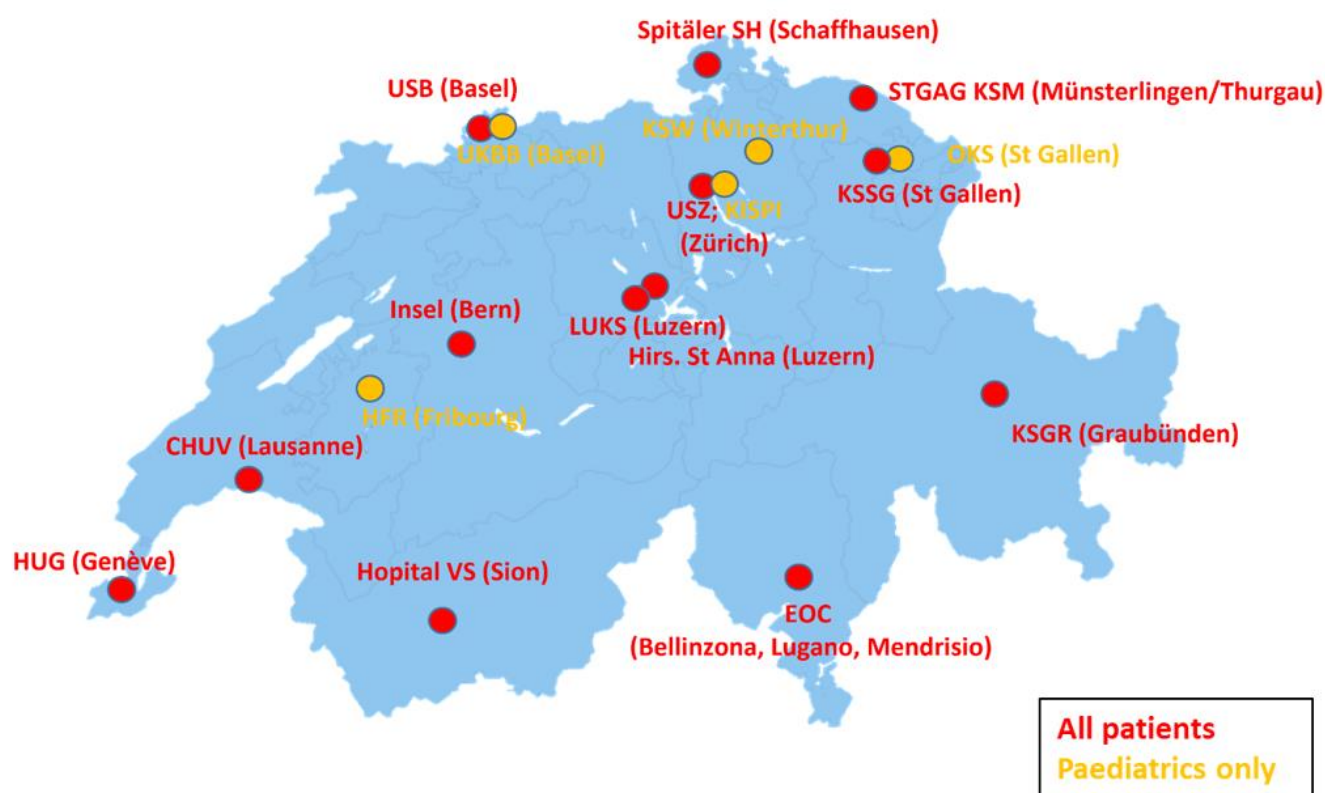


## Supplementary material

Sobel JA, et al. Overview and evaluation of a nationwide hospital-based surveillance system for Influenza and COVID-19 in Switzerland (CH-SUR) (<https://doi.org/10.57187/s.4213>)

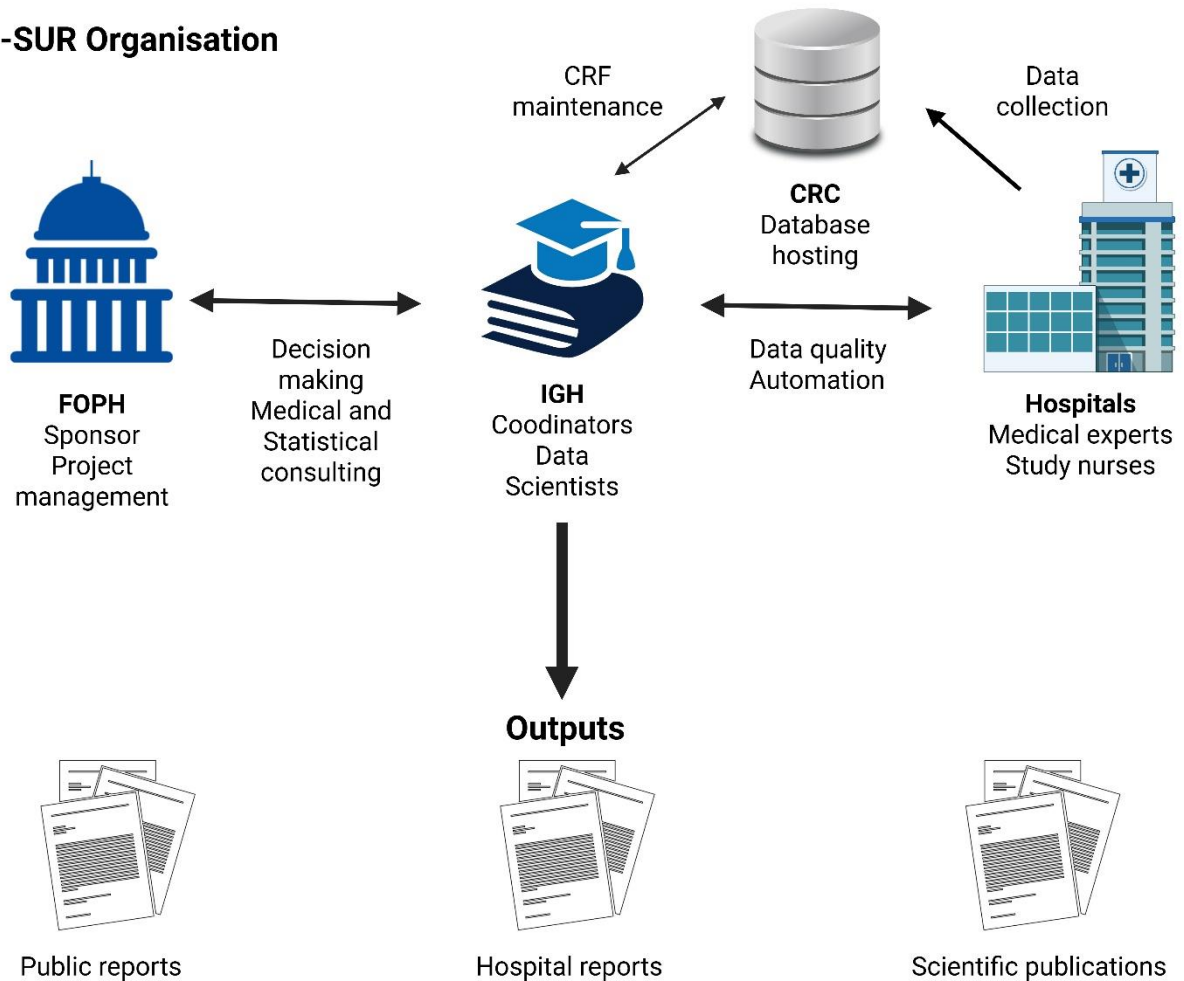
> CH-SUR case report form and codebook, version 2023: see page A-6

> CH-SUR evaluation survey: see page A-16



**Figure S1.** Map of CH-SUR Hospital partners over Switzerland., KSSG - Kantonsspital St. Gallen, HUG - Hôpitaux Universitaires de Genève, UKBB - Universitäts-Kinderspital Basel (University Children's Hospital Basel), LUKS - Luzerner Kantonsspital, KISPI USZ - Kinderspital Zürich (University Children's Hospital Zurich), PED KSW - Kinderspital Winterthur (Children's Hospital Winterthur), EOC - Ente Ospedaliero Cantonale (Cantonal Hospital Organization), PED HFR - Pédiatrie Hôpital fribourgeois (Pediatrics, Fribourg Cantonal Hospital), PED OKS - Pédiatrie Ospedale cantonale di San Gallo (Pediatrics, Cantonal Hospital of St. Gallen), HVS - Hôpital du Valais, STGAG - Spital Thurgau AG, USZ - Universitätsspital Zürich (University Hospital Zurich), CHUV - Centre Hospitalier Universitaire Vaudois, USB - Universitätsspital Basel (University Hospital Basel), SSH - Spitäler Schaffhausen, Hirslanden LU - Hirslanden Klinik St. Anna Luzern, INSEL - Inselspital (University Hospital of Bern)

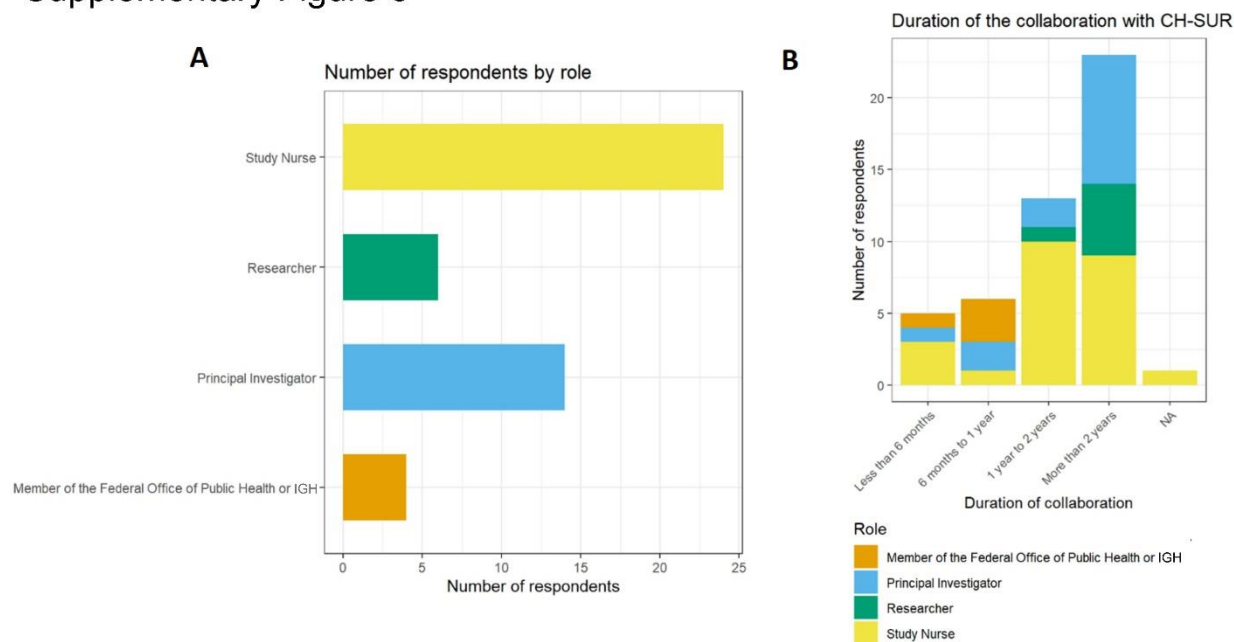
## CH-SUR Organisation



**Figure S2.** Organisation of nationwide hospital-based surveillance system for influenza and COVID-19 in Switzerland (CH-SUR). FOPH: Federal Office of Public Health; IGH: Institute of Global Health, Geneva University; CRC: Centre de Recherche Clinique, Geneva University Hospitals; CRF: Case report form

