

Project COVERED

Codebook ▾

Data Dictionary Codebook

06/10/2020 10:37am

Expand all instruments

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																								
Instrument: Baseline Positive Follow-up (withdrawal_followup) Enabled as survey Collapse																											
168	postb_suspect	Section Header: <i>SYMPTOMS</i> Prior to receiving your test results from Project COVERED, did you suspect that you might have had COVID-19 infection? <i>pb_6872</i>	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																										
169	postb_why Show the field ONLY if: [postb_suspect] = '1'	Why did you think you may have had COVID-19 [select all that apply]? <i>pb_1522</i>	checkbox <table border="1"> <tr> <td>1</td> <td>postb_why__1</td> <td>I had symptoms in the past I thought could have been from COVID-19</td> </tr> <tr> <td>2</td> <td>postb_why__2</td> <td>I have symptoms currently I thought might be from COVID-19</td> </tr> <tr> <td>3</td> <td>postb_why__3</td> <td>I have had known unprotected exposures to COVID-19 positive individuals</td> </tr> <tr> <td>4</td> <td>postb_why__4</td> <td>I believe that a family member or household contact had COVID-19</td> </tr> <tr> <td>5</td> <td>postb_why__5</td> <td>The ED I work in has/had a high prevalence of COVID-19-positive cases</td> </tr> <tr> <td>6</td> <td>postb_why__6</td> <td>I live(d) in a community with high COVID-19 prevalence</td> </tr> <tr> <td>7</td> <td>postb_why__7</td> <td>I believe that I had an asymptomatic infection or was never infected</td> </tr> <tr> <td>8</td> <td>postb_why__8</td> <td>Other</td> </tr> </table>	1	postb_why__1	I had symptoms in the past I thought could have been from COVID-19	2	postb_why__2	I have symptoms currently I thought might be from COVID-19	3	postb_why__3	I have had known unprotected exposures to COVID-19 positive individuals	4	postb_why__4	I believe that a family member or household contact had COVID-19	5	postb_why__5	The ED I work in has/had a high prevalence of COVID-19-positive cases	6	postb_why__6	I live(d) in a community with high COVID-19 prevalence	7	postb_why__7	I believe that I had an asymptomatic infection or was never infected	8	postb_why__8	Other
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170	postb_whyother Show the field ONLY if: [postb_why(8)] = '1'	Why do you think you had COVID-19? <i>pb_6234</i>	text																																																						
171	postb_sx	Since December 31, 2019, have you had ANY symptoms that could be consistent with COVID-19 at any point? <i>pb_1654</i>	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																																																		
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172	postb_sxlist Show the field ONLY if: [postb_sx]= '1'	Which symptoms have you had [check all that apply]? <i>pb_1822</i>	checkbox <table border="1"> <tr> <td>1</td> <td>postb_sxlist__1</td> <td>Cough (dry)</td> </tr> <tr> <td>2</td> <td>postb_sxlist__2</td> <td>Cough (productive)</td> </tr> <tr> <td>3</td> <td>postb_sxlist__3</td> <td>Sore throat</td> </tr> <tr> <td>4</td> <td>postb_sxlist__4</td> <td>Runny nose</td> </tr> <tr> <td>5</td> <td>postb_sxlist__5</td> <td>Shortness of breath</td> </tr> <tr> <td>6</td> <td>postb_sxlist__6</td> <td>Muscle aches</td> </tr> <tr> <td>7</td> <td>postb_sxlist__7</td> <td>Fatigue/weakness</td> </tr> <tr> <td>8</td> <td>postb_sxlist__8</td> <td>Fever (subjective or measured)</td> </tr> <tr> <td>17</td> <td>postb_sxlist__17</td> <td>Chills</td> </tr> <tr> <td>9</td> <td>postb_sxlist__9</td> <td>Diarrhea</td> </tr> <tr> <td>10</td> <td>postb_sxlist__10</td> <td>Loss of smell or taste</td> </tr> <tr> <td>11</td> <td>postb_sxlist__11</td> <td>Vomiting</td> </tr> <tr> <td>12</td> <td>postb_sxlist__12</td> <td>Dizziness</td> </tr> <tr> <td>13</td> <td>postb_sxlist__13</td> <td>Confusion</td> </tr> <tr> <td>14</td> <td>postb_sxlist__14</td> <td>Malaise</td> </tr> <tr> <td>15</td> <td>postb_sxlist__15</td> <td>Rash</td> </tr> <tr> <td>16</td> <td>postb_sxlist__16</td> <td>I had a symptom not listed here</td> </tr> <tr> <td>0</td> <td>postb_sxlist__0</td> <td>None of these</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE = '0'	1	postb_sxlist__1	Cough (dry)	2	postb_sxlist__2	Cough (productive)	3	postb_sxlist__3	Sore throat	4	postb_sxlist__4	Runny nose	5	postb_sxlist__5	Shortness of breath	6	postb_sxlist__6	Muscle aches	7	postb_sxlist__7	Fatigue/weakness	8	postb_sxlist__8	Fever (subjective or measured)	17	postb_sxlist__17	Chills	9	postb_sxlist__9	Diarrhea	10	postb_sxlist__10	Loss of smell or taste	11	postb_sxlist__11	Vomiting	12	postb_sxlist__12	Dizziness	13	postb_sxlist__13	Confusion	14	postb_sxlist__14	Malaise	15	postb_sxlist__15	Rash	16	postb_sxlist__16	I had a symptom not listed here	0	postb_sxlist__0	None of these
