1 Yes 0 No
19	diabeteshx	History of Diabetes?	yesno, Required 1 Yes 0 No
20	asthmahx	History of Asthma?	yesno, Required 1 Yes 0 No
21	coronaryheartdiseasehx	History of coronary heart disease?	yesno, Required 1 Yes 0 No
22	copdhx	History of COPD?	yesno, Required 1 Yes 0 No
23	heartfailurehx	History of Heart Failure?	yesno, Required 1 Yes 0 No
24	carcinomahx	History of cancer or carcinoma?	yesno, Required 1 Yes 0 No
25	immunosuppressionhx	History of Immunosuppression?	yesno, Required 1 Yes 0 No
26	ckdhx	History of Chronic Kidney Disease?	yesno, Required 1 Yes 0 No
27	medhxother	Other significant medical history?	yesno, Required 1 Yes 0 No
28	medical_history_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Lab Results At Presentation** (lab_results_at_presentation)[^ Collapse](#)

29	labs_ordered	Was COVID testing ordered?	checkbox, Required 4 labs_ordered__4 Yes (Coronavirus (SARS-Cov-2 by PCR)) 15 labs_ordered__15 No COVID testing ordered
30	covid_19_result Show the field ONLY if: [labs_ordered(4)] = '1'	COVID-19 Test Result	radio 1 Positive 2 Negative 3 Indeterminate result
31	lab_results_at_presentation_c omplete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Imaging Results At Presentation (imaging_results_at_presentation) ^ Collapse																		
32	imaging_ordered	Imaging Ordered	checkbox, Required <table border="1"> <tr> <td>1</td> <td>imaging_ordered__1</td> <td>Chest AP Portable</td> </tr> <tr> <td>2</td> <td>imaging_ordered__2</td> <td>CT Chest</td> </tr> <tr> <td>3</td> <td>imaging_ordered__3</td> <td>No Imaging Ordered</td> </tr> </table>	1	imaging_ordered__1	Chest AP Portable	2	imaging_ordered__2	CT Chest	3	imaging_ordered__3	No Imaging Ordered						
1	imaging_ordered__1	Chest AP Portable																
2	imaging_ordered__2	CT Chest																
3	imaging_ordered__3	No Imaging Ordered																
33	chest_xray_result Show the field ONLY if: [imaging_ordered(1)] = '1'	Chest X-Ray Result (only consider infectious findings)	radio <table border="1"> <tr> <td>1</td> <td>Positive</td> </tr> <tr> <td>2</td> <td>Negative</td> </tr> </table>	1	Positive	2	Negative											
1	Positive																	
2	Negative																	
34	findings_chest_ap Show the field ONLY if: [chest_xray_result] = '1'	Were positive findings unilateral or bilateral?	radio <table border="1"> <tr> <td>1</td> <td>Unilateral</td> </tr> <tr> <td>2</td> <td>Bilateral</td> </tr> </table>	1	Unilateral	2	Bilateral											
1	Unilateral																	
2	Bilateral																	
35	ct_chest_result Show the field ONLY if: [imaging_ordered(2)] = '1'	CT Chest Result (only consider infectious findings)	radio <table border="1"> <tr> <td>1</td> <td>Positive</td> </tr> <tr> <td>2</td> <td>Negative</td> </tr> </table>	1	Positive	2	Negative											
1	Positive																	
2	Negative																	
36	findings_ct_chest Show the field ONLY if: [ct_chest_result] = '1'	Were positive findings unilateral or bilateral?	radio <table border="1"> <tr> <td>1</td> <td>Unilateral</td> </tr> <tr> <td>2</td> <td>Bilateral</td> </tr> </table>	1	Unilateral	2	Bilateral											
1	Unilateral																	
2	Bilateral																	
37	imaging_results_at_presentation_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete									
0	Incomplete																	
1	Unverified																	
2	Complete																	
Instrument: Treatments (treatments) ^ Collapse																		
38	oxygen	Oxygen Therapy?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
39	oxygen_type Show the field ONLY if: [oxygen] = '1'	Specify what type of oxygen therapy was provided (check all that apply)	checkbox, Required <table border="1"> <tr> <td>1</td> <td>oxygen_type__1</td> <td>nasal cannula</td> </tr> <tr> <td>2</td> <td>oxygen_type__2</td> <td>nonrebreather</td> </tr> <tr> <td>3</td> <td>oxygen_type__3</td> <td>ventimask</td> </tr> <tr> <td>4</td> <td>oxygen_type__4</td> <td>blow-by oxygen</td> </tr> <tr> <td>5</td> <td>oxygen_type__5</td> <td>trach collar</td> </tr> </table>	1	oxygen_type__1	nasal cannula	2	oxygen_type__2	nonrebreather	3	oxygen_type__3	ventimask	4	oxygen_type__4	blow-by oxygen	5	oxygen_type__5	trach collar