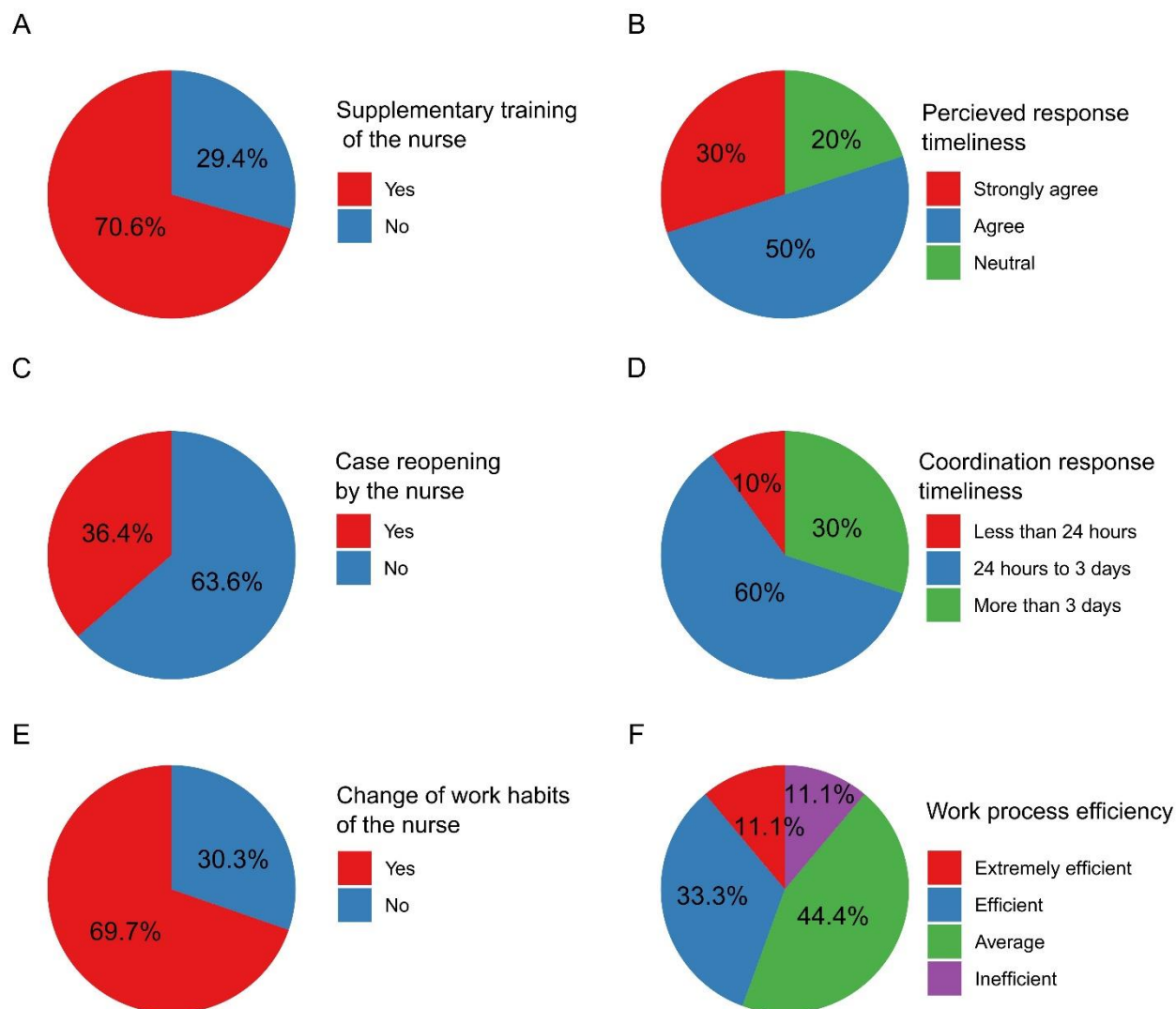
\* As of 2024, several tasks were internalised at the FOPH, including reporting and data science functions.

## Supplementary Figure 3



**Figure S3.** Roles within CH-SUR (A) and duration of collaboration (B) among qualitative survey participants CH-SUR. IGH: Institute of Global Health.

## Supplementary Figure 4



**Figure S4.** Survey responses on nurse's practices and response timeliness. (A) Additional training of nurses (N=34). (B) General satisfaction with response timeliness from CH-SUR (N=10). (C) Case follow-up practices by nurses (N=33). (D) Specific timeframes for CH-SUR responses (N=10). (E): Change of work habits by nurses (N=33). (F) Assessment of the efficiency of CH-SUR's work processes (N=9).

## Supplementary Figure 5



**Figure S5.** Results of text mining and word cloud analysis of open-ended questions in CH-SUR survey. The size of the words is proportional to the occurrence of the word in the respondents' answers.

# Hospital-based surveillance of COVID-19, Influenza & Respiratory diseases in Switzerland {BASEC 2020-00827} [2020+] - [Quality and Site SURVEYS]

PID

365

Codebook ▾

## Data Dictionary Codebook

18.04.2023 14:13

^ Collapse all instruments

| #                                                                                                                                                                                            | Variable / Field Name                                | Field Label<br><i>Field Note</i>                                                                                                                                                                                                                                                                                | Field Attributes (Field Type, Validation, Choices, Calculations, etc.)                                                                                                                                                                                                                                           |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------------|---|---------------------------|---|-----------------------------------|---|------------------------------------------------------|---|--------------------------------|
| Instrument: <b>Survey-CH-SUR-Evaluation</b> (surveychsrevaluation)  Enabled as survey <div>^ Collapse</div> |                                                      |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 1                                                                                                                                                                                            | record_id                                            | Record ID                                                                                                                                                                                                                                                                                                       | text                                                                                                                                                                                                                                                                                                             |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 2                                                                                                                                                                                            | dummy_111                                            | Section Header: <i>Evaluation of the CH-SUR surveillance system for Hospitalisations related to Influenza and Covid-19 in Switzerland</i><br><br>Welcome to the survey evaluation of the CH-SUR system. With the following questions we aim to improve our system and publish a scientific research manuscript. | descriptive                                                                                                                                                                                                                                                                                                      |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 3                                                                                                                                                                                            | role                                                 | What is your role with respect to CH-SUR ?                                                                                                                                                                                                                                                                      | radio, Required <table><tr><td>1</td><td>Principal Investigator</td></tr><tr><td>2</td><td>Study Nurse</td></tr><tr><td>3</td><td>Researcher</td></tr><tr><td>4</td><td>Member of the Federal Office of Public Health or ISG</td></tr></table>                                                                   | 1 | Principal Investigator         | 2 | Study Nurse               | 3 | Researcher                        | 4 | Member of the Federal Office of Public Health or ISG |   |                                |
| 1                                                                                                                                                                                            | Principal Investigator                               |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 2                                                                                                                                                                                            | Study Nurse                                          |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 3                                                                                                                                                                                            | Researcher                                           |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 4                                                                                                                                                                                            | Member of the Federal Office of Public Health or ISG |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 4                                                                                                                                                                                            | duration_work                                        | How long have you been working with CH-SUR / ISG?                                                                                                                                                                                                                                                               | radio <table><tr><td>1</td><td>Less than 6 months</td></tr><tr><td>2</td><td>6 months to 1 year</td></tr><tr><td>3</td><td>1 year to 2 years</td></tr><tr><td>4</td><td>More than 2 years</td></tr></table>                                                                                                      | 1 | Less than 6 months             | 2 | 6 months to 1 year        | 3 | 1 year to 2 years                 | 4 | More than 2 years                                    |   |                                |
| 1                                                                                                                                                                                            | Less than 6 months                                   |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 2                                                                                                                                                                                            | 6 months to 1 year                                   |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 3                                                                                                                                                                                            | 1 year to 2 years                                    |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 4                                                                                                                                                                                            | More than 2 years                                    |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 5                                                                                                                                                                                            | comprehension                                        | How well do you comprehend the CH-SUR system and its objectives?                                                                                                                                                                                                                                                | radio <table><tr><td>1</td><td>I understand it extremely well</td></tr><tr><td>2</td><td>I understand it very well</td></tr><tr><td>3</td><td>I have an average understanding</td></tr><tr><td>4</td><td>I do not understand it well</td></tr><tr><td>5</td><td>I have no understanding at all</td></tr></table> | 1 | I understand it extremely well | 2 | I understand it very well | 3 | I have an average understanding   | 4 | I do not understand it well                          | 5 | I have no understanding at all |
| 1                                                                                                                                                                                            | I understand it extremely well                       |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 2                                                                                                                                                                                            | I understand it very well                            |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 3                                                                                                                                                                                            | I have an average understanding                      |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 4                                                                                                                                                                                            | I do not understand it well                          |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 5                                                                                                                                                                                            | I have no understanding at all                       |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 6                                                                                                                                                                                            | rating_importance                                    | Rate the importance of the CH-SUR system.                                                                                                                                                                                                                                                                       | radio <table><tr><td>1</td><td>Highly important</td></tr><tr><td>2</td><td>Important</td></tr><tr><td>3</td><td>Neither important nor unimportant</td></tr><tr><td>4</td><td>Unimportant</td></tr><tr><td>5</td><td>Highly unimportant</td></tr></table>                                                         | 1 | Highly important               | 2 | Important                 | 3 | Neither important nor unimportant | 4 | Unimportant                                          | 5 | Highly unimportant             |
| 1                                                                                                                                                                                            | Highly important                                     |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 2                                                                                                                                                                                            | Important                                            |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 3                                                                                                                                                                                            | Neither important nor unimportant                    |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 4                                                                                                                                                                                            | Unimportant                                          |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 5                                                                                                                                                                                            | Highly unimportant                                   |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 7                                                                                                                                                                                            | org_objectives                                       | How relevant is the CH-SUR system to your organization's objectives and goals?                                                                                                                                                                                                                                  | radio <table><tr><td>1</td><td>Highly relevant</td></tr><tr><td>2</td><td>relevant</td></tr><tr><td>3</td><td>Neither relevant nor irrelevant</td></tr><tr><td>4</td><td>Irrelevant</td></tr><tr><td>5</td><td>Highly irrelevant</td></tr></table>                                                               | 1 | Highly relevant                | 2 | relevant                  | 3 | Neither relevant nor irrelevant   | 4 | Irrelevant                                           | 5 | Highly irrelevant              |
| 1                                                                                                                                                                                            | Highly relevant                                      |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 2                                                                                                                                                                                            | relevant                                             |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 3                                                                                                                                                                                            | Neither relevant nor irrelevant                      |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 4                                                                                                                                                                                            | Irrelevant                                           |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |
| 5                                                                                                                                                                                            | Highly irrelevant                                    |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                  |   |                                |   |                           |   |                                   |   |                                                      |   |                                |