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173	postb_sxother Show the field ONLY if: [postb_sxlist(16)] = '1'	What additional symptom(s) have you experienced? <i>pb_1862</i>	text																																																						
174	postb_lengthsx Show the field ONLY if: [postb_sx] = '1'	How many days did your symptoms last (estimated)? If you had more than one episode of symptoms, please estimate the total number of days with symptoms since December 31, 2019. <i>pb_1657</i>	text (integer)																																																						
175	postb_fever	Since December 31, 2019, have you measured a fever (a temperature great than 100.4 F or 38 C) at any point? <i>pb_1758</i>	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																																																		
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176	postb_feverdate Show the field ONLY if: [postb_fever] = '1'	What was the date (estimated) of your first fever? <i>pb_1957</i>	text (date_mdy, Min: 2019-12-31) Field Annotation: @HIDEBUTTON																																																						
177	postb_lengthfever Show the field ONLY if: [postb_fever] = '1'	How many days did your fever last (estimated)? <i>pb_2058</i>	text (integer)																																																						
178	postb_episodes Show the field ONLY if: [postb_sx] = '1' or [postb_fever] = '1'	How many discrete episodes of symptoms (including fever) have you had since December 31, 2019? A discrete episode is a period of symptoms followed by full recovery. <i>pb_1547</i>	radio <table border="1"> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4 or more</td> </tr> </table>	1	1	2	2	3	3	4	4 or more																																														
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179	<p>postb_attributesx</p> <p>Show the field ONLY if: [postb_sx] = '1' or [postb_feve r] = '1'</p>	<p>To which of the following did you attribute your symptoms [select all that apply]?</p> <p><i>pb_1689</i></p>	<p>checkbox</p> <table border="1"> <tr> <td>10</td> <td>postb_attributesx__10</td> <td>COVID-19</td> </tr> <tr> <td>1</td> <td>postb_attributesx__1</td> <td>Common cold</td> </tr> <tr> <td>2</td> <td>postb_attributesx__2</td> <td>Influenza</td> </tr> <tr> <td>3</td> <td>postb_attributesx__3</td> <td>Seasonal allergies</td> </tr> <tr> <td>4</td> <td>postb_attributesx__4</td> <td>Gastroenteritis/stomach flu</td> </tr> <tr> <td>5</td> <td>postb_attributesx__5</td> <td>Food poisoning</td> </tr> <tr> <td>6</td> <td>postb_attributesx__6</td> <td>Other infection</td> </tr> <tr> <td>7</td> <td>postb_attributesx__7</td> <td>Exacerbation of a chronic medical condition</td> </tr> <tr> <td>8</td> <td>postb_attributesx__8</td> <td>Medications</td> </tr> <tr> <td>12</td> <td>postb_attributesx__12</td> <td>Asthma</td> </tr> <tr> <td>9</td> <td>postb_attributesx__9</td> <td>Inadequate sleep, overwork, schedule changes, or stress</td> </tr> <tr> <td>11</td> <td>postb_attributesx__11</td> <td>Other</td> </tr> </table>	10	postb_attributesx__10	COVID-19	1	postb_attributesx__1	Common cold	2	postb_attributesx__2	Influenza	3	postb_attributesx__3	Seasonal allergies	4	postb_attributesx__4	Gastroenteritis/stomach flu	5	postb_attributesx__5	Food poisoning	6	postb_attributesx__6	Other infection	7	postb_attributesx__7	Exacerbation of a chronic medical condition	8	postb_attributesx__8	Medications	12	postb_attributesx__12	Asthma	9	postb_attributesx__9	Inadequate sleep, overwork, schedule changes, or stress	11	postb_attributesx__11	Other
