

TB/COVID-19 DATA COLLECTION VIA REDCAP

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ACCESSING REDCAP

- Email your name, email address, and jurisdiction used for SAMS to smiths79@michigan.gov
- A request to have REDCap added to your SAMS profile will be made by DTBE on your behalf
- You will receive an email when it has been added
- The workgroup will add the project to your REDCap profile


ACCESSING REDCAP

Log into SAMS as you normally would
Find REDCap in your list of applications
Click

| | |
|----------------------------------------------------------|---------------------------------------------------------------------------------|
| National Tuberculosis Indicators Project | <ul style="list-style-type: none">NTIP |
| National TB Surveillance System Reports | <ul style="list-style-type: none">NTSS |
| National Tuberculosis Surveillance System Case Reporting | <ul style="list-style-type: none">NTSSCR * |
| OAMD Gateway | <ul style="list-style-type: none">SciComp SAMS Portal |
| REDCap | <ul style="list-style-type: none">REDCap |
| Red Sky | <ul style="list-style-type: none">Red Sky Epi-X |
| SAMS | <ul style="list-style-type: none">CDCPartners - SharePoint Online |
| ServiceNow | <ul style="list-style-type: none">ServiceNow |
| Tuberculosis Genotyping Information Management System | <ul style="list-style-type: none">TB GIMS |

ACCESSING REDCAP

At the top left select “My Projects”



The screenshot shows the REDCap website interface. The browser address bar displays 'https://rdcp.cdc.gov'. The navigation bar includes links for 'Home', 'My Projects' (circled in red), 'Help & FAQ', 'Training Videos', and 'Send-It'. Below the navigation bar, there are three prominent buttons: 'Request a NEW REDCap Project' (blue), 'Submit a REDCap Support Request' (red), and 'Add New User to REDCap' (teal). The main content area features a 'Welcome to REDCap!' section with introductory text and a 'CDC REDCap Resource Center' button. To the right, a 'REDCap Features' section lists various capabilities such as building online surveys, fast and flexible data collection, advanced instrument design features, e-Consent, diverse and flexible survey distribution options, data quality, custom reporting, export data to common analysis packages, secure file storage and sharing, and data-based triggers and alerts.

Welcome to REDCap!

REDCap is a secure web platform for building and managing online databases and surveys. REDCap's streamlined process for rapidly creating and designing projects offers a vast array of tools that can be tailored to virtually any data collection strategy.

REDCap provides automated export procedures for seamless data downloads to Excel and common statistical packages (SPSS, SAS, Stata, R), as well as a built-in project calendar, a scheduling module, ad hoc reporting tools, and advanced features, such as branching logic, file uploading, and calculated fields.

Learn more about REDCap by watching a [brief summary video \(4 min\)](#), if you would like to view other quick video tutorials of REDCap in action and an overview of its features, please see the [Training Resources](#) page.

NOTICE: If you are collecting data for the purposes of human subjects research, review and approval of the project is required by your Institutional Review Board.

If you require assistance or have any questions about REDCap, please contact [The CDC REDCap Team](#).

CDC REDCap Resource Center

REDCap Features

- Build online surveys and databases quickly and securely in your browser** - Create and design your project using a secure login from any device. No extra software required. Access from anywhere, at any time.
- Fast and flexible** - Go from project creation to starting data collection in less than one day. Customizations and changes are possible any time, even after data collection has begun.
- Advanced instrument design features** - Auto-validation, calculated fields, file uploading, branching/skip logic, and survey stop actions.
- e-Consent** - Perform informed consent electronically for participants via survey.
- Diverse and flexible survey distribution options** - Use a list of email addresses or phone numbers for your survey respondents and automatically contact them with personalized messages, and track who has responded. Or create a simple link for an anonymous survey for mass email mailings, to post on a website, or print on a flyer.
- REDCap Mobile App** - Collect data offline using an app on a mobile device when there is no WiFi or cellular connection, and then later sync data back to the server.
- Data quality** - Use field validation, branching/skip logic, and Missing Data Codes to improve and protect data quality during data entry. Open data queries to automatically identify and resolve discrepancies and other issues real-time.
- Custom reporting** - Create custom searches for generating reports to view aggregate data. Identify trends with built-in basic statistics and charts.
- Export data to common analysis packages** - Export your data as a PDF or as CSV data for easy analysis in SAS, Stata, R, SPSS, or Microsoft Excel.
- Secure file storage and sharing** - Upload and share any type of file with anyone in the world through the File Repository feature or Send-It tool. Also works with exports and other built-in file uploading features.
- Data-based triggers and alerts** - Send real-time alerts and notifications to

ACCESSING REDCAP

Click on TB-COVID comorbidity project

[Request a NEW REDCap Project](#)

[Submit a REDCap Support Request](#)

[Add New User to REDCap](#)

Note: If you need access to an existing REDCap Project, please contact the project owner.

Listed below are the REDCap projects to which you currently have access. Click the project title to open the project. [Read more](#) To review which users still have access to your projects, visit the [User Access Dashboard](#).

| My Projects Organize Collapse All | | | | | | Filter projects by title × 🔍 | |
|-------------------------------------------------------------|---------|--------|-------------|------|--------|--------------------------------------------------------|--|
| Project Title | Records | Fields | Instruments | Type | Status | | |
| TB-COVID comorbidity project | 25 | 123 | 9 forms | ■ | 🔧 | | |

GENERAL GUIDELINES

- Except for RVCT# all data entered pertains to COVID and ideally will be obtained from the COVID case report in your surveillance system
- Except for required fields, if a valid value cannot be determined use the “unknown” radio button
- No fields other than date of birth should contain personal identifiers

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....