|    |                                                                          |                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8  | adapt_org                                                                | How adaptable has the CH-SUR system been to your organization's needs?                                                                                          | <div>radio</div> <div> <div>1</div> <div>Highly adaptable</div> </div> <div> <div>2</div> <div>Adaptable</div> </div> <div> <div>3</div> <div>Neither adaptable nor unadaptable (Not applicable)</div> </div> <div> <div>4</div> <div>Unadaptable</div> </div> <div> <div>5</div> <div>Highly unadaptable</div> </div>                                                                                                           |
| 9  | difficulty_use                                                           | Overall, how easy or difficult is it to use the CH-SUR system?<br><br>(i.e., data collection on REDCap, etc.)                                                   | <div>radio</div> <div> <div>1</div> <div>Very Easy</div> </div> <div> <div>2</div> <div>Easy</div> </div> <div> <div>3</div> <div>Average</div> </div> <div> <div>4</div> <div>Difficult</div> </div> <div> <div>5</div> <div>Extremely Difficult</div> </div>                                                                                                                                                                   |
| 10 | reliability                                                              | Rate CH-SUR system's reliability and availability.                                                                                                              | <div>radio</div> <div> <div>1</div> <div>Highly reliable (no failure in the system)</div> </div> <div> <div>2</div> <div>Reliable (little to no failure in the system)</div> </div> <div> <div>3</div> <div>Average (little system failures at times)</div> </div> <div> <div>4</div> <div>Unreliable (multiple system failures)</div> </div> <div> <div>5</div> <div>Highly unreliable (countless system failures)</div> </div> |
| 11 | long_engage                                                              | How likely is your organization to keep long term engagement with the CH-SUR system?                                                                            | <div>radio</div> <div> <div>1</div> <div>Highly likely</div> </div> <div> <div>2</div> <div>Likely</div> </div> <div> <div>3</div> <div>Neutral (unsure at this time)</div> </div> <div> <div>4</div> <div>Unlikely</div> </div> <div> <div>5</div> <div>Highly unlikely</div> </div>                                                                                                                                            |
| 12 | issues_isg                                                               | Did you encounter any significant issues with the surveillance staff at ISG?                                                                                    | <div>radio</div> <div> <div>1</div> <div>Yes</div> </div> <div> <div>0</div> <div>No</div> </div> <div> <div>-1</div> <div>Not applicable</div> </div>                                                                                                                                                                                                                                                                           |
| 13 | issue_isg_text<br>Show the field ONLY if:<br>[issues_isg] = '1'          | If yes, what are they and what are your suggestions to solve them?                                                                                              | notes                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 14 | issues_foph                                                              | Did you encounter any significant issues with the surveillance staff at FOPH?                                                                                   | <div>radio</div> <div> <div>1</div> <div>Yes</div> </div> <div> <div>0</div> <div>No</div> </div> <div> <div>-1</div> <div>Not applicable</div> </div>                                                                                                                                                                                                                                                                           |
| 15 | issues_foph_text<br>Show the field ONLY if:<br>[issues_foph] = '1'       | If yes, what are they and what are your suggestions to solve them?                                                                                              | notes                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 16 | challenges_org                                                           | Does your organization experience any challenges or barriers to support the CH-SUR system?                                                                      | <div>yesno</div> <div> <div>1</div> <div>Yes</div> </div> <div> <div>0</div> <div>No</div> </div>                                                                                                                                                                                                                                                                                                                                |
| 17 | challenges_org_text<br>Show the field ONLY if:<br>[challenges_org] = '1' | If so, what are these challenges/barriers?                                                                                                                      | notes                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 18 | suggestion_improve                                                       | What are your suggestions to further improve the CH-SUR surveillance system overall?                                                                            | notes<br>Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                                    |
| 19 | changes_pi<br>Show the field ONLY if:<br>[role] = '1'                    | Section Header: <i>Questionnaire for Hospital Pls</i><br><br>Results highlighted by using the CH-SUR system led to changes of practice within the organization. | <div>radio</div> <div> <div>1</div> <div>Strongly agree</div> </div> <div> <div>2</div> <div>Agree</div> </div> <div> <div>3</div> <div>Neutral</div> </div> <div> <div>4</div> <div>Disagree</div> </div> <div> <div>5</div> <div>Strongly disagree</div> </div>                                                                                                                                                                |

|    |                                                                                                           |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
|----|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------|---|--------|----|---------|---|-----------|---|---------------------------|
| 20 | changes_pi_text<br>Show the field ONLY if:<br>[role] = '1' and ([changes_pi] = '1' or [changes_pi] = '2') | If strongly agree or agree, which practices?                                                                                                                 | text                                                                                                                                                                                                                                      |   |       |   |        |    |         |   |           |   |                           |
| 21 | audit_case_pi<br>Show the field ONLY if:<br>[role] = '1'                                                  | Your organization regularly performs audits to ensure all eligible cases are recorded.                                                                       | radio<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Unknown</td></tr> </table>                                                                                                  | 1 | Yes   | 0 | No     | -1 | Unknown |   |           |   |                           |
| 1  | Yes                                                                                                       |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 0  | No                                                                                                        |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| -1 | Unknown                                                                                                   |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 22 | audit_case_pi_interval<br>Show the field ONLY if:<br>[role] = '1' and [audit_case_pi] = '1'               | If yes, at which intervals?                                                                                                                                  | radio<br><table border="1"> <tr><td>1</td><td>Daily</td></tr> <tr><td>2</td><td>Weekly</td></tr> <tr><td>3</td><td>Monthly</td></tr> <tr><td>4</td><td>Quarterly</td></tr> <tr><td>5</td><td>Less often than quarterly</td></tr> </table> | 1 | Daily | 2 | Weekly | 3  | Monthly | 4 | Quarterly | 5 | Less often than quarterly |
| 1  | Daily                                                                                                     |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 2  | Weekly                                                                                                    |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 3  | Monthly                                                                                                   |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 4  | Quarterly                                                                                                 |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 5  | Less often than quarterly                                                                                 |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 23 | audit_accuracy_pi<br>Show the field ONLY if:<br>[role] = '1'                                              | Your organization regularly performs audits to ensure data completion/accuracy.                                                                              | radio<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Unknown</td></tr> </table>                                                                                                  | 1 | Yes   | 0 | No     | -1 | Unknown |   |           |   |                           |
| 1  | Yes                                                                                                       |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 0  | No                                                                                                        |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| -1 | Unknown                                                                                                   |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 24 | audit_accuracy_pi_interval<br>Show the field ONLY if:<br>[role] = '1' and [audit_accuracy_pi] = '1'       | If yes, at which intervals?                                                                                                                                  | radio<br><table border="1"> <tr><td>1</td><td>Daily</td></tr> <tr><td>2</td><td>Weekly</td></tr> <tr><td>3</td><td>Monthly</td></tr> <tr><td>4</td><td>Quarterly</td></tr> <tr><td>5</td><td>Less often than quarterly</td></tr> </table> | 1 | Daily | 2 | Weekly | 3  | Monthly | 4 | Quarterly | 5 | Less often than quarterly |
| 1  | Daily                                                                                                     |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 2  | Weekly                                                                                                    |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 3  | Monthly                                                                                                   |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 4  | Quarterly                                                                                                 |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 5  | Less often than quarterly                                                                                 |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 25 | unusual_resource_pi<br>Show the field ONLY if:<br>[role] = '1'                                            | Were unusual resources necessary to complete tasks required by CH-SUR?<br><br>(i.e, additional manpower, finances, etc.)                                     | radio<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Unknown</td></tr> </table>                                                                                                  | 1 | Yes   | 0 | No     | -1 | Unknown |   |           |   |                           |
| 1  | Yes                                                                                                       |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 0  | No                                                                                                        |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| -1 | Unknown                                                                                                   |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 26 | unusual_resource_pi_text<br>Show the field ONLY if:<br>[role] = '1' and [unusual_resource_pi] = '1'       | If yes, what were these tasks?                                                                                                                               | notes                                                                                                                                                                                                                                     |   |       |   |        |    |         |   |           |   |                           |
| 27 | strategy_pi<br>Show the field ONLY if:<br>[role] = '1'                                                    | What is the long-term strategic plan in your organization to further support the system?                                                                     | notes                                                                                                                                                                                                                                     |   |       |   |        |    |         |   |           |   |                           |
| 28 | participation_pi<br>Show the field ONLY if:<br>[role] = '1'                                               | Are you willing to participate further in a voluntarily-based system?                                                                                        | yesno<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>                                                                                                                                       | 1 | Yes   | 0 | No     |    |         |   |           |   |                           |
| 1  | Yes                                                                                                       |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 0  | No                                                                                                        |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 29 | participation_pi_obstacles<br>Show the field ONLY if:<br>[role] = '1' and [participation_pi] = '0'        | If not, what major obstacles must be overcome for you to participate?                                                                                        | notes                                                                                                                                                                                                                                     |   |       |   |        |    |         |   |           |   |                           |
| 30 | changes_impact_pi<br>Show the field ONLY if:<br>[role] = '1'                                              | Do you expect major other changes in the next 5 years in your system, which may impact the collaboration between you and the CH-SUR surveillance system?     | yesno<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>                                                                                                                                       | 1 | Yes   | 0 | No     |    |         |   |           |   |                           |
| 1  | Yes                                                                                                       |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 0  | No                                                                                                        |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 31 | changes_impact_pi_text<br>Show the field ONLY if:<br>[role] = '1' and [changes_impact_pi] = '1'           | If yes, please briefly introduce them.                                                                                                                       | notes                                                                                                                                                                                                                                     |   |       |   |        |    |         |   |           |   |                           |
| 32 | train_nurse<br>Show the field ONLY if:<br>[role] = '2' or [role] = '1'                                    | Section Header: <i>Questionnaire for Data Providers (Study Nurses &amp; PIs)</i><br>Do you have formal training on data processing and data quality control? | yesno<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>                                                                                                                                       | 1 | Yes   | 0 | No     |    |         |   |           |   |                           |
| 1  | Yes                                                                                                       |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 0  | No                                                                                                        |                                                                                                                                                              |                                                                                                                                                                                                                                           |   |       |   |        |    |         |   |           |   |                           |
| 33 | train_nurse_text<br>Show the field ONLY if:<br>([role] = '2' or [role] = '1') and [train_nurse] = '1'     | If yes, what training/courses did you complete? What qualifications do you possess?                                                                          | notes                                                                                                                                                                                                                                     |   |       |   |        |    |         |   |           |   |                           |



|    |                                                                                                                            |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
|----|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------|---|-----------|----|----------------|---|-------------|---|-----------------------|
| 34 | data_proc_nurse<br><br>Show the field ONLY if:<br>[role] = '2' or [role] = '1'                                             | How would you describe the data processing pipeline from obtaining raw data to integration into the CH-SUR system?                  | radio<br><table><tr><td>1</td><td>Extremely efficient</td></tr><tr><td>2</td><td>Efficient</td></tr><tr><td>3</td><td>Average</td></tr><tr><td>4</td><td>Inefficient</td></tr><tr><td>5</td><td>Extremely inefficient</td></tr></table> | 1 | Extremely efficient | 2 | Efficient | 3  | Average        | 4 | Inefficient | 5 | Extremely inefficient |
| 1  | Extremely efficient                                                                                                        |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 2  | Efficient                                                                                                                  |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 3  | Average                                                                                                                    |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 4  | Inefficient                                                                                                                |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 5  | Extremely inefficient                                                                                                      |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 35 | data_qual_protocol<br><br>Show the field ONLY if:<br>[role] = '2' or [role] = '1'                                          | Do you have protocols on the data quality control process?                                                                          | yesno<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>                                                                                                                                                   | 1 | Yes                 | 0 | No        |    |                |   |             |   |                       |
| 1  | Yes                                                                                                                        |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 0  | No                                                                                                                         |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 36 | data_qual_protocol_text<br><br>Show the field ONLY if:<br>([role] = '2' or [role] = '1') and<br>[data_qual_protocol] = '1' | If yes, what protocols/internal processes are in place to ensure data quality control?                                              | notes                                                                                                                                                                                                                                   |   |                     |   |           |    |                |   |             |   |                       |
| 37 | data_qual_description<br><br>Show the field ONLY if:<br>[role] = '2' or [role] = '1'                                       | How would you describe the data quality control process in place to monitor errors and missing values in your system?               | radio<br><table><tr><td>1</td><td>Extremely effective</td></tr><tr><td>2</td><td>Effective</td></tr><tr><td>3</td><td>Average</td></tr><tr><td>4</td><td>Ineffective</td></tr><tr><td>5</td><td>Extremely ineffective</td></tr></table> | 1 | Extremely effective | 2 | Effective | 3  | Average        | 4 | Ineffective | 5 | Extremely ineffective |
| 1  | Extremely effective                                                                                                        |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 2  | Effective                                                                                                                  |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 3  | Average                                                                                                                    |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 4  | Ineffective                                                                                                                |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 5  | Extremely ineffective                                                                                                      |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 38 | data_qual_rate<br><br>Show the field ONLY if:<br>[role] = '2' or [role] = '1'                                              | How would you rate the overall data quality of your system?                                                                         | radio<br><table><tr><td>1</td><td>Excellent</td></tr><tr><td>2</td><td>Good</td></tr><tr><td>3</td><td>Fair</td></tr><tr><td>4</td><td>Poor</td></tr><tr><td>5</td><td>Extremely Poor</td></tr></table>                                 | 1 | Excellent           | 2 | Good      | 3  | Fair           | 4 | Poor        | 5 | Extremely Poor        |
| 1  | Excellent                                                                                                                  |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 2  | Good                                                                                                                       |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 3  | Fair                                                                                                                       |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 4  | Poor                                                                                                                       |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 5  | Extremely Poor                                                                                                             |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 39 | concern_ppv<br><br>Show the field ONLY if:<br>[role] = '2' or [role] = '1'                                                 | Do you have any concerns on the completeness, validity, sensitivity, or positive predictive value (PPV) of the data in your system? | radio<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Not applicable</td></tr></table>                                                                                                        | 1 | Yes                 | 0 | No        | -1 | Not applicable |   |             |   |                       |
| 1  | Yes                                                                                                                        |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 0  | No                                                                                                                         |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| -1 | Not applicable                                                                                                             |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 40 | concern_ppv_text<br><br>Show the field ONLY if:<br>([role] = '2' or [role] = '1') and<br>[concern_ppv] = '1'               | If yes, what are these concerns?                                                                                                    | notes                                                                                                                                                                                                                                   |   |                     |   |           |    |                |   |             |   |                       |
| 41 | subpop_exclusion<br><br>Show the field ONLY if:<br>[role] = '2' or [role] = '1'                                            | Do you think that certain sub-populations in Switzerland are excluded/under-reported in CH-SUR?                                     | yesno<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>                                                                                                                                                   | 1 | Yes                 | 0 | No        |    |                |   |             |   |                       |
| 1  | Yes                                                                                                                        |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 0  | No                                                                                                                         |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 42 | subpop_exclusion_text<br><br>Show the field ONLY if:<br>([role] = '2' or [role] = '1') and<br>[subpop_exclusion] = '1'     | If yes, specify which sub-population.                                                                                               | notes                                                                                                                                                                                                                                   |   |                     |   |           |    |                |   |             |   |                       |
| 43 | corr_err_approach<br><br>Show the field ONLY if:<br>[role] = '2' or [role] = '1'                                           | Are you aware of any approaches in place to increase the sensitivity and/or correct errors?                                         | yesno<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>                                                                                                                                                   | 1 | Yes                 | 0 | No        |    |                |   |             |   |                       |
| 1  | Yes                                                                                                                        |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 0  | No                                                                                                                         |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 44 | corr_err_approach_text<br><br>Show the field ONLY if:<br>([role] = '2' or [role] = '1') and<br>[corr_err_approach] = '1'   | If yes, specify the approach.                                                                                                       | notes                                                                                                                                                                                                                                   |   |                     |   |           |    |                |   |             |   |                       |
| 45 | ident_simplicity<br><br>Show the field ONLY if:<br>[role] = '2' or [role] = '1'                                            | How simple is it to identify cases with errors or misinformation?                                                                   | radio<br><table><tr><td>1</td><td>Extremely simple</td></tr><tr><td>2</td><td>Simple</td></tr><tr><td>3</td><td>Average</td></tr><tr><td>4</td><td>Difficult</td></tr><tr><td>5</td><td>Extremely difficult</td></tr></table>           | 1 | Extremely simple    | 2 | Simple    | 3  | Average        | 4 | Difficult   | 5 | Extremely difficult   |
| 1  | Extremely simple                                                                                                           |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 2  | Simple                                                                                                                     |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 3  | Average                                                                                                                    |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 4  | Difficult                                                                                                                  |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |
| 5  | Extremely difficult                                                                                                        |                                                                                                                                     |                                                                                                                                                                                                                                         |   |                     |   |           |    |                |   |             |   |                       |