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180	<p>postb_othercond</p> <p>Show the field ONLY if: [postb_attributesx(11)] = '1'</p>	<p>To what other condition(s) did you attribute your symptoms?</p> <p><i>pb_1232</i></p>	<p>text</p>																																				
181	<p>postb_seekcare</p> <p>Show the field ONLY if: [postb_sx] = '1'</p>	<p>Did you seek care of any health care provider for any of these symptoms? (regardless of whether COVID-19 was suspected or testing was performed)</p> <p><i>pb_1185</i></p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																
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182	<p>postb_dayspriorcare</p> <p>Show the field ONLY if: [postb_seekcare] = '1'</p>	<p>How many days did you have symptoms prior to seeking care? If you sought care multiple times or had multiple episodes of symptoms, please estimate the time of symptoms prior to seeking care in the FIRST VISIT.</p> <p><i>pb_1568</i></p>	<p>text (number)</p>																																				
183	<p>postb_sxstart</p> <p>Show the field ONLY if: [postb_sx] = '1'</p>	<p>What is the FIRST date (estimated) that you had ANY symptoms that might have been consistent with COVID-19 since December 31, 2019. If you had multiple discrete episodes with symptoms that could be consistent with COVID-19, please list the date the FIRST episode STARTED.</p> <p><i>pb_2552</i></p>	<p>text (date_mdy, Min: 2019-12-31) Field Annotation: @HIDEBUTTON</p>																																				
184	<p>postb_sxend</p> <p>Show the field ONLY if: [postb_sx] = '1'</p>	<p>What is the LAST date (estimated) that you had ANY symptoms that might have been consistent with COVID-19 since December 31, 2019. If you had multiple discrete episodes with symptoms that could be consistent with COVID-19, please list the date the MOST RECENT episode ENDED.</p> <p><i>pb_2785</i></p>	<p>text (date_mdy) Field Annotation: @HIDEBUTTON</p>																																				
185	<p>posb_sxdesc</p> <p>Show the field ONLY if: [postb_sx] = '1'</p>	<p>Please provide a narrative of your symptoms, with dates, providing as much detail as you are able.</p> <p><i>pb_2058</i></p>	<p>notes</p>																																				
186	<p>postb_sxwork</p> <p>Show the field ONLY if: [postb_sx] = '1'</p>	<p>During the time period(s) that you had ANY symptoms (even minimal, minor, or atypical symptoms), did you go to work at your place of employment?</p> <p><i>pb_2485</i></p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																
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187	<p>postb_sxwrkdays</p> <p>Show the field ONLY if: [postb_sxwork] = '1'</p>	<p>How many days do you estimate you were at work while you were symptomatic?</p> <p><i>pb_2332</i></p>	<p>text (number)</p>																																				
188	<p>postb_addppe</p>	<p>Did you use any additional personal protective equipment (PPE) during any days you were symptomatic at work?</p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																
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189	<p>postb_addppelist</p> <p>Show the field ONLY if: [postb_addppe] = '1'</p>	<p>What additional PPE did you use?</p>	<p>text</p>																																				

190	postb_priortest	Have you had ANY COVID-19 testing (nasal test, blood test, or any other test) before participation in this project? <i>pb_1857</i>	yesno 1 Yes 0 No
191	postb_priortestresults Show the field ONLY if: [postb_priortest] = '1'	Please provide the date(s), test type, and results (example: 3/10, nasal swab, negative). <i>pb_2057</i>	notes
192	postb_ptsexp	Section Header: <i>WORK EXPOSURES</i> Since December 31, 2019 at work estimate how many PATIENTS with confirmed COVID-19 infection you had unprotected exposure (i.e., without using the personal protective equipment [PPE] recommended by your health system for a COVID-19 positive patient at the time of your exposure). This could have occurred because a patient was not known to have COVID-19 at the time of your encounter, because you did not have appropriate PPE available, or for any other reason. <i>pb_2011</i>	radio 0 0 1 1-5 2 6-10 3 Greater than 10
193	postb_expcoworker	Since December 31, 2019, AT WORK, have you had close and unprotected exposure, defined as within 6 feet for greater than 10 minutes without a mask, to a co-worker known to subsequently diagnosed to have COVID-19 infection? <i>pb_6421</i>	yesno 1 Yes 0 No