Patient first name _____ Patient last name _____ Date of birth (MM/DD/YYYY): ____/____/____



.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....

Human Infection with 2019 Novel Coronavirus Case Report Form

| | | | |
|-----------------------------|--|-----------------------------------------|--|
| Reporting Jurisdiction | | Case state/local ID | |
| Reporting Health Department | | CDC 2019-nCoV ID | |
| Contact ID ^a | | NNDSS loc. rec. ID/Case ID ^b | |

^aOnly complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567 -01 and CA102034567 -02. ^bFor NNDSS reporters, use GenV2 or NETSS patient identifier.

Interviewer Information

| | | | |
|----------------------------|--------|------------|--------|
| Name of Interviewer: Last: | First: | Telephone: | Email: |
| Affiliation/Organization: | | | |

Case Classification and Identification

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>What is the current status of this person?</p> <p><input type="checkbox"/> Lab-confirmed case* <input type="checkbox"/> Probable case</p> <p>If probable, select reason for case classification:</p> <p><input type="checkbox"/> Meets clinical criteria AND epidemiologic evidence with no confirmatory lab testing*</p> <p><input type="checkbox"/> Meets presumptive lab evidence* AND either clinical criteria OR epidemiologic evidence</p> <p><input type="checkbox"/> Meets vital records criteria with no confirmatory lab testing</p> <p>*Detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test</p> <p>† Detection of specific antigen in a clinical specimen, OR detection of specific antibody in serum, plasma, or whole blood indicative of a new or recent infection</p> | <p>Under what process was the case first identified? (check all that apply)</p> <p><input type="checkbox"/> Clinical evaluation <input type="checkbox"/> Routine surveillance</p> <p><input type="checkbox"/> Contact tracing of case patient <input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> EpiX notification of travelers. If yes, DGMQID: _____</p> <p><input type="checkbox"/> Unknown</p> <p>Report date of case to CDC (MM/DD/YYYY): ____/____/____</p> <p>Date of first positive specimen collection (MM/DD/YYYY): ____/____/____ <input type="checkbox"/> Unknown <input type="checkbox"/> N/A</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Hospitalization, ICU, and Death Information

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Was the patient hospitalized?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, admission date 1 discharge date 1</p> <p>____/____/____ (MM/DD/YYYY) ____/____/____</p> | <p>If hospitalized, was a translator required?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, specify which language: _____</p> | <p>Was the patient admitted to an intensive care unit (ICU)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, admission date 1 discharge date 1</p> <p>____/____/____ (MM/DD/YYYY) ____/____/____</p> |
| <p>Did the patient die as a result of this illness?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, date of death (MM/DD/YYYY): ____/____/____ <input type="checkbox"/> Unknown date</p> | | |

Case Demographics

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Date of birth (MM/DD/YYYY): ____/____/____</p> <p>Age: _____ Age units (yr/mo/day): _____</p> <p>State of residence: _____ County of residence: _____</p> <p>Does this case have any tribal affiliation? <input type="checkbox"/> yes</p> <p>Tribe name(s): _____ Enrolled member? <input type="checkbox"/> yes</p> | <p>Sex:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Unknown</p> <p>If female, currently pregnant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> | <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Non-Hispanic/Latino</p> <p><input type="checkbox"/> Unknown</p> | <p>Race (check all that apply):</p> <p><input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Human Infection with 2019 Novel Coronavirus Case Report Form

Clinical course, symptoms, past medical history, and social history

Collected from (check all that apply): ☐ Patient interview ☐ Medical record review

Symptoms present during course of illness:
☐ Symptomatic
☐ Asymptomatic
☐ Unknown

If case was symptomatic:
What was the onset date?
 Onset date (MM/DD/YYYY): ____/____/____
☐ Unknown symptom onset date

Did the patient's symptoms resolve?
Date of symptom resolution (MM/DD/YYYY): ____/____/____
☐ No, still symptomatic
☐ Symptoms resolved, unknown date
☐ Unknown if symptoms resolved

Did the patient develop pneumonia?
☐ Yes ☐ No ☐ Unknown

Did the patient have acute respiratory distress syndrome?
☐ Yes ☐ No ☐ Unknown

Did the patient have an abnormal chest X-ray?
☐ Yes ☐ No ☐ Unknown ☐ N/A, no chest X-ray done

Did the patient have another diagnosis/etiology for their illness?
☐ Yes ☐ No ☐ Unknown

Did the patient have an abnormal EKG?
☐ Yes ☐ No ☐ Unknown ☐ N/A, no EKG done

Did the patient receive mechanical ventilation (MV)/intubation?
☐ Yes ☐ No ☐ Unknown
 If yes, total days with MV (days) _____

Did the patient receive ECMO?
☐ Yes ☐ No ☐ Unknown

If symptomatic, which of the following did the patient experience during their illness?

| | | | |
|-------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------|
| Fever >100.4F (38C) ^a | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Cough (new onset or worsening of chronic cough) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| Subjective fever (felt feverish) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Wheezing | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| Chills | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Shortness of breath (dyspnea) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| Rigors | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Difficulty breathing | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| Muscle aches (myalgia) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Chest pain | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| Runny nose (rhinorrhea) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Nausea or vomiting | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| Sore throat | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Abdominal pain | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| New olfactory and taste disorder(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Diarrhea (≥3 loose stools/24hr period) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| Headache | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Other, specify: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| Fatigue | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | | |

Did they have any underlying medical conditions and/or risk behaviors? ☐ Yes ☐ No ☐ Unknown

| | | | |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Diabetes Mellitus | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Immunosuppressive condition | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| Hypertension | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Autoimmune condition | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| Severe obesity (BMI ≥40) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Current smoker | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| Cardiovascular disease | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Former smoker | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| Chronic Renal disease | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Substance abuse or misuse | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| Chronic Liver disease | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| Chronic Lung disease (asthma/emphysema/COPD) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | If yes, specify: _____ | |
| Other chronic diseases | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | | |
| If yes, specify: _____ | | | |
| Other underlying condition or risk behavior, specify: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | Psychological/psychiatric condition | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| | | If yes, specify: _____ | |

SARS-CoV-2 Testing (approved by FDA or other designated authority)

| Test | Pos | Neg | Indet./Inconc. | Pend. | Not Done |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Molecular amplification test (RT-PCR) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Serologic test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments or Notes

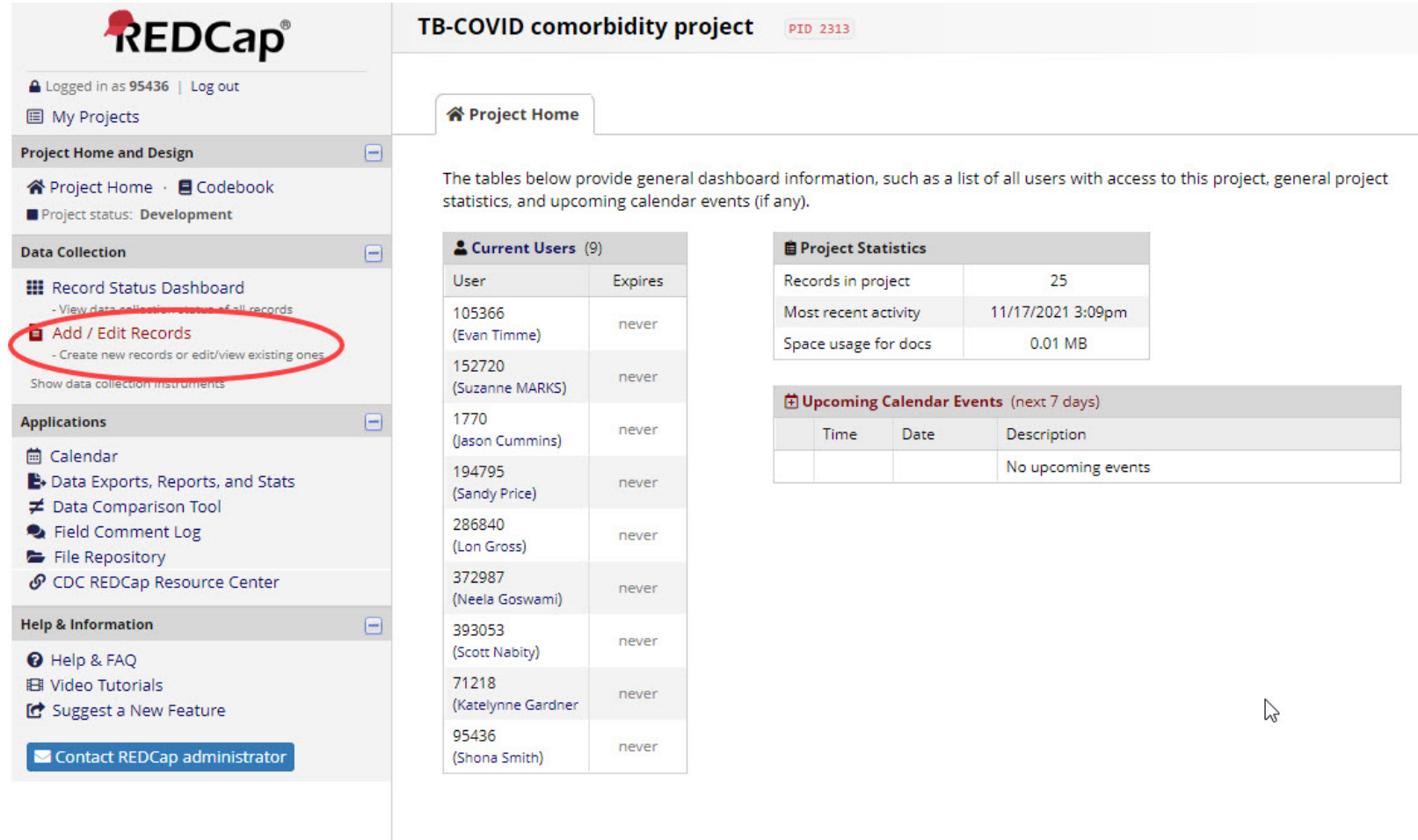
Specimens for CoV-19 Testing

| Specimen ID |
|-------------|
| 1) _____ |
| 2) _____ |
| 3) _____ |

DATA ENTRY

To add a new record or make edits to one previously entered, click Add/Edit Records

Likely won't need to use any of the other features on this page



REDCap®

Logged in as 95436 | Log out

My Projects

Project Home and Design

Project Home · Codebook

Project status: Development

Data Collection

Record Status Dashboard
- View data collection status of all records

Add / Edit Records
- Create new records or edit/view existing ones

Show data collection instruments

Applications

Calendar

Data Exports, Reports, and Stats

Data Comparison Tool

Field Comment Log

File Repository

CDC REDCap Resource Center

Help & Information

Help & FAQ

Video Tutorials

Suggest a New Feature

Contact REDCap administrator

TB-COVID comorbidity project PID 2313

Project Home

The tables below provide general dashboard information, such as a list of all users with access to this project, general project statistics, and upcoming calendar events (if any).