1	oxygen_type__1	nasal cannula																
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3	oxygen_type__3	ventimask																
4	oxygen_type__4	blow-by oxygen																
5	oxygen_type__5	trach collar																
40	invmech_ventilation	Did the patient require invasive mechanical ventilation?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
41	ems_intubation Show the field ONLY if: [invmech_ventilation] = '1'	Was the patient intubated in the field by EMS?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
42	ed_intubation Show the field ONLY if: [invmech_ventilation] = '1'	Was the patient intubated in the ED?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
43	start_invmech_vent Show the field ONLY if: [invmech_ventilation] = '1'	Start time of invasive mechanical ventilation	text (datetime_mdy), Required															
44	stop_invmech_vent Show the field ONLY if: [invmech_ventilation] = '1'	Stop Time of Invasive Mechanical Ventilation	text (datetime_mdy), Required															

45	invmech_vent_time Show the field ONLY if: [invmech_ventilation] = '1'	Time of Invasive Mechanical Ventilation	calc Calculation: datediff([stop_invmech_vent], [start_invmech_vent],"d","mdy")									
46	re_intubated Show the field ONLY if: [invmech_ventilation] = '1'	Was the patient re-intubated during their hospital stay?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No					
1	Yes											
0	No											
47	start_reintubation Show the field ONLY if: [re_intubated] = '1'	Start time of re-intubation	text (datetime_mdy), Required									
48	stop_reintubation Show the field ONLY if: [re_intubated] = '1'	Stop Time of re-intubation	text (datetime_mdy), Required									
49	time_reintubation Show the field ONLY if: [re_intubated] = '1'	Time of Re-Intubation (days)	calc, Required Calculation: datediff([stop_reintubation], [start_reintubation],"d","mdy")									
50	re_intubated_third Show the field ONLY if: [re_intubated] = '1'	Was the patient re-intubated a third time during their hospital stay?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No					
1	Yes											
0	No											
51	start_reintubation_2 Show the field ONLY if: [re_intubated_third] = '1'	Start time of re-intubation	text (datetime_mdy), Required									
52	stop_reintubation_2 Show the field ONLY if: [re_intubated_third] = '1'	Stop Time of re-intubation	text (datetime_mdy), Required									
53	time_reintubation_2 Show the field ONLY if: [re_intubated_third] = '1'	Time of Re-Intubation (days)	calc, Required Calculation: datediff([stop_reintubation_2], [start_reintubation_2],"d","mdy")									
54	noninv_mech_ventilation	Did the patient require non-invasive mechanical ventilation?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No					
1	Yes											
0	No											
55	ed_noninv_mech_vent Show the field ONLY if: [noninv_mech_ventilation] = '1'	Was non-invasive mechanical ventilation initiated in the ED?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No					
1	Yes											
0	No											
56	noninv_mech_vent_type Show the field ONLY if: [noninv_mech_ventilation] = '1'	What type of non-invasive mechanical ventilation did the patient receive? (check all that apply)	checkbox, Required <table><tr><td>1</td><td>noninv_mech_vent_type__1</td><td>CPAP</td></tr><tr><td>2</td><td>noninv_mech_vent_type__2</td><td>Bipap</td></tr><tr><td>3</td><td>noninv_mech_vent_type__3</td><td>High-flow nasal O2</td></tr></table>	1	noninv_mech_vent_type__1	CPAP	2	noninv_mech_vent_type__2	Bipap	3	noninv_mech_vent_type__3	High-flow nasal O2
1	noninv_mech_vent_type__1	CPAP										
2	noninv_mech_vent_type__2	Bipap										
3	noninv_mech_vent_type__3	High-flow nasal O2										
57	start_noninvmech_vent Show the field ONLY if: [noninv_mech_ventilation] = '1'	Start Time of non-invasive mechanical ventilation	text (datetime_mdy), Required									
