

# 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

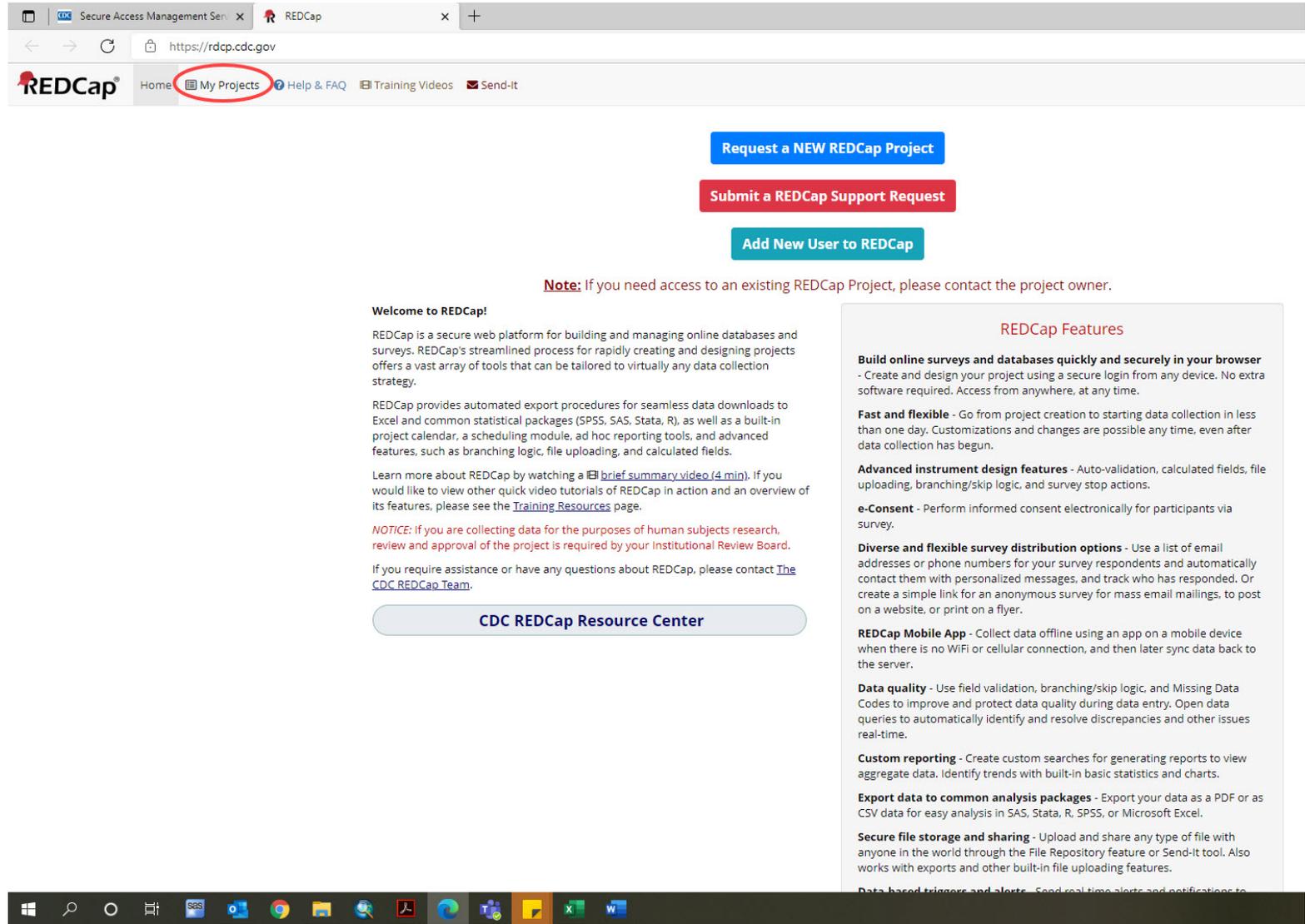
# ACCESSING REDCAP

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

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

# ACCESSING REDCAP

At the top left select “My Projects”



The screenshot shows the REDCap website interface. At the top, there is a navigation bar with the REDCap logo and several menu items: 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). A note states: "Note: If you need access to an existing REDCap Project, please contact the project owner." The main content area is divided into two columns. The left column contains a "Welcome to REDCap!" section with introductory text, a link to a "brief summary video (4 min)", and a "CDC REDCap Resource Center" button. The right column contains a "REDCap Features" section with a list of capabilities such as "Build online surveys and databases quickly and securely in your browser", "Fast and flexible", "Advanced instrument design features", "e-Consent", "Diverse and flexible survey distribution options", "REDCap Mobile App", "Data quality", "Custom reporting", "Export data to common analysis packages", and "Secure file storage and sharing".