Current Users (9)

| User | Expires |
|------------------------------|---------|
| 105366 (Evan Timme) | never |
| 152720 (Suzanne MARKS) | never |
| 1770 (Jason Cummins) | never |
| 194795 (Sandy Price) | never |
| 286840 (Lon Gross) | never |
| 372987 (Neela Goswami) | never |
| 393053 (Scott Nabity) | never |
| 71218 (Katelynne Gardner) | never |
| 95436 (Shona Smith) | never |

Project Statistics

| | |
|----------------------|-------------------|
| Records in project | 25 |
| Most recent activity | 11/17/2021 3:09pm |
| Space usage for docs | 0.01 MB |

Upcoming Calendar Events (next 7 days)

| Time | Date | Description |
|------|------|--------------------|
| | | No upcoming events |

DATA ENTRY

Either click “Add new record”

Or select a record number from the drop down

When you add a new record, record the record number assigned somewhere to make editing easier if needed

Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, click the button below.

NOTICE: This project is currently in Development status. **Real data should NOT be entered** until the project has been moved to Production status.

Total records: 25

Choose an existing Record ID

-- select record -- ▾

+ Add new record

Data Search

Choose a field to search

(excludes multiple choice fields)

All fields ▾

Search query

Begin typing to search the project data, then click an item in the list to navigate to that record.

DATA ENTRY

To start data entry, select any of the radio buttons





Unless your case report data is ordered differently from the CDC case report form, I recommend starting with the first one

Record Home Page











Record "26" is a new Record ID. To create the record and begin entering data for it, click any gray status icon below.

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event.

Legend for status icons:

-  Incomplete
-  Incomplete (no data saved) ?
-  Unverified
-  Complete

NEW Record ID 26

|  Data Collection Instrument | Status |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Jurisdiction And Interviewer Information |  |
| Case Classification And Identification |  |
| Hospitalization Icu And Death Information |  |
| Case Demographics |  |
| Clinical Course And Symptoms1 |  |
| Clinical Course And Symptoms2 |  |
| Past Medical History And Social History |  |
| Sars Cov2 Testing |  |
| Additional Comments Or Notes |  |

DATA ENTRY

Data entry is split into different “forms”

You can switch between them to make corrections or enter data in a different order by clicking radio buttons on the left navigation pane

REDCap®

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My Projects

Project Home and Design

Project Home · Codebook

Project status: Development

Data Collection

Record Status Dashboard
- View data collection status of all records

Add / Edit Records
- Create new records or edit/view existing ones

Record ID 26 [Select other record](#)

Data Collection Instruments:

- Jurisdiction And Interviewer Information
- Case Classification And Identification
- Hospitalization Icu And Death Information
- Case Demographics
- Clinical Course And Symptoms1
- Clinical Course And Symptoms2
- Sars Cov2 Testing**
- Additional Comments Or Notes

Applications

- Calendar
- Data Exports, Reports, and Stats
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- Field Comment Log
- File Repository
- CDC REDCap Resource Center

Help & Information

- Help & FAQ
- Video Tutorials
- Suggest a New Feature
- Contact REDCap administrator

TB-COVID comorbidity project PID 2313

Actions: [Download PDF of instrument\(s\)](#) [VIDEO: Basic data entry](#)

Sars Cov2 Testing

Editing existing Record ID 26

Record ID 26

RVCT State Case ID: 2021Mlxxxxx2021

Molecular amplification test (RT PCR)

* must provide value

☐ Pos ☐ Neg ☐ Indet./Inconc ☐ Pend ☐ Not Done ☐ Unknown [reset](#)

Serologic test

* must provide value

☐ Pos ☐ Neg ☐ Indet./Inconc ☐ Pend ☐ Not Done ☐ Unknown [reset](#)

Other

☐ Pos ☐ Neg ☐ Indet./Inconc ☐ Pend ☐ Not Done ☐ Unknown [reset](#)

Form Status

Complete? [Incomplete](#) [Save & Exit Form](#) [Save & Go To Next Form](#) [Cancel](#)

JURISDICTION AND CASE IDENTIFIERS

TB-COVID comorbidity project PID 2313

Actions: [Download PDF of instrument\(s\)](#) [VIDEO: Basic data entry](#)

[Save & Exit Form](#)
[Save & Go To Next Form](#)
[-- Cancel --](#)

Jurisdiction And Interviewer Information

Adding new Record ID 26

Record ID 26

The reported data is based on information at the time of COVID-19 Dx confirmation.

Reporting Jurisdiction
* must provide value

Reporting Health Department
* must provide value
250 characters remaining

RVCT State Case ID
* must provide value
15 characters remaining

CDC 2019-nCoV ID
* must provide value
250 characters remaining

Form Status

Complete?