|    |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------|---|--------------|---|--------------|---|--------------|---|-----------------------|
| 46 | ident_simplicity_text<br><br>Show the field ONLY if:<br>([role] = '2' or [role] = '1') and<br>([ident_simplicity] = '3' or [ident_simplicity] = '4' or [ident_simplicity] = '5') | If answered Average, Difficult, or Extremely Difficult; what are the reasons which make it difficult to identify cases?                                                                                                                                                                      | notes                                                                                                                                                                                                                                   |   |                     |   |              |   |              |   |              |   |                       |
| 47 | time_use<br><br>Show the field ONLY if:<br>[role] = '2' or [role] = '1'                                                                                                          | How much time, on average, do you spend filling the whole CRF for one case?                                                                                                                                                                                                                  | radio<br><table><tr><td>1</td><td>≤ 20 minutes</td></tr><tr><td>2</td><td>&gt; 20 minutes</td></tr><tr><td>3</td><td>≤ 45 minutes</td></tr><tr><td>4</td><td>&gt; 45 minutes</td></tr></table>                                          | 1 | ≤ 20 minutes        | 2 | > 20 minutes | 3 | ≤ 45 minutes | 4 | > 45 minutes |   |                       |
| 1  | ≤ 20 minutes                                                                                                                                                                     |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 2  | > 20 minutes                                                                                                                                                                     |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 3  | ≤ 45 minutes                                                                                                                                                                     |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 4  | > 45 minutes                                                                                                                                                                     |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 48 | followup_nurse<br><br>Show the field ONLY if:<br>[role] = '2' or [role] = '1'                                                                                                    | Do you need to follow-up/update cases often?                                                                                                                                                                                                                                                 | yesno<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>                                                                                                                                                   | 1 | Yes                 | 0 | No           |   |              |   |              |   |                       |
| 1  | Yes                                                                                                                                                                              |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 0  | No                                                                                                                                                                               |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 49 | followup_nurses_text<br><br>Show the field ONLY if:<br>([role] = '2' or [role] = '1') and<br>[followup_nurse] = '1'                                                              | If yes, how many times on average do you follow-up/update cases?                                                                                                                                                                                                                             | notes                                                                                                                                                                                                                                   |   |                     |   |              |   |              |   |              |   |                       |
| 50 | workhabits_nurses<br><br>Show the field ONLY if:<br>[role] = '2' or [role] = '1'                                                                                                 | During peaks of infections, did your work habits change?                                                                                                                                                                                                                                     | yesno<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>                                                                                                                                                   | 1 | Yes                 | 0 | No           |   |              |   |              |   |                       |
| 1  | Yes                                                                                                                                                                              |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 0  | No                                                                                                                                                                               |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 51 | workhabit_nurse_text<br><br>Show the field ONLY if:<br>([role] = '2' or [role] = '1') and<br>[workhabits_nurses] = '1'                                                           | If yes, briefly describe how your work habits changed.                                                                                                                                                                                                                                       | notes                                                                                                                                                                                                                                   |   |                     |   |              |   |              |   |              |   |                       |
| 52 | training_nurses<br><br>Show the field ONLY if:<br>[role] = '2' or [role] = '1'                                                                                                   | Was training necessary?                                                                                                                                                                                                                                                                      | yesno<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>                                                                                                                                                   | 1 | Yes                 | 0 | No           |   |              |   |              |   |                       |
| 1  | Yes                                                                                                                                                                              |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 0  | No                                                                                                                                                                               |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 53 | obtaininfo_nurses<br><br>Show the field ONLY if:<br>[role] = '2' or [role] = '1'                                                                                                 | Information can be easily obtained (ie: automation, pre-filling of fields during data acquisition in the CRF) from your local clinical system.                                                                                                                                               | radio<br><table><tr><td>1</td><td>Strongly agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neutral</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly disagree</td></tr></table>                 | 1 | Strongly agree      | 2 | Agree        | 3 | Neutral      | 4 | Disagree     | 5 | Strongly disagree     |
| 1  | Strongly agree                                                                                                                                                                   |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 2  | Agree                                                                                                                                                                            |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 3  | Neutral                                                                                                                                                                          |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 4  | Disagree                                                                                                                                                                         |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 5  | Strongly disagree                                                                                                                                                                |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 54 | obtaininfo_nurses_text1<br><br>Show the field ONLY if:<br>([role] = '2' or [role] = '1') and<br>([obtaininfo_nurses] = '1' or [obtaininfo_nurses] = '2')                         | If agree/strongly agree, please specify which fields were automated / pre-filled in your institution.                                                                                                                                                                                        | notes                                                                                                                                                                                                                                   |   |                     |   |              |   |              |   |              |   |                       |
| 55 | obtaininfo_nurses_text2<br><br>Show the field ONLY if:<br>([role] = '2' or [role] = '1') and<br>([obtaininfo_nurses] = '4' or [obtaininfo_nurses] = '5')                         | If disagree or strongly disagree, what were the difficulties you encountered?                                                                                                                                                                                                                | notes                                                                                                                                                                                                                                   |   |                     |   |              |   |              |   |              |   |                       |
| 56 | workprocess_internal<br><br>Show the field ONLY if:<br>[role] = '4' or [role] = '3'                                                                                              | Section Header: <i>Questionnaire for Researchers and key CH-SUR/FOPH Surveillance Collaborators</i><br><br>How would you describe the working process / data request steps?<br>[Also taking into consideration the approximate time spent for each step in the CH-SUR surveillance process.] | radio<br><table><tr><td>1</td><td>Extremely efficient</td></tr><tr><td>2</td><td>Efficient</td></tr><tr><td>3</td><td>Average</td></tr><tr><td>4</td><td>Inefficient</td></tr><tr><td>5</td><td>Extremely inefficient</td></tr></table> | 1 | Extremely efficient | 2 | Efficient    | 3 | Average      | 4 | Inefficient  | 5 | Extremely inefficient |
| 1  | Extremely efficient                                                                                                                                                              |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 2  | Efficient                                                                                                                                                                        |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 3  | Average                                                                                                                                                                          |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 4  | Inefficient                                                                                                                                                                      |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 5  | Extremely inefficient                                                                                                                                                            |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 57 | num_requests<br><br>Show the field ONLY if:<br>[role] = '4'                                                                                                                      | How many requests did you answer in the past 6 months ?                                                                                                                                                                                                                                      | notes                                                                                                                                                                                                                                   |   |                     |   |              |   |              |   |              |   |                       |
| 58 | issues_crf<br><br>Show the field ONLY if:<br>[role] = '4' or [role] = '3'                                                                                                        | Have there been any problems adapting changes in CRF surveillance guide or other changes?                                                                                                                                                                                                    | yesno<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>                                                                                                                                                   | 1 | Yes                 | 0 | No           |   |              |   |              |   |                       |
| 1  | Yes                                                                                                                                                                              |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |
| 0  | No                                                                                                                                                                               |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |   |                     |   |              |   |              |   |              |   |                       |