**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.

**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 <span>Organize</span> <span>Collapse All</span> <input type="text" value="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

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

<sup>a</sup>Only 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. <sup>b</sup>For NNDSS reporters, use GenV2 or NETSS patient identifier.

### Interviewer Information

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

### Case Classification and Identification

<p><b>What is the current status of this person?</b></p> <p><input type="checkbox"/> Lab-confirmed case*    <input type="checkbox"/> Probable case <span style="float: right;">☞</span></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<sup>‡</sup> AND either clinical criteria OR epidemiologic evidence</p> <p><input type="checkbox"/> Meets vital records criteria with no confirmatory lab testing</p> <p><small>*Detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test</small></p> <p><small>‡ 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</small></p>	<p><b>Under what process was the case first identified? (check all that apply)</b></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, DGMOJD: _____</p> <p><input type="checkbox"/> Unknown</p> <p><b>Report date of case to CDC (MM/DD/YYYY):</b> ___/___/___</p> <p><b>Date of first positive specimen collection (MM/DD/YYYY):</b> ___/___/___    <input type="checkbox"/> Unknown    <input type="checkbox"/> N/A</p>
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### Hospitalization, ICU, and Death Information

<p><b>Was the patient hospitalized?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown</p> <p>If yes, admission date 1 _____ discharge date 1 _____ (MM/DD/YYYY)                      (MM/DD/YYYY)</p>	<p><b>If hospitalized, was a translator required?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown</p> <p>If yes, specify which language: _____</p>	<p><b>Was the patient admitted to an intensive care unit (ICU)?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown</p> <p>If yes, admission date 1 _____ discharge date 1 _____ (MM/DD/YYYY)                      (MM/DD/YYYY)</p>
<p><b>Did the patient die as a result of this illness?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown    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><b>Sex:</b></p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Female    <input type="checkbox"/> Unknown</p> <p><b>If female, currently pregnant?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown</p>	<p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Non-Hispanic/Latino</p> <p><input type="checkbox"/> Unknown</p>	<p><b>Race (check all that apply):</b></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>
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## Clinical course, symptoms, past medical history, and social history

Collected from (check all that apply): <input type="checkbox"/> Patient interview <input type="checkbox"/> Medical record review		
<b>Symptoms present during course of illness:</b> <input type="checkbox"/> Symptomatic <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Unknown	<b>If case was symptomatic:</b> <b>What was the onset date?</b> Onset date (MM/DD/YYYY): ___/___/___ <input type="checkbox"/> Unknown symptom onset date	<b>Did the patient's symptoms resolve?</b> Date of symptom resolution (MM/DD/YYYY): ___/___/___ <input type="checkbox"/> No, still symptomatic <input type="checkbox"/> Symptoms resolved, unknown date <input type="checkbox"/> Unknown if symptoms resolved
<b>Did the patient develop pneumonia?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Did the patient have acute respiratory distress syndrome?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Did the patient have an abnormal EKG?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A, no EKG done
<b>Did the patient have an abnormal chest X-ray?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A, no chest X-ray done	<b>Did the patient receive mechanical ventilation (MV)/intubation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, total days with MV (days) _____	<b>Did the patient receive ECMO?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Did the patient have another diagnosis/etiology for their illness?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

If symptomatic, which of the following did the patient experience during their illness?								
Fever >100.4F (38C) <sup>c</sup>	<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	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	

Did they have any underlying medical conditions and/or risk behaviors? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 If yes, specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	

### 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"/>				
Serologic test	<input type="checkbox"/>				
Other (specify): _____	<input type="checkbox"/>				

### Specimens for CoV-19 Testing

Specimen ID
1) _____
2) _____
3) _____

### Additional Comments or Notes

# 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 (Katelynn 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 -- ▾
	

Data Search	
Choose a field to search <small>(excludes multiple choice fields)</small>	All fields ▾
Search query <small>Begin typing to search the project data, then click an item in the list to navigate to that record.</small>	<input type="text"/>

# 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	<input checked="" type="radio"/>
Case Classification And Identification	<input type="radio"/>
Hospitalization Icu And Death Information	<input type="radio"/>
Case Demographics	<input type="radio"/>
Clinical Course And Symptoms1	<input type="radio"/>
Clinical Course And Symptoms2	<input type="radio"/>
Past Medical History And Social History	<input type="radio"/>
Sars Cov2 Testing	<input type="radio"/>
Additional Comments Or Notes	<input type="radio"/>

# 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**  
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
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- 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

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- Calendar
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- CDC REDCap Resource Center

**Help & Information**

- Help & FAQ
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- 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: 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](#)

[-- 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 Dz 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?