[Save & Exit Form](#) [Save & Go To Next Form](#)
[-- Cancel --](#)

MOVING ON TO NEXT “FORM”

TB-COVID comorbidity project PID 2313

Actions: [Download PDF of instrument\(s\)](#) [VIDEO: Basic data entry](#)

[Save & Exit Form](#)
[Save & Go To Next Form](#)
[-- Cancel --](#)

Jurisdiction And Interviewer Information



+

 Adding new Record ID 26

| | |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Record ID | 26 |
| <i>The reported data is based on information at the time of COVID-19 Dz confirmation.</i> | |
| Reporting Jurisdiction <small>* must provide value</small> | <div>Michigan</div> |
| Reporting Health Department <small>* must provide value</small> | <div>Oakland</div> <div>243 characters remaining</div> |
| RVCT State Case ID <small>* must provide value</small> | <div>2021MIxxxxx2021</div> <div>0 characters remaining</div> |
| CDC 2019-nCoV ID <small>* must provide value</small> | <div>MI111122223333</div> <div>236 characters remaining</div> |
| Form Status | |
| Complete? | <div>Complete</div> |
| <div>Save & Exit Form Save & Go To Next Form -- Cancel --</div> | |

CASE CLASSIFICATION AND REPORT DATE


TB-COVID comorbidity project PID 2313


Actions:  Download PDF of instrument(s)  [VIDEO: Basic data entry](#)

Save & Exit Form

Save & Go To Next Form


-- Cancel --

 **Case Classification And Identification**


 Editing existing Record ID 26

Record ID 26

RVCT State Case ID: 2021MIxxxxx2021


What is the current status of this person?  ☒ Lab-confirmed case ☐ Probable case * must provide value reset

Report date of COVID-19 case to CDC (MM/DD/YYYY):

 Today M-D-Y

☐ Unknown


Date of first positive specimen collection (MM-DD-YYYY):

 Today M-D-Y

☐ Unknown

☐ N/A

Form Status

Complete? 

Incomplete



Save & Exit Form

Save & Go To Next Form


-- Cancel --

HOSPITALIZATION AND DEATH


TB-COVID comorbidity project PID 2313


Actions:  Download PDF of instrument(s)  VIDEO: Basic data entry










Save & Exit Form

Save & Go To Next Form 

-- Cancel --

 **Hospitalization Icu And Death Information**

 Editing existing Record ID 26

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Record ID | 26 |
| RVCT State Case ID: 2021Mlxxxxx2021 | |
| Was the patient hospitalized? <small>* must provide value</small> | <div> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</div> <div> reset</div> |
| Was the patient admitted to an intensive care unit (ICU)? <small>* must provide value</small> | <div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</div> <div> reset</div> |
| Did the patient die as a result of this illness? <small>* must provide value</small> | <div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</div> <div> reset</div> |
| Form Status | |
| Complete? | <div> <input type="text" value="Incomplete"/> </div> |
| <div><div>Save & Exit Form</div><div>Save & Go To Next Form </div><div>-- Cancel --</div></div> | |

- Selecting “Yes” for any of these three questions opens dropdowns
- Enter dates or select “unknown”
- You can always “reset” the field radio buttons to blank if needed

TB-COVID comorbidity project

PID 2313

Actions:

Download PDF of instrument(s)

VIDEO: Basic data entry

Save & Exit Form

Save & Go To Next Form

-- Cancel --

Hospitalization Icu And Death Information

Editing existing Record ID 26

Record ID

26

RVCT State Case ID: 2021MIxxxxx2021

Was the patient hospitalized?

☒ Yes
☐ No
☐ Unknown

* must provide value

reset

If yes,

admission date 1 (MM-DD-YYYY)

31
Today

M-D-Y

☐ Unknown

discharge date 1 (MM-DD-YYYY)

31
Today

M-D-Y

☐ Unknown

Was the patient admitted to an intensive care unit (ICU)?

☒ Yes
☐ No
☐ Unknown

* must provide value

reset

If yes,

admission date 1 (MM-DD-YYYY)

31
Today

M-D-Y

☐ Unknown

discharge date 1 (MM-DD-YYYY)

31
Today

M-D-Y

☐ Unknown

Did the patient die as a result of this illness?

☒ Yes
☐ No
☐ Unknown

* must provide value

reset

If yes, date of death (MM-DD-YYYY)

31
Today

M-D-Y

☐ Unknown date

Form Status

Complete?

Incomplete

Save & Exit Form

Save & Go To Next Form

DEMOGRAPHICS

TB-COVID comorbidity project

PID 2313

Actions:

 Download PDF of instrument(s) ▾

 VIDEO: [Basic data entry](#)

Save & Exit Form

Save & Go To Next Form ▾

-- Cancel --

Case Demographics



 Editing existing Record ID 26

Record ID 26


RVCT State Case ID: 2021MIxxxxx2021

Date of birth (MM-DD-YYYY)  Today M-D-Y ☐ Unknown

Age


 3 characters remaining



Age units

 ☐ Days ☐ Months ☐ Years ☐ Unknown

[reset](#)


County of residence

* must provide value


 250 characters remaining

Sex


* must provide value

 ☐ Male ☐ Female ☐ Other ☐ Unknown

[reset](#)

Form Status

Complete?

 Incomplete ▾

Save & Exit Form

Save & Go To Next Form ▾

-- Cancel --

DEMOGRAPHICS

Should be entered as recorded on the COVID case report

But most likely will match TB case report

Some variations in age and county of residence are expected

Case Demographics

 Editing existing Record ID 26

Record ID 26



RVCT State Case ID: 2021MIxxxxx2021

Date of birth (MM-DD-YYYY)  Today M-D-Y ☐ Unknown

Age

  3 characters remaining



Age units

☐ Days ☐ Months ☐ Years ☐ Unknown  

reset

County of residence

* must provide value

  250 characters remaining

Sex

* must provide value

☐ Male ☐ Female ☐ Other ☐ Unknown  


reset

Form Status

Complete?