|    |                                                                                                                                  |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
|----|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------|---|-----------------------------|----|---------------------------|---|------------------|---|-------------------|
| 59 | issues_crf_text<br><br>Show the field ONLY if:<br>([role] = '4' or [role] = '3') and<br>([issues_crf]) = '1'                     | If yes, specify the problems you experienced when<br>adapting changes in the CRF surveillance guide (as well as<br>other changes if applicable).                                          | notes                                                                                                                                                                                                                    |   |                    |   |                             |    |                           |   |                  |   |                   |
| 60 | response_timeliness<br><br>Show the field ONLY if:<br>[role] = '4' or [role] = '3'                                               | Data providers and other collaborators respond to work<br>requests in a timely manner.                                                                                                    | radio<br><table><tr><td>1</td><td>Strongly agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Average</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly disagree</td></tr></table>  | 1 | Strongly agree     | 2 | Agree                       | 3  | Average                   | 4 | Disagree         | 5 | Strongly disagree |
| 1  | Strongly agree                                                                                                                   |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 2  | Agree                                                                                                                            |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 3  | Average                                                                                                                          |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 4  | Disagree                                                                                                                         |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 5  | Strongly disagree                                                                                                                |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 61 | response_timeliness_spec<br><br>Show the field ONLY if:<br>[role] = '4' or [role] = '3'                                          | Approximately how much time did you wait for a response<br>to work requests?                                                                                                              | radio<br><table><tr><td>1</td><td>Less than 24 hours</td></tr><tr><td>2</td><td>Between 24 hours and 3 days</td></tr><tr><td>3</td><td>More than 3 days</td></tr></table>                                                | 1 | Less than 24 hours | 2 | Between 24 hours and 3 days | 3  | More than 3 days          |   |                  |   |                   |
| 1  | Less than 24 hours                                                                                                               |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 2  | Between 24 hours and 3 days                                                                                                      |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 3  | More than 3 days                                                                                                                 |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 62 | response_timeliness_2<br><br>Show the field ONLY if:<br>[role] = '4' or [role] = '3'                                             | How timely do the data providers and other collaborators<br>respond to your work requests?                                                                                                | radio<br><table><tr><td>1</td><td>Less than a day</td></tr><tr><td>2</td><td>Between 1 day and 2 days</td></tr><tr><td>3</td><td>Between 2 days and a week</td></tr><tr><td>4</td><td>More than a week</td></tr></table> | 1 | Less than a day    | 2 | Between 1 day and 2 days    | 3  | Between 2 days and a week | 4 | More than a week |   |                   |
| 1  | Less than a day                                                                                                                  |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 2  | Between 1 day and 2 days                                                                                                         |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 3  | Between 2 days and a week                                                                                                        |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 4  | More than a week                                                                                                                 |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 63 | data_quality_internal<br><br>Show the field ONLY if:<br>[role] = '4'                                                             | How would you rate the overall data quality of your<br>system?                                                                                                                            | radio<br><table><tr><td>1</td><td>Excellent</td></tr><tr><td>2</td><td>Good</td></tr><tr><td>3</td><td>Fair</td></tr><tr><td>4</td><td>Poor</td></tr><tr><td>5</td><td>Extremely Poor</td></tr></table>                  | 1 | Excellent          | 2 | Good                        | 3  | Fair                      | 4 | Poor             | 5 | Extremely Poor    |
| 1  | Excellent                                                                                                                        |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 2  | Good                                                                                                                             |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 3  | Fair                                                                                                                             |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 4  | Poor                                                                                                                             |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 5  | Extremely Poor                                                                                                                   |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 64 | concern_ppv_internal<br><br>Show the field ONLY if:<br>[role] = '4' or [role] = '3'                                              | Do you have any concerns on the completeness, validity,<br>sensitivity, or positive predictive value of the data in this<br>system?                                                       | radio<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Unknown</td></tr></table>                                                                                                | 1 | Yes                | 0 | No                          | -1 | Unknown                   |   |                  |   |                   |
| 1  | Yes                                                                                                                              |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 0  | No                                                                                                                               |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| -1 | Unknown                                                                                                                          |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 65 | concern_ppv_internal_text<br><br>Show the field ONLY if:<br>([role] = '4' or [role] = '3') and<br>([concern_ppv_internal]) = '1' | If yes, what are these concerns?                                                                                                                                                          | notes                                                                                                                                                                                                                    |   |                    |   |                             |    |                           |   |                  |   |                   |
| 66 | subpop_excl_internal<br><br>Show the field ONLY if:<br>[role] = '4' or [role] = '3'                                              | Do you think that certain sub-populations in Switzerland<br>are excluded/under-reported in CH-SUR?                                                                                        | yesno<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>                                                                                                                                    | 1 | Yes                | 0 | No                          |    |                           |   |                  |   |                   |
| 1  | Yes                                                                                                                              |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 0  | No                                                                                                                               |                                                                                                                                                                                           |                                                                                                                                                                                                                          |   |                    |   |                             |    |                           |   |                  |   |                   |
| 67 | subpop_excl_internal_text<br><br>Show the field ONLY if:<br>([role] = '3' or [role] = '4') and<br>([subpop_excl_internal]) = '1' | If yes, specify which sub-populations.                                                                                                                                                    | notes                                                                                                                                                                                                                    |   |                    |   |                             |    |                           |   |                  |   |                   |
| 68 | infrastructure_fail<br><br>Show the field ONLY if:<br>[role] = '4' or [role] = '3'                                               | Have you experienced any failure in the work<br>infrastructure that hindered you from completing the<br>surveillance work on time?                                                        | notes                                                                                                                                                                                                                    |   |                    |   |                             |    |                           |   |                  |   |                   |
| 69 | challenge_infrastructure<br><br>Show the field ONLY if:<br>[role] = '4' or [role] = '3'                                          | Are there any potential changes/challenges with data<br>availability and the surveillance infrastructure that could<br>be a threat to the stability of the CH-SUR surveillance<br>system? | notes                                                                                                                                                                                                                    |   |                    |   |                             |    |                           |   |                  |   |                   |

|    |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
|----|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------|-----------------------------------------------------------------|----|-------------------------|-------------------------------------------------|---|-------------------------|---------------------------------------------------|---|-------------------------|------------------------------------------|---|-------------------------|------------------------------------------------------|
| 70 | testing_asymptomatic<br><br>Show the field ONLY if:<br>[role] = '1'                                        | Section Header: <i>Project Specific Questionnaire [ The following questions concern the testing strategy. Your answers will help us to interpret the data, especially regarding the number of nosocomial cases. The information is confidential and will not be shared outside of the project team. ]</i><br><br>In what situations do you currently test ASYMPTOMATIC patients for SARS-CoV-2?<br>(Multiple answers possible) | checkbox<br><table><tr><td>1</td><td>testing_asymptomatic__1</td><td>Systematic screening at admission = all newly admitted patients</td></tr><tr><td>2</td><td>testing_asymptomatic__2</td><td>Patients admitted from the emergency department</td></tr><tr><td>3</td><td>testing_asymptomatic__3</td><td>Patients admitted for an elective hospitalisation</td></tr><tr><td>4</td><td>testing_asymptomatic__4</td><td>Patients admitted to specific wards only</td></tr><tr><td>5</td><td>testing_asymptomatic__5</td><td>Specific patient groups (e.g. based on risk profile)</td></tr></table> | 1 | testing_asymptomatic__1 | Systematic screening at admission = all newly admitted patients | 2  | testing_asymptomatic__2 | Patients admitted from the emergency department | 3 | testing_asymptomatic__3 | Patients admitted for an elective hospitalisation | 4 | testing_asymptomatic__4 | Patients admitted to specific wards only | 5 | testing_asymptomatic__5 | Specific patient groups (e.g. based on risk profile) |
| 1  | testing_asymptomatic__1                                                                                    | Systematic screening at admission = all newly admitted patients                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 2  | testing_asymptomatic__2                                                                                    | Patients admitted from the emergency department                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 3  | testing_asymptomatic__3                                                                                    | Patients admitted for an elective hospitalisation                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 4  | testing_asymptomatic__4                                                                                    | Patients admitted to specific wards only                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 5  | testing_asymptomatic__5                                                                                    | Specific patient groups (e.g. based on risk profile)                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 71 | testing_asymp_wards<br><br>Show the field ONLY if:<br>[role] = '1' and [testing_asymp_tomatic(4)] = '1'    | If answered: "Patients admitted to specific wards only."<br>Please specify which wards.                                                                                                                                                                                                                                                                                                                                        | notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 72 | testing_asymp_ptgroups<br><br>Show the field ONLY if:<br>[role] = '1' and [testing_asymp_tomatic(5)] = '1' | If answered: "Specific patient groups (e.g. based on risk profile)."<br>Please specify which patient groups.                                                                                                                                                                                                                                                                                                                   | notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 73 | testing_symptomatic<br><br>Show the field ONLY if:<br>[role] = '1'                                         | Do you test all SYMPTOMATIC patients?                                                                                                                                                                                                                                                                                                                                                                                          | yesno<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 | Yes                     | 0                                                               | No |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 1  | Yes                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 0  | No                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 74 | testing_symp_admission<br><br>Show the field ONLY if:<br>[role] = '1' and [testing_symp_tomatic] = '0'     | If answered: "No," please specify exceptions.                                                                                                                                                                                                                                                                                                                                                                                  | notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 75 | strategy_change<br><br>Show the field ONLY if:<br>[role] = '1'                                             | Did the testing strategy at your hospital at admission change within the last three months?                                                                                                                                                                                                                                                                                                                                    | yesno<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 | Yes                     | 0                                                               | No |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 1  | Yes                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 0  | No                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 76 | strategy_change_date<br><br>Show the field ONLY if:<br>[role] = '1' and [strategy_chan ge] = '1'           | When did the change/s approximately take place (dates)?                                                                                                                                                                                                                                                                                                                                                                        | notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 77 | strategy_swissnoso_1<br><br>Show the field ONLY if:<br>[role] = '1' and [strategy_chan ge] = '1'           | Was the change in line with the Swissnoso recommendation of 22.12.2022?<br>LINK: Swissnoso Recommendation 22.12.2022                                                                                                                                                                                                                                                                                                           | radio<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Unknown</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 | Yes                     | 0                                                               | No | -1                      | Unknown                                         |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 1  | Yes                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 0  | No                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| -1 | Unknown                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 78 | strategy_swissnoso_2<br><br>Show the field ONLY if:<br>[role] = '1' and [strategy_chan ge] = '1'           | Was the change in line with the Swissnoso recommendation of 31.01.2023?<br>LINK: Swissnoso Recommendation 31.01.2023                                                                                                                                                                                                                                                                                                           | radio<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Unknown</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 | Yes                     | 0                                                               | No | -1                      | Unknown                                         |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 1  | Yes                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 0  | No                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| -1 | Unknown                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 79 | strategy_finance<br><br>Show the field ONLY if:<br>[role] = '1' and [strategy_chan ge] = '1'               | Was the end of financing of COVID tests a reason for the change?                                                                                                                                                                                                                                                                                                                                                               | radio<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Unknown</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 | Yes                     | 0                                                               | No | -1                      | Unknown                                         |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 1  | Yes                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 0  | No                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| -1 | Unknown                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 80 | strategy_change_text<br><br>Show the field ONLY if:<br>[role] = '1' and [strategy_chan ge] = '1'           | Please describe the main aspects which were different before the change/s in strategy.                                                                                                                                                                                                                                                                                                                                         | notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |
| 81 | threshold_nosoco<br><br>Show the field ONLY if:<br>[role] = '1'                                            | Section Header: <i>Questions regarding Nosocomial Outbreaks</i><br><br>What is the threshold for nosocomial outbreaks in your institution (e.g. ≥ 3 nosocomial cases within 5 days)?                                                                                                                                                                                                                                           | notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                         |                                                                 |    |                         |                                                 |   |                         |                                                   |   |                         |                                          |   |                         |                                                      |

|    |                                                                                                           |                                                                                                                      |                                      |
|----|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 82 | threshold_nosoco_units<br>Show the field ONLY if:<br>[role] = '1'                                         | Is the nosocomial threshold different across units (e.g. oncology units, etc.)?                                      | yesno<br>1 Yes<br>0 No               |
| 83 | threshold_nosoco_unit_text<br>Show the field ONLY if:<br>[role] = '1' and [threshold_nosoco_units] = '1'  | If yes, please specify which units and their different thresholds.                                                   | notes                                |
| 84 | repeat_screen<br>Show the field ONLY if:<br>[role] = '1'                                                  | Do you repeat screening of asymptomatic patients tested in the nosocomial outbreak?                                  | yesno<br>1 Yes<br>0 No               |
| 85 | repeat_screen_text<br>Show the field ONLY if:<br>[role] = '1' and [repeat_screen] = '1'                   | If yes, when is screening repeated?                                                                                  | notes                                |
| 86 | screen_quarantine<br>Show the field ONLY if:<br>[role] = '1'                                              | Do you apply quarantine in parallel to screening during nosocomial outbreaks?                                        | yesno<br>1 Yes<br>0 No               |
| 87 | strategy_change_nosoco<br>Show the field ONLY if:<br>[role] = '1'                                         | Did the testing strategy at your hospital for nosocomial outbreaks change within the last three months?              | yesno<br>1 Yes<br>0 No               |
| 88 | strategy_nosoco_dates<br>Show the field ONLY if:<br>[role] = '1' and [strategy_change_nosoco] = '1'       | When did the change/s approximately take place (dates)?                                                              | notes                                |
| 89 | strategy_nosoco_swiss1<br>Show the field ONLY if:<br>[role] = '1' and [strategy_change_nosoco] = '1'      | Was the change in line with the Swissnoso recommendation of 22.12.2022?<br>LINK: Swissnoso Recommendation 22.12.2022 | radio<br>1 Yes<br>0 No<br>-1 Unknown |
| 90 | strategy_nosoco_swiss2<br>Show the field ONLY if:<br>[role] = '1' and [strategy_change_nosoco] = '1'      | Was the change in line with the Swissnoso recommendation of 31.01.2023?<br>LINK: Swissnoso Recommendation 31.01.2023 | radio<br>1 Yes<br>0 No<br>-1 Unknown |
| 91 | strategy_nosoco_finance<br>Show the field ONLY if:<br>[role] = '1' and [strategy_change_nosoco] = '1'     | Was the end of financing of COVID tests a reason for the change?                                                     | radio<br>1 Yes<br>0 No<br>-1 Unknown |
| 92 | strategy_nosoco_text<br>Show the field ONLY if:<br>[role] = '1' and [strategy_change_nosoco] = '1'        | Please describe the main aspects which were different before the change/s in strategy.                               | notes                                |
| 93 | rsv<br>Show the field ONLY if:<br>[role] = '1'                                                            | Would it be useful to add RSV to CH-SUR?                                                                             | yesno<br>1 Yes<br>0 No               |
| 94 | disease_other<br>Show the field ONLY if:<br>[role] = '1' or [role] = '3'                                  | Do you think that it would be useful to integrate other diseases to CH-SUR?                                          | yesno<br>1 Yes<br>0 No               |
| 95 | disease_others<br>Show the field ONLY if:<br>([role] = '1' or [role] = '3') and [disease_other] = '1'     | If yes, which one/s?                                                                                                 | text                                 |
| 96 | variable_other<br>Show the field ONLY if:<br>[role] = '1' or [role] = '3'                                 | Do you think that it would be useful to integrate other variables to CH-SUR?                                         | yesno<br>1 Yes<br>0 No               |
| 97 | variable_others_2<br>Show the field ONLY if:<br>([role] = '1' or [role] = '3') and [variable_other] = '1' | If yes, which one/s?                                                                                                 | text                                 |