194	postb_exp	Section Header: <i>PUBLIC EXPOSURES</i> Since December 31, 2019, OUTSIDE OF WORK, estimate how many people known to have tested positive for COVID-19 you had a close and unprotected exposure, defined as within 6 feet for greater than 10 minutes without a mask? This does not include possible exposures to people whose testing status you do not know (e.g., grocery store, public transportation). <i>pb_2254</i>	radio 0 0 1 1-5 2 6-10 3 Greater than 10
195	postb_famsx	Since December 31, 2019, have any of your family members/roommates had symptoms consistent with COVID-19? <i>pb_2547</i>	yesno 1 Yes 0 No
196	postb_famsxstart Show the field ONLY if: [postb_famsx] = '1'	When did your family members/roommates start having symptoms consistent with COVID-19? If ANY of your family members started having symptoms prior to your symptoms, please select "before my symptoms." <i>pb_2147</i>	radio 1 Before the onset of my symptoms 2 At the same time my symptoms started 3 After the onset of my symptoms 4 I never had symptoms
197	postb_travel	Since December 31, 2019, have you traveled outside the United States? <i>pb_1872</i>	yesno 1 Yes 0 No
198	postb_intravel Show the field ONLY if: [postb_travel] = '1'	Please provide a brief description of any international travel locations and dates of travel (example: Barcelona, Spain - January 24-February 9). Include all international trips. <i>pb_1257</i>	notes
199	postb_contracted	Section Header: <i>POST-PROJECT TEST RESULTS</i> If you have contracted COVID-19 as your test result suggests, where do you think you MOST LIKELY contracted COVID-19 infection? <i>pb_5321</i>	radio 1 At work 2 At home 3 In the community 4 Travel outside the country 5 I don't know

200	postb_workfactors Show the field ONLY if: [postb_contracted] = '1'	If you think you contracted COVID-19 infection AT WORK, please select what factors you think were related to being exposed to COVID-19? [Select all that apply] <i>pb_4758</i>	radio <table border="1"> <tr><td>1</td><td>Wearing inadequate PPE (i.e., mask, face shield, gown, etc.) for patient(s) not suspected to be COVID-19 infected</td></tr> <tr><td>2</td><td>Inadequate time to place needed PPE</td></tr> <tr><td>3</td><td>Adequate PPE not available</td></tr> <tr><td>4</td><td>Accidental PPE doffing exposure</td></tr> <tr><td>5</td><td>Exposure to COVID-19 infected staff member</td></tr> <tr><td>6</td><td>Other</td></tr> </table>	1	Wearing inadequate PPE (i.e., mask, face shield, gown, etc.) for patient(s) not suspected to be COVID-19 infected	2	Inadequate time to place needed PPE	3	Adequate PPE not available	4	Accidental PPE doffing exposure	5	Exposure to COVID-19 infected staff member	6	Other		
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201	postb_otherepxfactors	Describe other factors that you believe contributed to your COVID-19 exposure. <i>pb_1528</i>	notes														
202	postb_decanx	To what extent do you agree or disagree with the following statement: Knowing my prior exposure and immunity to COVID-19 by serologic (blood) testing has decreased my anxiety? <i>pb_1298</i>	radio <table border="1"> <tr><td>1</td><td>Strongly disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Neither disagree or agree</td></tr> <tr><td>5</td><td>Somewhat agree</td></tr> <tr><td>6</td><td>Agree</td></tr> <tr><td>7</td><td>Strongly agree</td></tr> </table>	1	Strongly disagree	2	Disagree	3	Somewhat disagree	4	Neither disagree or agree	5	Somewhat agree	6	Agree	7	Strongly agree
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203	postb_contactclinic	After you received the results of your Project COVERED testing, did you contact your local employee health/occupational health clinic? <i>pb_1957</i>	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																
204	postb_addtesting	Have you had any COVID-19 testing performed SINCE your Project COVERED testing? <i>pb_2052</i>	radio <table border="1"> <tr><td>1</td><td>Yes, I had a repeat nasal, nasopharyngeal, or oral swab</td></tr> <tr><td>2</td><td>Yes, I had a repeat blood test</td></tr> <tr><td>3</td><td>Yes, I had both a repeat nasal, nasopharyngeal, or oral swab AND a blood test</td></tr> <tr><td>4</td><td>No, I have not had any repeat testing</td></tr> </table>	1	Yes, I had a repeat nasal, nasopharyngeal, or oral swab	2	Yes, I had a repeat blood test	3	Yes, I had both a repeat nasal, nasopharyngeal, or oral swab AND a blood test	4	No, I have not had any repeat testing						