☐ ☐ Incomplete  


Save & Exit Form

Save & Go To Next Form 

-- Cancel --


CLINICAL COURSE AND SYMPTOMS

Clinical Course And Symptoms1

| | |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
|  Editing existing Record ID 26 | |
| Record ID | 26 |
| RVCT State Case ID: 2021MIxxxxx2021 | |
| Symptoms present during the course of illness <small>* must provide value</small> | <div><input checked="" type="radio"/> Symptomatic <input type="radio"/> Asymptomatic <input type="radio"/> Unknown</div> <div>reset</div> |
| Form Status | |
| Complete? | <div><div>Incomplete ▼</div></div> |
| <div>Save & Exit Form</div> <div>Save & Go To Next Form ▼</div> <div>-- Cancel --</div> | |



- Selecting “Symptomatic” opens all related questions
- You can always “reset” the field radio buttons to blank if needed

Clinical Course And Symptoms1

 Editing existing Record ID 26

Record ID 26

RVCT State Case ID: 2021MIxxxxx2021

Symptoms present during the course of illness  


* must provide value

☒ Symptomatic
☐ Asymptomatic
☐ Unknown



reset

If case was symptomatic:

What was the symptom onset date?

Onset date (MM/DD/YYYY):  Today M-D-Y

☐ Unknown symptom onset date

Did the patient's symptoms resolve?  

* must provide value

☐ Yes
☐ No still symptomatic
☐ Symptoms resolved, unknown date
☐ Unknown if symptoms resolved

reset

| | | | | | | | |
|---------------------|------------------------------|-----------------------------|---------------------------------------|----------------------|------------------------------|-----------------------------|---------------------------------------|
| Fever >100.4F (38C) | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset | Cough | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset |
| Subjective Fever | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset | Wheezing | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset |
| Chills | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset | Shortness of breath | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset |
| Rigors | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset | Difficulty breathing | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset |
| Muscle aches | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset | Chest pain | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset |

-Selecting “Yes” for “Did the patient’s symptoms resolve” of opens “Date of symptom resolution”

Editing existing Record ID 26

Record ID 26

RVCT State Case ID: 2021MIxxxxx2021

Symptoms present during the course of illness ☒ Symptomatic ☐ Asymptomatic ☐ Unknown reset

* must provide value

If case was symptomatic:

What was the symptom onset date?

Onset date (MM/DD/YYYY): Today M-D-Y

☐ Unknown symptom onset date

Did the patient's symptoms resolve? reset

* must provide value

☒ Yes ☐ No still symptomatic ☐ Symptoms resolved, unknown date ☐ Unknown if symptoms resolved


Date of symptom resolution (MM/DD/YYYY): Today M-D-Y




☐ Unknown symptom resolution date

| | | | | | | | |
|---------------------|------------------------------|-----------------------------|----------------------------------------------------|----------------------|------------------------------|-----------------------------|----------------------------------------------------|
| Fever >100.4F (38C) | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset | Cough | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset |
| Subjective Fever | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset | Wheezing | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset |
| Chills | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset | Shortness of breath | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset |
| Rigors | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset | Difficulty breathing | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset |
| Muscle aches | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset | Chest pain | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset |
| Runny nose | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset | Nausea or vomiting | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset |
| Sore throat | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset | Abdominal pain | Yes <input type="radio"/> | No <input type="radio"/> | Unk <input type="radio"/> reset |

CLINICAL COURSE AND SYMPTOMS

Clinical Course And Symptoms2


 Editing existing Record ID 26


| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Record ID | | 26 |
| RVCT State Case ID: 2021MIxxxxx2021 | | |
| Did the patient develop pneumonia? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown reset | Did the patient have an abnormal EKG? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A, no EKG done reset | |
| Did the patient have acute respiratory distress syndrome? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown reset | Did the patient receive mv/intubation? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown reset | |
| Did the patient have an abnormal chest x-ray? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A, no chest X-ray done reset | Did the patient receive ECMO? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown reset | |
| Did the patient have another illness diagnosis/etiology? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown reset | | |
| Form Status | | |
| Complete?   <input type="text" value="Incomplete"/> | | |
| <div>Save & Exit Form</div> <div>Save & Go To Next Form </div> | | |

TB-COVID comorbidity project


PID 2313

Actions:

 Download PDF of instrument(s) ▾

 VIDEO: Basic data entry.

Clinical Course And Symptoms2

 Editing existing Record ID 26

Record ID 26

RVCT State Case ID: 2021MIxxxxx2021

Did the patient develop pneumonia?

☐ Yes ☐ No ☐ Unknown

[reset](#)

Did the patient have an abnormal EKG?

☐ Yes ☐ No ☐ Unknown ☐ N/A, no EKG done

[reset](#)

Did the patient have acute respiratory distress syndrome?

☐ Yes ☐ No ☐ Unknown

[reset](#)

Did the patient receive mv/intubation?

☒ Yes ☐ No ☐ Unknown

[reset](#)

Did the patient have an abnormal chest x-ray?

☐ Yes ☐ No ☐ Unknown ☐ N/A, no chest X-ray done

[reset](#)

Did the patient receive ECMO?

☐ Yes ☐ No ☐ Unknown

[reset](#)

Did the patient have another illness diagnosis/etiology?

☐ Yes ☐ No ☐ Unknown

[reset](#)

If MV/intubation, total days with MV/intubation



3 characters remaining

Form Status

Complete?