|                                                                                                                                          |                                                                           |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------|-------------|-------------------------------------------------------------|---------------|-------------------------------------------------------------|---|---------------|------------|----|----------------|-------|----|----------------|------|
| 98                                                                                                                                       | surveychsrevaluation_complete                                             | Section Header: <i>Form Status</i><br>Complete?                                                                                                                                                                                                | dropdown<br><table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>                                                                                                                                                                                                                                            | 0 | Incomplete    | 1           | Unverified                                                  | 2             | Complete                                                    |   |               |            |    |                |       |    |                |      |
| 0                                                                                                                                        | Incomplete                                                                |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 1                                                                                                                                        | Unverified                                                                |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 2                                                                                                                                        | Complete                                                                  |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| Instrument: <b>Survey Variant Recording Practices</b> (survey_variant_recording_practices)  Enabled as survey <a href="#">^ Collapse</a> |                                                                           |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 99                                                                                                                                       | practice_1                                                                | Section Header: <i>Practices between January 1st, 2021 and April 5th, 2021</i><br>What tests were performed on samples collected from patients hospitalised between January 1st, 2021 and April 5th, 2021 to determine the SARS-CoV-2 variant? | checkbox, Required<br><table border="1"> <tr><td>1</td><td>practice_1__1</td><td>PCR - N501Y</td></tr> <tr><td>2</td><td>practice_1__2</td><td>PCR - E484K</td></tr> <tr><td>3</td><td>practice_1__3</td><td>Sequencing</td></tr> <tr><td>99</td><td>practice_1__99</td><td>Other</td></tr> <tr><td>98</td><td>practice_1__98</td><td>None</td></tr> </table><br>Field Annotation: @NONEOFTHEABOVE=98 | 1 | practice_1__1 | PCR - N501Y | 2                                                           | practice_1__2 | PCR - E484K                                                 | 3 | practice_1__3 | Sequencing | 99 | practice_1__99 | Other | 98 | practice_1__98 | None |
| 1                                                                                                                                        | practice_1__1                                                             | PCR - N501Y                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 2                                                                                                                                        | practice_1__2                                                             | PCR - E484K                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 3                                                                                                                                        | practice_1__3                                                             | Sequencing                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 99                                                                                                                                       | practice_1__99                                                            | Other                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 98                                                                                                                                       | practice_1__98                                                            | None                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 100                                                                                                                                      | practice_1_other<br>Show the field ONLY if:<br>[practice_1(99)] = '1'     | ...please specify                                                                                                                                                                                                                              | notes, Required                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 101                                                                                                                                      | practice_1_seq                                                            | Was the investigation for VOC performed systematically?                                                                                                                                                                                        | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>                                                                                                                                                                                                                                                                                         | 1 | Yes           | 0           | No                                                          |               |                                                             |   |               |            |    |                |       |    |                |      |
| 1                                                                                                                                        | Yes                                                                       |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 0                                                                                                                                        | No                                                                        |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 102                                                                                                                                      | practice_1_seq_perc                                                       | How many (est.) patients from the database were investigated for VOC(in %)?                                                                                                                                                                    | text (integer, Min: 0, Max: 100), Required                                                                                                                                                                                                                                                                                                                                                            |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 103                                                                                                                                      | practice_1_ord<br>Show the field ONLY if:<br>[practice_1(98)] != '1'      | Please tell us in which order and under what conditions those tests were performed                                                                                                                                                             | notes, Required                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 104                                                                                                                                      | practice_1_int<br>Show the field ONLY if:<br>[practice_1(98)] != '1'      | If interpretation is needed, who interprets the result?                                                                                                                                                                                        | radio, Required<br><table border="1"> <tr><td>1</td><td>The local PI</td></tr> <tr><td>2</td><td>The study nurse/student entering the case into the database</td></tr> <tr><td>3</td><td>Both - depending on who fills the information for this case</td></tr> </table>                                                                                                                               | 1 | The local PI  | 2           | The study nurse/student entering the case into the database | 3             | Both - depending on who fills the information for this case |   |               |            |    |                |       |    |                |      |
| 1                                                                                                                                        | The local PI                                                              |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 2                                                                                                                                        | The study nurse/student entering the case into the database               |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 3                                                                                                                                        | Both - depending on who fills the information for this case               |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 105                                                                                                                                      | practice_1_br_sa<br>Show the field ONLY if:<br>[practice_1(98)] != '1'    | How did you distinguish between the South African variant and the Brazilian variant (both positive for E484K and N501Y)                                                                                                                        | notes, Required                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 106                                                                                                                                      | practice_1_info                                                           | What information are available to the study nurses/students about variants ?                                                                                                                                                                   | notes, Required                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 107                                                                                                                                      | practice_1_nosample                                                       | How did you record SARS-CoV-2 variant for patients who were not investigated for VOC?                                                                                                                                                          | notes, Required                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 108                                                                                                                                      | ensure_follow_1                                                           | Can you ensure that the described practices are followed by all the study nurses/students entering data?                                                                                                                                       | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>                                                                                                                                                                                                                                                                                         | 1 | Yes           | 0           | No                                                          |               |                                                             |   |               |            |    |                |       |    |                |      |
| 1                                                                                                                                        | Yes                                                                       |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 0                                                                                                                                        | No                                                                        |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 109                                                                                                                                      | diff_practice_1<br>Show the field ONLY if:<br>[ensure_follow_1] = '0'     | Please tell us how the different study nurses/students entered the data                                                                                                                                                                        | notes, Required                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 110                                                                                                                                      | practice_change                                                           | Section Header: <i>Practices from April 5th, 2021 until now</i><br>Did the practices change from the previous practices                                                                                                                        | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>                                                                                                                                                                                                                                                                                         | 1 | Yes           | 0           | No                                                          |               |                                                             |   |               |            |    |                |       |    |                |      |
| 1                                                                                                                                        | Yes                                                                       |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 0                                                                                                                                        | No                                                                        |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 111                                                                                                                                      | practice_change_why<br>Show the field ONLY if:<br>[practice_change] = '1' | Why did your practice change?                                                                                                                                                                                                                  | notes, Required                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 112                                                                                                                                      | practice_2<br>Show the field ONLY if:<br>[practice_change] = '1'          | What tests were performed on samples from patients hospitalised from April 5th, 2021 until now to determine the SARS-CoV-2 variant?                                                                                                            | checkbox, Required<br><table border="1"> <tr><td>1</td><td>practice_2__1</td><td>PCR - N501Y</td></tr> <tr><td>2</td><td>practice_2__2</td><td>PCR - E484K</td></tr> <tr><td>3</td><td>practice_2__3</td><td>Sequencing</td></tr> <tr><td>99</td><td>practice_2__99</td><td>Other</td></tr> <tr><td>98</td><td>practice_2__98</td><td>None</td></tr> </table><br>Field Annotation: @NONEOFTHEABOVE=98 | 1 | practice_2__1 | PCR - N501Y | 2                                                           | practice_2__2 | PCR - E484K                                                 | 3 | practice_2__3 | Sequencing | 99 | practice_2__99 | Other | 98 | practice_2__98 | None |
| 1                                                                                                                                        | practice_2__1                                                             | PCR - N501Y                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 2                                                                                                                                        | practice_2__2                                                             | PCR - E484K                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 3                                                                                                                                        | practice_2__3                                                             | Sequencing                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 99                                                                                                                                       | practice_2__99                                                            | Other                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |
| 98                                                                                                                                       | practice_2__98                                                            | None                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                       |   |               |             |                                                             |               |                                                             |   |               |            |    |                |       |    |                |      |

|   |                                                             |                                                                                                        |                                                                                                                                                                             |                                                                                                                                                                                                                                                          |   |              |   |                                                             |   |                                                             |
|---|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|---|-------------------------------------------------------------|---|-------------------------------------------------------------|
|   | 113                                                         | practice_2_other<br><br>Show the field ONLY if:<br>[practice_2(99)] = '1' and [practice_change] = '1'  | ...please specify                                                                                                                                                           | notes, Required                                                                                                                                                                                                                                          |   |              |   |                                                             |   |                                                             |
|   | 114                                                         | practice_2_seq<br><br>Show the field ONLY if:<br>[practice_change] = '1'                               | Was the investigation for VOC performed systematically?                                                                                                                     | yesno, Required<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>                                                                                                                                                          | 1 | Yes          | 0 | No                                                          |   |                                                             |
| 1 | Yes                                                         |                                                                                                        |                                                                                                                                                                             |                                                                                                                                                                                                                                                          |   |              |   |                                                             |   |                                                             |
| 0 | No                                                          |                                                                                                        |                                                                                                                                                                             |                                                                                                                                                                                                                                                          |   |              |   |                                                             |   |                                                             |
|   | 115                                                         | practice_2_seq_perc<br><br>Show the field ONLY if:<br>[practice_change] = '1'                          | How many (est.) patients from the database were investigated for VOC (in %)?                                                                                                | text (integer, Min: 0, Max: 100), Required                                                                                                                                                                                                               |   |              |   |                                                             |   |                                                             |
|   | 116                                                         | practice_2_ord<br><br>Show the field ONLY if:<br>[practice_change] = '1' and [practice_2(98)] != '1'   | Please tell us in which order and under what conditions those tests were performed                                                                                          | notes, Required                                                                                                                                                                                                                                          |   |              |   |                                                             |   |                                                             |
|   | 117                                                         | practice_2_int<br><br>Show the field ONLY if:<br>[practice_change] = '1' and [practice_2(98)] != '1'   | If interpretation is needed, who interprets the result?                                                                                                                     | radio, Required<br><table><tr><td>1</td><td>The local PI</td></tr><tr><td>2</td><td>The study nurse/student entering the case into the database</td></tr><tr><td>3</td><td>Both - depending on who fills the information for this case</td></tr></table> | 1 | The local PI | 2 | The study nurse/student entering the case into the database | 3 | Both - depending on who fills the information for this case |
| 1 | The local PI                                                |                                                                                                        |                                                                                                                                                                             |                                                                                                                                                                                                                                                          |   |              |   |                                                             |   |                                                             |
| 2 | The study nurse/student entering the case into the database |                                                                                                        |                                                                                                                                                                             |                                                                                                                                                                                                                                                          |   |              |   |                                                             |   |                                                             |
| 3 | Both - depending on who fills the information for this case |                                                                                                        |                                                                                                                                                                             |                                                                                                                                                                                                                                                          |   |              |   |                                                             |   |                                                             |
|   | 118                                                         | practice_2_br_sa<br><br>Show the field ONLY if:<br>[practice_change] = '1' and [practice_2(98)] != '1' | How did you distinguish between the South African variant and the Brazilian variant (both positive for E484K and N501Y)                                                     | notes, Required                                                                                                                                                                                                                                          |   |              |   |                                                             |   |                                                             |
|   | 119                                                         | practice_2_info<br><br>Show the field ONLY if:<br>[practice_change] = '1'                              | What information are available to the study nurses/students about variants ?                                                                                                | notes, Required                                                                                                                                                                                                                                          |   |              |   |                                                             |   |                                                             |
|   | 120                                                         | practice_2_nosample<br><br>Show the field ONLY if:<br>[practice_change] = '1'                          | How did you record SARS-CoV-2 variant for patients who were not investigated for VOC?                                                                                       | notes, Required                                                                                                                                                                                                                                          |   |              |   |                                                             |   |                                                             |
|   | 121                                                         | ensure_follow_2<br><br>Show the field ONLY if:<br>[practice_change] = '1'                              | Can you ensure that the described practices are followed by all the study nurses/students entering data?                                                                    | yesno, Required<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>                                                                                                                                                          | 1 | Yes          | 0 | No                                                          |   |                                                             |
| 1 | Yes                                                         |                                                                                                        |                                                                                                                                                                             |                                                                                                                                                                                                                                                          |   |              |   |                                                             |   |                                                             |
| 0 | No                                                          |                                                                                                        |                                                                                                                                                                             |                                                                                                                                                                                                                                                          |   |              |   |                                                             |   |                                                             |
|   | 122                                                         | diff_practice_2<br><br>Show the field ONLY if:<br>[ensure_follow_2] = '0' and [practice_change] = '1'  | Please tell us how the different study nurses/students entered the data                                                                                                     | notes, Required                                                                                                                                                                                                                                          |   |              |   |                                                             |   |                                                             |
|   | 123                                                         | dummy_1                                                                                                | For better understanding the data, please make sure all data collectors enter the information the same way!<br><br>If your practices come to change, please inform us ASAP! | descriptive                                                                                                                                                                                                                                              |   |              |   |                                                             |   |                                                             |
|   | 124                                                         | survey_variant_recording_practices_complete                                                            | Section Header: <i>Form Status</i><br>Complete?                                                                                                                             | dropdown<br><table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>                                                                                                              | 0 | Incomplete   | 1 | Unverified                                                  | 2 | Complete                                                    |
| 0 | Incomplete                                                  |                                                                                                        |                                                                                                                                                                             |                                                                                                                                                                                                                                                          |   |              |   |                                                             |   |                                                             |
| 1 | Unverified                                                  |                                                                                                        |                                                                                                                                                                             |                                                                                                                                                                                                                                                          |   |              |   |                                                             |   |                                                             |
| 2 | Complete                                                    |                                                                                                        |                                                                                                                                                                             |                                                                                                                                                                                                                                                          |   |              |   |                                                             |   |                                                             |