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205	postb_swabdate Show the field ONLY if: [postb_addtesting] = '1' or [postb_addtesting] = '3'	My nasal, nasopharyngeal, or oral swab result was performed on the following date: <i>pb_2254</i>	text (date_dmy)														
206	postb_swabresult Show the field ONLY if: [postb_addtesting] = '1' or [postb_addtesting] = '3'	My nasal, nasopharyngeal, or oral swab result was: <i>pb_2780</i>	radio <table border="1"> <tr><td>1</td><td>Positive</td></tr> <tr><td>0</td><td>Negative</td></tr> </table>	1	Positive	0	Negative										
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207	postb_blooddate Show the field ONLY if: [postb_addtesting] = '2' or [postb_addtesting] = '3'	My blood test was performed on the following date: <i>pb_2354</i>	text (date_mdy)														
208	postb_bloodresult Show the field ONLY if: [postb_addtesting] = '2' or [postb_addtesting] = '3'	My blood test result was: <i>pb_2468</i>	radio <table border="1"> <tr><td>1</td><td>Positive</td></tr> <tr><td>0</td><td>Negative</td></tr> </table>	1	Positive	0	Negative										
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209	postb_missedshifts	Have you missed shifts as a result of your positive Project COVERED result? <i>pb_1198</i>	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										
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210	postb_returnwork Show the field ONLY if: [postb_missedshifts] = '1'	Have you returned to work? <i>pb_2354</i>	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																

211	postb_daysmissed Show the field ONLY if: [postb_missedshifts] = '1' and [postb_returnwork] = '1'	How many days (estimated) were you unable to work? <i>pb_1268</i>	text (number)																					
212	postb_changeptcare	In response to your positive test result, please indicate how you intend to change your activities at work or your willingness to interact with patients with known COVID-19 infection? [check all that apply] <i>pb_2472</i>	checkbox <table border="1" data-bbox="1040 247 1524 1247"> <tr> <td data-bbox="1040 247 1068 338">1</td> <td data-bbox="1068 247 1305 338">postb_changeptcare__1</td> <td data-bbox="1305 247 1524 338">I do not intend to change my work behavior/activities</td> </tr> <tr> <td data-bbox="1040 338 1068 594">2</td> <td data-bbox="1068 338 1305 594">postb_changeptcare__2</td> <td data-bbox="1305 338 1524 594">I will have the same work/clinical responsibilities, but I will feel more comfortable interacting with COVID-19 infected and COVID-19 suspected patients</td> </tr> <tr> <td data-bbox="1040 594 1068 741">3</td> <td data-bbox="1068 594 1305 741">postb_changeptcare__3</td> <td data-bbox="1305 594 1524 741">I actively will interact with and care for more COVID-19 patients to decrease my co-workers' risk</td> </tr> <tr> <td data-bbox="1040 741 1068 888">4</td> <td data-bbox="1068 741 1305 888">postb_changeptcare__4</td> <td data-bbox="1305 741 1524 888">I will join a COVID-19 intubation team, code team, or other high-risk COVID-19 response team</td> </tr> <tr> <td data-bbox="1040 888 1068 1115">5</td> <td data-bbox="1068 888 1305 1115">postb_changeptcare__5</td> <td data-bbox="1305 888 1524 1115">I will have the same work/clinical responsibilities, but I will feel LESS comfortable caring for COVID-19 positive and suspected patients</td> </tr> <tr> <td data-bbox="1040 1115 1068 1205">6</td> <td data-bbox="1068 1115 1305 1205">postb_changeptcare__6</td> <td data-bbox="1305 1115 1524 1205">I will actively avoid interacting with COVID-19 patients</td> </tr> <tr> <td data-bbox="1040 1205 1068 1247">7</td> <td data-bbox="1068 1205 1305 1247">postb_changeptcare__7</td> <td data-bbox="1305 1205 1524 1247">Other</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE = '1'	1	postb_changeptcare__1	I do not intend to change my work behavior/activities	2	postb_changeptcare__2	I will have the same work/clinical responsibilities, but I will feel more comfortable interacting with COVID-19 infected and COVID-19 suspected patients	3	postb_changeptcare__3	I actively will interact with and care for more COVID-19 patients to decrease my co-workers' risk	4	postb_changeptcare__4	I will join a COVID-19 intubation team, code team, or other high-risk COVID-19 response team	5	postb_changeptcare__5	I will have the same work/clinical responsibilities, but I will feel LESS comfortable caring for COVID-19 positive and suspected patients	6	postb_changeptcare__6	I will actively avoid interacting with COVID-19 patients	7	postb_changeptcare__7	Other