 Incomplete ▾

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](#)

**Jurisdiction And Interviewer Information**

Adding new Record ID 26

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

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

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

# CASE CLASSIFICATION AND REPORT DATE

**TB-COVID comorbidity project** PID 2313

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

**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 reset  
\* must provide value

**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 dropdown arrow

[Save & Exit Form](#) [Save & Go To Next Form](#) dropdown arrow

[-- 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?

  Yes  No  Unknown

\* must provide value

reset

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

  Yes  No  Unknown

\* must provide value

reset

Did the patient die as a result of this illness?

  Yes  No  Unknown

\* must provide value

reset

Form Status

Complete?

  ▾

Save & Exit Form

Save & Go To Next Form ▾

-- Cancel --



# 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?

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: 2021Mlxxxxx2021

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  250 characters remaining  
\* must provide value

Sex  Male  Female  Other  Unknown reset  
\* must provide value

### 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>	<input checked="" type="radio"/> Symptomatic <input type="radio"/> Asymptomatic <input type="radio"/> Unknown <span>reset</span>
Form Status	
Complete?	<input type="text" value="Incomplete"/> <span>▼</span>
<span>Save &amp; Exit Form</span> <span>Save &amp; Go To Next Form</span> <span>▼</span>	
<span>-- Cancel --</span>	

## Clinical Course And Symptoms1

 Editing existing Record ID 26

Record ID 26

RVCT State Case ID: 2021MIxxxxx2021

Symptoms present during the course of illness  Symptomatic  Asymptomatic  Unknown  
\* must provide value 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? reset  
\* must provide value  
 Yes  
 No still symptomatic  
 Symptoms resolved, unknown date  
 Unknown if symptoms resolved

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

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

-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  
\* must provide value reset

If case was symptomatic:  
 What was the symptom onset date?  
 Onset date (MM/DD/YYYY):   M-D-Y  
 Unknown symptom onset date

Did the patient's symptoms resolve?  Yes  No still symptomatic  Symptoms resolved, unknown date  Unknown if symptoms resolved  
\* must provide value reset

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

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

# CLINICAL COURSE AND SYMPTOMS

## Clinical Course And Symptoms2

 Editing existing Record ID 26

**Record ID** 26

**RVCT State Case ID: 2021MIxxxxx2021**

<b>Did the patient develop pneumonia?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <small>reset</small>	<b>Did the patient have an abnormal EKG?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A, no EKG done <small>reset</small>
<b>Did the patient have acute respiratory distress syndrome?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <small>reset</small>	<b>Did the patient receive mv/intubation?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <small>reset</small>
<b>Did the patient have an abnormal chest x-ray?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A, no chest X-ray done <small>reset</small>	<b>Did the patient receive ECMO?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <small>reset</small>
<b>Did the patient have another illness diagnosis/etiology?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <small>reset</small>	

**Form Status**

**Complete?**   Incomplete ▾

**Save & Exit Form** **Save & Go To Next Form** ▾

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 --

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

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

If Other chronic diseases, specify  250 characters remaining  Unknown

Form Status

Complete?  reset

reset

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

If other underlying condition or risk behavior, specify  Unknown

250 characters remaining

**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”

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

If disability, specify  250 characters remaining  Unknown

Form Status

Complete? Complete ▼

Save & Exit Form Save & Go To Next Form ▼

-- Cancel --

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

If Psychological/psychiatric condition, 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”

# 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 ▾

# 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 --

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

# 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	<input type="text"/> 250 characters remaining
Form Status	
Complete?	<input type="text" value="Complete"/>

**Save & Exit Form** **Save & Stay**

# 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	<input checked="" type="radio"/>
Case Classification And Identification	<input checked="" type="radio"/>
Hospitalization Icu And Death Information	<input checked="" type="radio"/>
Case Demographics	<input checked="" type="radio"/>
Clinical Course And Symptoms1	<input checked="" type="radio"/>
Clinical Course And Symptoms2	<input checked="" type="radio"/>
Past Medical History And Social History	<input checked="" type="radio"/>
Sars Cov2 Testing	<input checked="" type="radio"/>
Additional Comments Or Notes	<input checked="" type="radio"/>

# 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

Data Search

Choose a field to search (excludes multiple choice fields)

Search query

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18

# | Demo

# Questions?

**THANK YOU!**

Email [smiths79@michigan.gov](mailto:smiths79@michigan.gov)  
with questions or concerns