58	stop_noninvmech_vent Show the field ONLY if: [noninv_mech_ventilation] = '1'	Stop Time of non-invasive mechanical ventilation	text (datetime_mdy), Required									
59	time_noninvmech_vent Show the field ONLY if: [noninv_mech_ventilation] = '1'	Time of non-invasive mechanical ventilation (days)	calc, Required Calculation: datediff([stop_noninvmech_vent], [start_noninvmech_vent],"d","mdy")									

60	tracheostomy	Did the patient have a tracheostomy while they were hospitalized?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
61	tracheostomy_date Show the field ONLY if: [tracheostomy] = '1'	Tracheostomy Date	text (date_mdy), Required												
62	treatments_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: Disposition And Outcomes (disposition_and_outcomes) ^ Collapse															
63	disposition	Disposition	radio, Required <table border="1"> <tr><td>1</td><td>Discharged Home</td></tr> <tr><td>2</td><td>Regular Admission</td></tr> <tr><td>3</td><td>ICU Admission</td></tr> <tr><td>4</td><td>Expired in ED</td></tr> <tr><td>5</td><td>Transferred to another hospital</td></tr> </table>	1	Discharged Home	2	Regular Admission	3	ICU Admission	4	Expired in ED	5	Transferred to another hospital		
1	Discharged Home														
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3	ICU Admission														
4	Expired in ED														
5	Transferred to another hospital														
64	ed_diagnosis	Final ED Diagnosis	checkbox, Required <table border="1"> <tr><td>1</td><td>ed_diagnosis__1</td><td>COVID-19 Infection</td></tr> <tr><td>2</td><td>ed_diagnosis__2</td><td>Respiratory Infection, not confirmed COVID</td></tr> <tr><td>3</td><td>ed_diagnosis__3</td><td>SOB not specified</td></tr> <tr><td>4</td><td>ed_diagnosis__4</td><td>Other</td></tr> </table>	1	ed_diagnosis__1	COVID-19 Infection	2	ed_diagnosis__2	Respiratory Infection, not confirmed COVID	3	ed_diagnosis__3	SOB not specified	4	ed_diagnosis__4	Other
1	ed_diagnosis__1	COVID-19 Infection													
2	ed_diagnosis__2	Respiratory Infection, not confirmed COVID													
3	ed_diagnosis__3	SOB not specified													
4	ed_diagnosis__4	Other													
65	icu_upgrade Show the field ONLY if: [disposition] = '2'	Was the patient upgraded to the ICU during their hospitalization?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
66	hosp_diagnosis Show the field ONLY if: [disposition] = '2' or [disposition] = '3'	Final Hospital Diagnosis	checkbox, Required <table border="1"> <tr><td>1</td><td>hosp_diagnosis__1</td><td>COVID-19 Infection</td></tr> <tr><td>2</td><td>hosp_diagnosis__2</td><td>Respiratory Infection, not confirmed COVID</td></tr> <tr><td>3</td><td>hosp_diagnosis__3</td><td>SOB not specified</td></tr> <tr><td>4</td><td>hosp_diagnosis__4</td><td>Other</td></tr> </table>	1	hosp_diagnosis__1	COVID-19 Infection	2	hosp_diagnosis__2	Respiratory Infection, not confirmed COVID	3	hosp_diagnosis__3	SOB not specified	4	hosp_diagnosis__4	Other
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2	hosp_diagnosis__2	Respiratory Infection, not confirmed COVID													
3	hosp_diagnosis__3	SOB not specified													
4	hosp_diagnosis__4	Other													
67	death	Did patient die during this encounter? <i>-1 indicates "Not Available" as Data Extraction occurred while patient was still in hospital</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
68	code_status	Patient code status (check at discharge)	radio, Required <table border="1"> <tr><td>1</td><td>Full Code</td></tr> <tr><td>2</td><td>DNR</td></tr> <tr><td>3</td><td>DNR/DNI</td></tr> <tr><td>4</td><td>comfort care</td></tr> </table>	1	Full Code	2	DNR	3	DNR/DNI	4	comfort care				
1	Full Code														
2	DNR														
3	DNR/DNI														
4	comfort care														
69	disposition_and_outcomes_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
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