Complete ▾

Save & Exit Form

Save & Go To Next Form ▾

-- Cancel --

-Selecting “Yes” to
“mv/intubation” opens
additional option below





PAST MEDICAL HISTORY AND SOCIAL HISTORY

TB-COVID comorbidity project


PID 2313

Actions:

 Download PDF of instrument(s) ▾

 [VIDEO: Basic data entry](#)


Past Medical History And Social History

 Editing existing Record ID 26

Record ID 26

RVCT State Case ID: 2021MIxxxxx2021

Did the patient have any underlying medical conditions and/or risk behaviors?


 ☐ Yes ☐ No ☐ Unknown

* must provide value

[reset](#)

Form Status

Complete?

 ▾

Save & Exit Form



Save & Go To Next Form ▾


-- Cancel --

TB-COVID comorbidity project


PID 2313

Actions:

 Download PDF of instrument(s) 

 VIDEO: Basic data entry

Past Medical History And Social History


 Editing existing Record ID 26

Record ID

26

RVCT State Case ID: 2021MIxxxxx2021

Did the patient have any underlying medical conditions and/or risk behaviors?

 ☒ Yes ☐ No ☐ Unknown



* must provide value

[reset](#)


| | | | |
|---------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------|
| Diabetes Mellitus | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Immunosuppressive condition | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Hypertension | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Autoimmune condition | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Severe obesity (BMI ≥40) | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Current smoker | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Cardiovascular disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Former smoker | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Chronic Renal disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Substance abuse or misuse | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Chronic Liver disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Disability | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Chronic Lung disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | | |
| Other chronic diseases | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | | |
| Other underlying condition or risk behavior | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Psychological/psychiatric condition | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |

Form Status

Complete?

 Complete 

Save & Exit Form


Save & Go To Next Form 

-- Cancel --

-Selecting “Yes” opens condition risk behavior list

- Selecting “Yes” for the any of the following opens additional questions below:
 - “Other chronic diseases”
 - “Other underlying condition or risk behavior”
 - “Disability”
 - “Psychological/psychiatric condition”

Past Medical History And Social History

 Editing existing Record ID 26

Record ID 26

RVCT State Case ID: 2021MIxxxxx2021

Did the patient have any underlying medical conditions and/or risk behaviors?

☒ Yes
 ☐ No
 ☐ Unknown

* must provide value
reset

| | | | |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------|
| Diabetes Mellitus | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Immunosuppressive condition | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Hypertension | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Autoimmune condition | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Severe obesity (BMI ≥40) | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Current smoker | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Cardiovascular disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Former smoker | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Chronic Renal disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Substance abuse or misuse | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Chronic Liver disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Disability | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Chronic Lung disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | | |
| Other chronic diseases | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | | |
| Other underlying condition or risk behavior | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Psychological/psychiatric condition | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |

If Other chronic diseases, specify

250 characters remaining

☐ Unknown

Form Status

Complete?

☒ Complete


Save & Exit Form

Save & Go To Next Form

-- Cancel --

- Selecting “Yes” for the any of the following opens additional questions below:
 - “Other chronic diseases”
 - “Other underlying condition or risk behavior”
 - “Disability”
 - “Psychological/psychiatric condition”

Past Medical History And Social History

 Editing existing Record ID 26

Record ID 26

RVCT State Case ID: 2021MIxxxxx2021

Did the patient have any underlying medical conditions and/or risk behaviors?

☒ Yes
 ☐ No
 ☐ Unknown

* must provide value
reset

| | | | |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------|
| Diabetes Mellitus | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Immunosuppressive condition | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Hypertension | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Autoimmune condition | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Severe obesity (BMI ≥40) | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Current smoker | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Cardiovascular disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Former smoker | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Chronic Renal disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Substance abuse or misuse | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Chronic Liver disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Disability | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Chronic Lung disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | | |
| Other chronic diseases | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | | |
| Other underlying condition or risk behavior | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Psychological/psychiatric condition | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |

If other underlying condition or risk behavior, specify

250 characters remaining


☐ Unknown

Form Status

Complete?

- Selecting “Yes” for the any of the following opens additional questions below:
 - “Other chronic diseases”
 - “Other underlying condition or risk behavior”
 - “Disability”
 - “Psychological/psychiatric condition”


Past Medical History And Social History

 Editing existing Record ID 26

Record ID 26

RVCT State Case ID: 2021MIxxxxx2021

Did the patient have any underlying medical conditions and/or risk behaviors?

 ☒ Yes ☐ No ☐ Unknown

* must provide value

reset

| | | | | | |
|---------------------------------------------|------------------------------------------------------------------------------|-------|-------------------------------------|-----------------------------------------------------------------------------------------|-------|
| Diabetes Mellitus | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk | reset | Immunosuppressive condition | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk | reset |
| Hypertension | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk | reset | Autoimmune condition | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk | reset |
| Severe obesity (BMI ≥40) | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk | reset | Current smoker | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk | reset |
| Cardiovascular disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk | reset | Former smoker | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk | reset |
| Chronic Renal disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk | reset | Substance abuse or misuse | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk | reset |
| Chronic Liver disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk | reset | Disability | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk | reset |
| Chronic Lung disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk | reset | | | |
| Other chronic diseases | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk | reset | | | |
| Other underlying condition or risk behavior | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk | reset | Psychological/psychiatric condition | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk | reset |

If disability, specify

250 characters remaining

☐ Unknown

Form Status

Complete?