1	postb_changeptcare__1	I do not intend to change my work behavior/activities																						
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6	postb_changeptcare__6	I will actively avoid interacting with COVID-19 patients																						
7	postb_changeptcare__7	Other																						
213	postb_otherchange Show the field ONLY if: [postb_changeptcare(7)] = 1	Please describe other changes in your job responsibilities or your willingness to care for patients with known or suspected COVID-19 infection. <i>pb_1926</i>	notes																					

214	postb_changeppe	<p>In response to your positive test result, please indicate how you intend to change your use of PPE? [check all that apply]</p> <p><i>pb_1659</i></p>	<p>checkbox</p> <table border="1"> <tr> <td data-bbox="1044 113 1068 144">1</td> <td data-bbox="1068 113 1284 144">postb_changeppe__1</td> <td data-bbox="1284 113 1524 144">I do not intend to change my use of PPE</td> </tr> <tr> <td data-bbox="1044 184 1068 216">2</td> <td data-bbox="1068 184 1284 216">postb_changeppe__2</td> <td data-bbox="1284 184 1524 296">I will no longer always wear a mask when in my workplace but outside of patient rooms</td> </tr> <tr> <td data-bbox="1044 306 1068 338">3</td> <td data-bbox="1068 306 1284 338">postb_changeppe__3</td> <td data-bbox="1284 306 1524 438">I will wear a surgical mask instead of an N95 mask when in my workplace but outside of patient rooms</td> </tr> <tr> <td data-bbox="1044 449 1068 480">4</td> <td data-bbox="1068 449 1284 480">postb_changeppe__4</td> <td data-bbox="1284 449 1524 533">I will no longer always wear a mask when in a patient room</td> </tr> <tr> <td data-bbox="1044 543 1068 575">5</td> <td data-bbox="1068 543 1284 575">postb_changeppe__5</td> <td data-bbox="1284 543 1524 655">I will wear a surgical mask instead of an N95 mask when in a patient room</td> </tr> <tr> <td data-bbox="1044 665 1068 697">6</td> <td data-bbox="1068 665 1284 697">postb_changeppe__6</td> <td data-bbox="1284 665 1524 827">I will wear a surgical mask instead of an N95 mask when performing intubations or other high-risk aerosol-generating procedures</td> </tr> <tr> <td data-bbox="1044 837 1068 869">7</td> <td data-bbox="1068 837 1284 869">postb_changeppe__7</td> <td data-bbox="1284 837 1524 869">Other</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE = '1'</p>	1	postb_changeppe__1	I do not intend to change my use of PPE	2	postb_changeppe__2	I will no longer always wear a mask when in my workplace but outside of patient rooms	3	postb_changeppe__3	I will wear a surgical mask instead of an N95 mask when in my workplace but outside of patient rooms	4	postb_changeppe__4	I will no longer always wear a mask when in a patient room	5	postb_changeppe__5	I will wear a surgical mask instead of an N95 mask when in a patient room	6	postb_changeppe__6	I will wear a surgical mask instead of an N95 mask when performing intubations or other high-risk aerosol-generating procedures	7	postb_changeppe__7	Other
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7	postb_changeppe__7	Other																						
215	<p>postb_otherppe</p> <p>Show the field ONLY if: [postb_changeppe(7)] = '1'</p>	<p>Please describe other changes in your PPE practice.</p> <p><i>pb_1925</i></p>	<p>notes</p>																					
216	<p>postb_changeliving</p>	<p>In response to your positive test result, how will your living situation (where or with whom you live) change? [check all that apply]</p> <p><i>pb_1757</i></p>	<p>checkbox</p> <table border="1"> <tr> <td data-bbox="1044 1075 1068 1106">1</td> <td data-bbox="1068 1075 1284 1106">postb_changeliving__1</td> <td data-bbox="1284 1075 1524 1138">My living situation will not change</td> </tr> <tr> <td data-bbox="1044 1148 1068 1180">2</td> <td data-bbox="1068 1148 1284 1180">postb_changeliving__2</td> <td data-bbox="1284 1148 1524 1253">I will moved back to the same residence with my family or previous roommates</td> </tr> <tr> <td data-bbox="1044 1264 1068 1295">3</td> <td data-bbox="1068 1264 1284 1295">postb_changeliving__3</td> <td data-bbox="1284 1264 1524 1327">I will change where I sleep in my residence</td> </tr> <tr> <td data-bbox="1044 1337 1068 1369">4</td> <td data-bbox="1068 1337 1284 1369">postb_changeliving__4</td> <td data-bbox="1284 1337 1524 1442">I will no longer wear a mask while at my residence with my family or roommates</td> </tr> <tr> <td data-bbox="1044 1453 1068 1484">5</td> <td data-bbox="1068 1453 1284 1484">postb_changeliving__5</td> <td data-bbox="1284 1453 1524 1484">Other</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE = '1'</p>	1	postb_changeliving__1	My living situation will not change	2	postb_changeliving__2	I will moved back to the same residence with my family or previous roommates	3	postb_changeliving__3	I will change where I sleep in my residence	4	postb_changeliving__4	I will no longer wear a mask while at my residence with my family or roommates	5	postb_changeliving__5	Other						
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217	<p>postb_whatliving</p> <p>Show the field ONLY if: [postb_changeliving(5)] = '1'</p>	<p>Please describe other changes in your living situation.</p> <p><i>pb_1342</i></p>	<p>notes</p>																					

218	postb_changepublicbeh	<p>In response to your positive test result, how do you intend to change your practices in public? [check all that apply]</p> <p><i>pb_2056</i></p>	<p>checkbox</p> <table border="1" data-bbox="1045 113 1526 684"> <tr> <td data-bbox="1045 113 1068 205">1</td> <td data-bbox="1068 113 1341 205">postb_changepublicbeh__1</td> <td data-bbox="1341 113 1526 205">I do not intend to change practices in public</td> </tr> <tr> <td data-bbox="1045 205 1068 298">2</td> <td data-bbox="1068 205 1341 298">postb_changepublicbeh__2</td> <td data-bbox="1341 205 1526 298">I no longer intend to wear a mask in public places</td> </tr> <tr> <td data-bbox="1045 298 1068 499">3</td> <td data-bbox="1068 298 1341 499">postb_changepublicbeh__3</td> <td data-bbox="1341 298 1526 499">I am now more willing to go to restaurants, places of worship, and other places where groups of people gather</td> </tr> <tr> <td data-bbox="1045 499 1068 646">4</td> <td data-bbox="1068 499 1341 646">postb_changepublicbeh__4</td> <td data-bbox="1341 499 1526 646">I am now more willing to invite friends and relatives over to my house</td> </tr> <tr> <td data-bbox="1045 646 1068 684">5</td> <td data-bbox="1068 646 1341 684">postb_changepublicbeh__5</td> <td data-bbox="1341 646 1526 684">Other</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE = '1'</p>	1	postb_changepublicbeh__1	I do not intend to change practices in public	2	postb_changepublicbeh__2	I no longer intend to wear a mask in public places	3	postb_changepublicbeh__3	I am now more willing to go to restaurants, places of worship, and other places where groups of people gather	4	postb_changepublicbeh__4	I am now more willing to invite friends and relatives over to my house	5	postb_changepublicbeh__5	Other
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219	<p>postb_howpublic</p> <p>Show the field ONLY if: [postb_changepublicbeh(5)] = '1'</p>	<p>Please describe any other changes to your practices in public.</p> <p><i>pb_2342</i></p>	notes															
220	postb_changelife	<p>In response to your positive test result, do you expect anything else to change how you live your life?</p> <p><i>pb_3337</i></p>	<p>yesno</p> <table border="1" data-bbox="1045 919 1117 995"> <tr> <td data-bbox="1045 919 1068 957">1</td> <td data-bbox="1068 919 1117 957">Yes</td> </tr> <tr> <td data-bbox="1045 957 1068 995">0</td> <td data-bbox="1068 957 1117 995">No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
221	<p>postb_howlife</p> <p>Show the field ONLY if: [postb_changelife] = '1'</p>	<p>How?</p> <p><i>pb_1577</i></p>	notes															