Complete ▼

Save & Exit Form

Save & Go To Next Form ▼

-- Cancel --

- Selecting “Yes” for the any of the following opens additional questions below:
 - “Other chronic diseases”
 - “Other underlying condition or risk behavior”
 - “Disability”
 - “Psychological/psychiatric condition”

Past Medical History And Social History

Editing existing Record ID 26

Record ID 26

RVCT State Case ID: 2021MIxxxxx2021

Did the patient have any underlying medical conditions and/or risk behaviors?
 ☒ Yes
 ☐ No
 ☐ Unknown
 reset

* must provide value

| | | | |
|---------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------|
| Diabetes Mellitus | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Immunosuppressive condition | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Hypertension | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Autoimmune condition | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Severe obesity (BMI ≥40) | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Current smoker | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Cardiovascular disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Former smoker | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Chronic Renal disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Substance abuse or misuse | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Chronic Liver disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Disability | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |
| Chronic Lung disease | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | | |
| Other chronic diseases | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | | |
| Other underlying condition or risk behavior | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset | Psychological/psychiatric condition | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk reset |

If Psychological/psychiatric condition, specify

250 characters remaining

☐ Unknown

Form Status

Complete?

Complete ▼


Save & Exit Form

Save & Go To Next Form ▼

-- Cancel --

SARS COV2 TESTING

Actions:

 Download PDF of instrument(s) ▾

 [VIDEO: Basic data entry](#)

Save & Go To Next Form ▾

-- Cancel --

Sars Cov2 Testing

 Editing existing Record ID 26

Record ID 26

RVCT State Case ID: 2021MIxxxxx2021

Molecular amplification test (RT PCR)

* must provide value

☒ Pos ☐ Neg ☐ Indet./Inconc ☐ Pend ☐ Not Done ☐ Unknown

  reset

Serologic test

* must provide value

☐ Pos ☐ Neg ☐ Indet./Inconc ☐ Pend ☐ Not Done ☐ Unknown

  reset



Other

☐ Pos ☐ Neg ☐ Indet./Inconc ☐ Pend ☐ Not Done ☐ Unknown

  reset

Form Status

Complete?

  Incomplete ▾

Save & Exit Form


Save & Go To Next Form ▾

-Selecting “Pos” for “Other”
opens a specify box

TB-COVID comorbidity project


PID 2313

Actions:

 Download PDF of instrument(s) ▼

 VIDEO: Basic data entry

Sars Cov2 Testing

 Editing existing Record ID 26

Record ID 26

RVCT State Case ID: 2021MIxxxxx2021

Molecular amplification test (RT PCR)

* must provide value

☐ Pos ☐ Neg ☐ Indet./Inconc ☐ Pend ☐ Not Done ☐ Unknown



reset

Serologic test

* must provide value

☐ Pos ☐ Neg ☐ Indet./Inconc ☐ Pend ☐ Not Done ☐ Unknown



reset

Other

☒ Pos ☐ Neg ☐ Indet./Inconc ☐ Pend ☐ Not Done ☐ Unknown



reset

If others, please specify

250 characters remaining

☐ Unknown

Form Status

Complete?



Complete ▼

Save & Exit Form

Save & Go To Next Form ▼

-- Cancel --

ADDITIONAL COMMENTS OR NOTES

Not required

You may enter additional comments if relevant

When all available data is entered on all “forms” click “save & exit form”

TB-COVID comorbidity project PID 2313

Actions: [Download PDF of instrument\(s\)](#) [VIDEO: Basic data entry](#)

Additional Comments Or Notes

Editing existing Record ID 26

| | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Record ID | 26 |
| RVCT State Case ID: 2021MIxxxxx2021 | |
| Additional comments or notes | <div><div> </div><input type="text"/><div>250 characters remaining</div></div> |
| Form Status | |
| Complete? | <div><div> </div><div>Complete ▼</div></div> |
| <div><div><div>Save & Exit Form</div><div>Save & Stay ▼</div></div><div>-- Cancel --</div></div> | |

DATA ENTRY

When all “forms” are marked as “complete” all radio buttons will be green






You can still go back and edit any forms if necessary

If anything is still pending or needs to be looked up, I recommend leaving the relevant “form” incomplete until the data is entered or updated

Record Home Page











The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event.

Legend for status icons:

-  Incomplete  Incomplete (no data saved) 
-  Unverified
-  Complete

✓ Record ID 26 successfully edited

Record ID 26

|  Data Collection Instrument | Status |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Jurisdiction And Interviewer Information |  |
| Case Classification And Identification |  |
| Hospitalization Icu And Death Information |  |
| Case Demographics |  |
| Clinical Course And Symptoms1 |  |
| Clinical Course And Symptoms2 |  |
| Past Medical History And Social History |  |
| Sars Cov2 Testing |  |
| Additional Comments Or Notes |  |

EDITING RECORDS

Select the record number from the drop down

When you add a new record, record the record number assigned somewhere to make editing easier

Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, click the button below.

NOTICE: This project is currently in Development status. **Real data should NOT be entered** until the project has been moved to Production status.

| | |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Total records: 26 | |
| Choose an existing Record ID | -- select record -- ▾ |
| | -- select record -- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 |
| Data Search | |
| Choose a field to search (excludes multiple choice fields) | All fields ▾ |
| Search query Begin typing to search the project data, then click an item in the list to navigate to that record. | |

| Demo

Questions?

THANK YOU!

Email smiths79@michigan.gov
with questions or concerns