# Hospital-based surveillance of COVID-19, Influenza & Respiratory diseases in Switzerland {BASEC 2020-00827} [2020+]

PID 198

Codebook ▾

## Data Dictionary Codebook

29.03.2023 08:32

^ Collapse all instruments

| #                                                              | Variable / Field Name                                                                                      | Field Label<br><i>Field Note</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Field Attributes (Field Type, Validation, Choices, Calculations, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------|-----|----------------------------------------------------------|-----|-----------------------|-----|---------------------------|-----|-------------------------------------|-----|-------------------|-----|--------------|-----|--------------------|-----|---------------------------|-----|----------------|-----|-------------|-----|-------------------|-----|-------------------|-----|-------------------------------|-----|------------------|-----|---------------|-----|-----------------|-----|-----------------------------|-----|----------------------------|-----|-------------|-----|--------------|
| Instrument: <b>Inclusion</b> (inclusion) <div>⤴ Collapse</div> |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 1                                                              | record_id                                                                                                  | Record ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 2                                                              | episode_extra                                                                                              | <p>Section Header: <i>Hospital based surveillance of Influenza and COVID-19 cases in Switzerland Each new record is a distinct COVID-19 OR Influenza Episode related to a patient. In case a patient undergoes one Influenza episode and one COVID-19 episode, please create two separate records: one for influenza, and one for COVID-19. A new episode is defined as a new hospitalisation separated by at minimum 30 days from the previous hospitalisation. In case a specific patient undergoes more than one episode, please create a new record to report each additional episode. Whenever possible, make sure that you fill the Inclusion, Demography, Case Declaration, and Admission forms within 72h. The other forms can be filled later but ASAP.</i></p> <p>Is this another episode of the same virus (COVID-19 or Influenza) from a same patient ?</p> | <div>radio, Required</div> <table><tr><td>0</td><td>No (this is the patient's first episode)</td></tr><tr><td>1</td><td>Yes (the first episode record has been already reported)</td></tr><tr><td>-1</td><td>Still to be confirmed</td></tr></table> <p>Custom alignment: LV</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0   | No (this is the patient's first episode) | 1   | Yes (the first episode record has been already reported) | -1  | Still to be confirmed |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 0                                                              | No (this is the patient's first episode)                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 1                                                              | Yes (the first episode record has been already reported)                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| -1                                                             | Still to be confirmed                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 3                                                              | episode_first_id<br><br>Show the field ONLY if:<br>[episode_extra] = '1'                                   | ID of first episode of this patient<br><br>ID is the number on the right of the full CenterID-ID identifier, e.g. 123-456<br><i>[0-9999]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | text (integer, Min: 0, Max: 9999), Required<br>Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 4                                                              | inclusion_old_db<br><br>Show the field ONLY if:<br>[episode_extra] = '1'                                   | Was the first episode of this patient recorded in the old COVID-19 database?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <p>Custom alignment: RH</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1   | Yes                                      | 0   | No                                                       |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 1                                                              | Yes                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 0                                                              | No                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 5                                                              | episode_first_center_2<br><br>Show the field ONLY if:<br>[episode_extra] = '1' and [inclusion_old_db] ="0" | Center (or consortium) where the first episode was created<br><br><i>your current center: [user-dag-label]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <div>dropdown, Required</div> <table><tr><td>264</td><td>CHUV (Lausanne)</td></tr><tr><td>266</td><td>EOC (Lugano)</td></tr><tr><td>267</td><td>HFR (Fribourg)</td></tr><tr><td>268</td><td>Hirslanden AG ZH (Zurich)</td></tr><tr><td>284</td><td>Hirslanden Klinik St. Anna (Luzern)</td></tr><tr><td>269</td><td>Hopital VS (Sion)</td></tr><tr><td>260</td><td>HUG (Geneva)</td></tr><tr><td>270</td><td>Inselspital (Bern)</td></tr><tr><td>271</td><td>UKBB (Kinderspital Basel)</td></tr><tr><td>272</td><td>KISPI (Zurich)</td></tr><tr><td>273</td><td>KSA (Aarau)</td></tr><tr><td>274</td><td>KSGR (Graubunden)</td></tr><tr><td>275</td><td>KSNW (Niedwalden)</td></tr><tr><td>276</td><td>KSSG (St.Gallen) &amp; consortium</td></tr><tr><td>277</td><td>KSW (Winterthur)</td></tr><tr><td>278</td><td>LUKS (Luzern)</td></tr><tr><td>279</td><td>OKS (St.Gallen)</td></tr><tr><td>280</td><td>Spitaeler SH (Schaffhausen)</td></tr><tr><td>281</td><td>STGAG KSM (Muensterlingen)</td></tr><tr><td>282</td><td>USB (Basel)</td></tr><tr><td>283</td><td>USZ (Zurich)</td></tr></table> <p>Custom alignment: RH</p> | 264 | CHUV (Lausanne)                          | 266 | EOC (Lugano)                                             | 267 | HFR (Fribourg)        | 268 | Hirslanden AG ZH (Zurich) | 284 | Hirslanden Klinik St. Anna (Luzern) | 269 | Hopital VS (Sion) | 260 | HUG (Geneva) | 270 | Inselspital (Bern) | 271 | UKBB (Kinderspital Basel) | 272 | KISPI (Zurich) | 273 | KSA (Aarau) | 274 | KSGR (Graubunden) | 275 | KSNW (Niedwalden) | 276 | KSSG (St.Gallen) & consortium | 277 | KSW (Winterthur) | 278 | LUKS (Luzern) | 279 | OKS (St.Gallen) | 280 | Spitaeler SH (Schaffhausen) | 281 | STGAG KSM (Muensterlingen) | 282 | USB (Basel) | 283 | USZ (Zurich) |
| 264                                                            | CHUV (Lausanne)                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 266                                                            | EOC (Lugano)                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 267                                                            | HFR (Fribourg)                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 268                                                            | Hirslanden AG ZH (Zurich)                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 284                                                            | Hirslanden Klinik St. Anna (Luzern)                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 269                                                            | Hopital VS (Sion)                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 260                                                            | HUG (Geneva)                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 270                                                            | Inselspital (Bern)                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 271                                                            | UKBB (Kinderspital Basel)                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 272                                                            | KISPI (Zurich)                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 273                                                            | KSA (Aarau)                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 274                                                            | KSGR (Graubunden)                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 275                                                            | KSNW (Niedwalden)                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 276                                                            | KSSG (St.Gallen) & consortium                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 277                                                            | KSW (Winterthur)                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 278                                                            | LUKS (Luzern)                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 279                                                            | OKS (St.Gallen)                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 280                                                            | Spitaeler SH (Schaffhausen)                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 281                                                            | STGAG KSM (Muensterlingen)                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 282                                                            | USB (Basel)                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 283                                                            | USZ (Zurich)                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                          |     |                                                          |     |                       |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |



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|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------|-----------------------|------------------------------------------------------------------------|-----|-------------------------------------------------------------|-----|---------------------------|-----|-------------------|-----|--------------|-----|--------------------|-----|---------------|-----|----------------|-----|-------------|-----|-------------------|-----|-------------------|-----|-------------------------------|-----|------------------|-----|---------------|-----|-----------------|-----|-----------------------------|-----|----------------------------|-----|-------------|-----|--------------|
| 6                                                                           | <div>episode_first_center_old</div> <div>Show the field ONLY if:<br/>[episode_extra] = '1' and [inclusion_old_db] ="1"</div>         | <div>Center (or consortium) where the first episode was created - Old Database</div> <div>your current center: [user-dag-label]</div>                                                        | <div>dropdown, Required</div> <table><tr><td>114</td><td>CHUV (Lausanne)</td></tr><tr><td>112</td><td>EOC (Lugano)</td></tr><tr><td>136</td><td>HFR (Fribourg)</td></tr><tr><td>161</td><td>Hirslanden AG ZH (Zurich)</td></tr><tr><td>113</td><td>Hopital VS (Sion)</td></tr><tr><td>110</td><td>HUG (Geneva)</td></tr><tr><td>117</td><td>Inselspital (Bern)</td></tr><tr><td>120</td><td>KISPI (Basel)</td></tr><tr><td>116</td><td>KISPI (Zurich)</td></tr><tr><td>137</td><td>KSA (Aarau)</td></tr><tr><td>133</td><td>KSGR (Graubunden)</td></tr><tr><td>166</td><td>KSNW (Niedwalden)</td></tr><tr><td>111</td><td>KSSG (St.Gallen) &amp; consortium</td></tr><tr><td>138</td><td>KSW (Winterthur)</td></tr><tr><td>140</td><td>LUKS (Luzern)</td></tr><tr><td>134</td><td>OKS (St.Gallen)</td></tr><tr><td>141</td><td>Spitaeler SH (Schaffhausen)</td></tr><tr><td>150</td><td>STGAG KSM (Muensterlingen)</td></tr><tr><td>119</td><td>USB (Basel)</td></tr><tr><td>115</td><td>USZ (Zurich)</td></tr></table> <div>Custom alignment: RH</div> | 114 | CHUV (Lausanne)                            | 112                   | EOC (Lugano)                                                           | 136 | HFR (Fribourg)                                              | 161 | Hirslanden AG ZH (Zurich) | 113 | Hopital VS (Sion) | 110 | HUG (Geneva) | 117 | Inselspital (Bern) | 120 | KISPI (Basel) | 116 | KISPI (Zurich) | 137 | KSA (Aarau) | 133 | KSGR (Graubunden) | 166 | KSNW (Niedwalden) | 111 | KSSG (St.Gallen) & consortium | 138 | KSW (Winterthur) | 140 | LUKS (Luzern) | 134 | OKS (St.Gallen) | 141 | Spitaeler SH (Schaffhausen) | 150 | STGAG KSM (Muensterlingen) | 119 | USB (Basel) | 115 | USZ (Zurich) |
| 114                                                                         | CHUV (Lausanne)                                                                                                                      |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 112                                                                         | EOC (Lugano)                                                                                                                         |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 136                                                                         | HFR (Fribourg)                                                                                                                       |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 161                                                                         | Hirslanden AG ZH (Zurich)                                                                                                            |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 113                                                                         | Hopital VS (Sion)                                                                                                                    |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 110                                                                         | HUG (Geneva)                                                                                                                         |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 117                                                                         | Inselspital (Bern)                                                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 120                                                                         | KISPI (Basel)                                                                                                                        |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 116                                                                         | KISPI (Zurich)                                                                                                                       |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 137                                                                         | KSA (Aarau)                                                                                                                          |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 133                                                                         | KSGR (Graubunden)                                                                                                                    |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 166                                                                         | KSNW (Niedwalden)                                                                                                                    |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 111                                                                         | KSSG (St.Gallen) & consortium                                                                                                        |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 138                                                                         | KSW (Winterthur)                                                                                                                     |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 140                                                                         | LUKS (Luzern)                                                                                                                        |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 134                                                                         | OKS (St.Gallen)                                                                                                                      |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 141                                                                         | Spitaeler SH (Schaffhausen)                                                                                                          |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 150                                                                         | STGAG KSM (Muensterlingen)                                                                                                           |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 119                                                                         | USB (Basel)                                                                                                                          |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 115                                                                         | USZ (Zurich)                                                                                                                         |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 7                                                                           | <div>inclusion_disease</div>                                                                                                         | <div>Section Header: <i>Checking inclusion criteria</i></div> <div>This entry reports:</div>                                                                                                 | <div>radio, Required</div> <table><tr><td>1</td><td>A laboratory-confirmed Influenza diagnosis</td></tr><tr><td>2</td><td>A laboratory-confirmed COVID-19 diagnosis (e.g. RT-PCR/Antigenic test)</td></tr><tr><td>3</td><td>A clinical COVID-19 diagnosis (e.g. CT-scan/radio/serology)</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1   | A laboratory-confirmed Influenza diagnosis | 2                     | A laboratory-confirmed COVID-19 diagnosis (e.g. RT-PCR/Antigenic test) | 3   | A clinical COVID-19 diagnosis (e.g. CT-scan/radio/serology) |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 1                                                                           | A laboratory-confirmed Influenza diagnosis                                                                                           |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 2                                                                           | A laboratory-confirmed COVID-19 diagnosis (e.g. RT-PCR/Antigenic test)                                                               |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 3                                                                           | A clinical COVID-19 diagnosis (e.g. CT-scan/radio/serology)                                                                          |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 8                                                                           | <div>inclusion_hospital24h</div>                                                                                                     | <div>Hospitalised for more than 24 hours</div>                                                                                                                                               | <div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1   | Yes                                        | 0                     | No                                                                     |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 1                                                                           | Yes                                                                                                                                  |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 0                                                                           | No                                                                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 9                                                                           | <div>inclusion_confirmed</div> <div>Show the field ONLY if:<br/>[inclusion_hospital24h] = '1' and [inclusion_disease] &gt; '0'</div> | <div>Section Header: <i>Patient's inclusion</i></div> <div>Confirm inclusion ?</div>                                                                                                         | <div>checkbox, Required</div> <table><tr><td>1</td><td>inclusion_confirmed__1</td><td>Yes (include patient)</td></tr></table> <div>Custom alignment: RH</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1   | inclusion_confirmed__1                     | Yes (include patient) |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 1                                                                           | inclusion_confirmed__1                                                                                                               | Yes (include patient)                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 10                                                                          | <div>dummy_1</div> <div>Show the field ONLY if:<br/>[inclusion_confirmed(1)] != '1'</div>                                            | <div>If the inclusion cannot be confirmed, please do not report this episode: either have the PI delete the entry, or replace it with an episode that fulfills the inclusion criteria.</div> | <div>descriptive</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 11                                                                          | <div>inclusion_date</div> <div>Show the field ONLY if:<br/>[inclusion_confirmed(1)] = '1'</div>                                      | <div>Inclusion date</div>                                                                                                                                                                    | <div>text (date_dmy, Min: 2020-01-01), Required</div> <div>Custom alignment: RH</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 12                                                                          | <div>inclusion_userid</div>                                                                                                          | <div>ID of user checking the inclusion</div>                                                                                                                                                 | <div>text, Required</div> <div>Field Annotation: @USERNAME</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 13                                                                          | <div>inclusion_complete</div>                                                                                                        | <div>Section Header: <i>Form Status</i></div> <div>Complete?</div>                                                                                                                           | <div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0   | Incomplete                                 | 1                     | Unverified                                                             | 2   | Complete                                                    |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 0                                                                           | Incomplete                                                                                                                           |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 1                                                                           | Unverified                                                                                                                           |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 2                                                                           | Complete                                                                                                                             |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| <div>Instrument: <b>Demography</b> (demography)</div> <div>^ Collapse</div> |                                                                                                                                      |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 14                                                                          | <div>birth_year</div>                                                                                                                | <div>Section Header: <i>Demography</i></div> <div>Year of birth</div>                                                                                                                        | <div>text (integer, Min: 1900), Required</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 15                                                                          | <div>ischild</div>                                                                                                                   | <div>Is the patient a child (&lt; 18 years)</div>                                                                                                                                            | <div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Field Annotation: @HIDDEN @HIDDEN-PDF</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1   | Yes                                        | 0                     | No                                                                     |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 1                                                                           | Yes                                                                                                                                  |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 0                                                                           | No                                                                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                            |                       |                                                                        |     |                                                             |     |                           |     |                   |     |              |     |                    |     |               |     |                |     |             |     |                   |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |

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|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------|---|------------------------------------------|---|------------------------------------------------|----|-------------|---|--------------|---|---------------|---|---------------|---|---------------|---|---------------|----|---------------|----|-------------|----|-------------|----|---------------|----|---------------|----|----------------|----|-------|
| 16                                                     | toddler                                                                                                        | Is the patient 6 years old or less ?                                                                 | yesno<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: @HIDDEN @HIDDEN-PDF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 | Yes                | 0 | No                                       |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 1                                                      | Yes                                                                                                            |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 0                                                      | No                                                                                                             |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 17                                                     | toddler_birthmonth                                                                                             | Birth Month                                                                                          | text (integer, Min: 1, Max: 12)<br>Field Annotation: [1-12] @HIDDEN @HIDDEN-PDF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 18                                                     | age_group                                                                                                      | Age Category                                                                                         | dropdown (autocomplete), Required<br><table border="1"> <tr><td>1</td><td>&lt; 1 month</td></tr> <tr><td>2</td><td>1 month - 1 year</td></tr> <tr><td>3</td><td>1 - 2 years</td></tr> <tr><td>4</td><td>3 - 5 years</td></tr> <tr><td>5</td><td>6 - 12 years</td></tr> <tr><td>6</td><td>13 - 19 years</td></tr> <tr><td>7</td><td>20 - 29 years</td></tr> <tr><td>8</td><td>30 - 39 years</td></tr> <tr><td>9</td><td>40 - 49 years</td></tr> <tr><td>10</td><td>50 - 59 years</td></tr> <tr><td>11</td><td>60-64 years</td></tr> <tr><td>12</td><td>65-69 years</td></tr> <tr><td>13</td><td>70 - 79 years</td></tr> <tr><td>14</td><td>80 - 89 years</td></tr> <tr><td>15</td><td>90 - 100 years</td></tr> <tr><td>16</td><td>&gt; 100</td></tr> </table> | 1 | < 1 month          | 2 | 1 month - 1 year                         | 3 | 1 - 2 years                                    | 4  | 3 - 5 years | 5 | 6 - 12 years | 6 | 13 - 19 years | 7 | 20 - 29 years | 8 | 30 - 39 years | 9 | 40 - 49 years | 10 | 50 - 59 years | 11 | 60-64 years | 12 | 65-69 years | 13 | 70 - 79 years | 14 | 80 - 89 years | 15 | 90 - 100 years | 16 | > 100 |
| 1                                                      | < 1 month                                                                                                      |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 2                                                      | 1 month - 1 year                                                                                               |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 3                                                      | 1 - 2 years                                                                                                    |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 4                                                      | 3 - 5 years                                                                                                    |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 5                                                      | 6 - 12 years                                                                                                   |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 6                                                      | 13 - 19 years                                                                                                  |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 7                                                      | 20 - 29 years                                                                                                  |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 8                                                      | 30 - 39 years                                                                                                  |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 9                                                      | 40 - 49 years                                                                                                  |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 10                                                     | 50 - 59 years                                                                                                  |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 11                                                     | 60-64 years                                                                                                    |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 12                                                     | 65-69 years                                                                                                    |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 13                                                     | 70 - 79 years                                                                                                  |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 14                                                     | 80 - 89 years                                                                                                  |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 15                                                     | 90 - 100 years                                                                                                 |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 16                                                     | > 100                                                                                                          |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 19                                                     | gender                                                                                                         | Sex                                                                                                  | radio, Required<br><table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> <tr><td>3</td><td>Other</td></tr> </table> Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 | Male               | 2 | Female                                   | 3 | Other                                          |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 1                                                      | Male                                                                                                           |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 2                                                      | Female                                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 3                                                      | Other                                                                                                          |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 20                                                     | dummy_5                                                                                                        | Height, Weight and BMI will be evaluated during each individual hospitalisation event<br><i>[cm]</i> | descriptive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 21                                                     | demography_complete                                                                                            | Section Header: <i>Form Status</i><br>Complete?                                                      | dropdown<br><table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0 | Incomplete         | 1 | Unverified                               | 2 | Complete                                       |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 0                                                      | Incomplete                                                                                                     |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 1                                                      | Unverified                                                                                                     |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 2                                                      | Complete                                                                                                       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| Instrument: <b>Case Declaration</b> (case_declaration) |                                                                                                                |                                                                                                      | <a href="#">^ Collapse</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 22                                                     | symptoms_at_admission                                                                                          | Did the patient show any COVID-19/Influenza related symptoms at admission?                           | yesno, Required<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 | Yes                | 0 | No                                       |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 1                                                      | Yes                                                                                                            |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 0                                                      | No                                                                                                             |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 23                                                     | symptoms_date                                                                                                  | Starting date of symptoms                                                                            | text (date_dmy, Min: 2020-01-01)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 24                                                     | case_classification_flu<br>Show the field ONLY if:<br>[inclusion_disease] = '1'                                | Section Header: <i>Exposure factors</i><br>Type of exposure                                          | radio, Required<br><table border="1"> <tr><td>1</td><td>Community acquired</td></tr> <tr><td>2</td><td>Nosocomial (&gt; 3 days) from this hospital</td></tr> <tr><td>3</td><td>Nosocomial (&gt; 3 days) from another institution</td></tr> <tr><td>-1</td><td>Unknown</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 | Community acquired | 2 | Nosocomial (> 3 days) from this hospital | 3 | Nosocomial (> 3 days) from another institution | -1 | Unknown     |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 1                                                      | Community acquired                                                                                             |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 2                                                      | Nosocomial (> 3 days) from this hospital                                                                       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 3                                                      | Nosocomial (> 3 days) from another institution                                                                 |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| -1                                                     | Unknown                                                                                                        |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 25                                                     | case_classification_covid<br>Show the field ONLY if:<br>[inclusion_disease] = '2' or [inclusion_disease] = '3' | Type of exposure                                                                                     | radio, Required<br><table border="1"> <tr><td>1</td><td>Community acquired</td></tr> <tr><td>2</td><td>Nosocomial (&gt; 5 days) from this hospital</td></tr> <tr><td>3</td><td>Nosocomial (&gt; 5 days) from another institution</td></tr> <tr><td>-1</td><td>Unknown</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 | Community acquired | 2 | Nosocomial (> 5 days) from this hospital | 3 | Nosocomial (> 5 days) from another institution | -1 | Unknown     |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 1                                                      | Community acquired                                                                                             |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 2                                                      | Nosocomial (> 5 days) from this hospital                                                                       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| 3                                                      | Nosocomial (> 5 days) from another institution                                                                 |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |
| -1                                                     | Unknown                                                                                                        |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                    |   |                                          |   |                                                |    |             |   |              |   |               |   |               |   |               |   |               |    |               |    |             |    |             |    |               |    |               |    |                |    |       |

|    |                                                                                                          |                                                             |                                                                                                                                                                                                                                                                                                                    |   |           |   |                                 |    |                         |    |               |    |         |
|----|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------|---|---------------------------------|----|-------------------------|----|---------------|----|---------|
| 26 | community_location                                                                                       | Where was the patient exposed?                              | <div>radio</div> <table><tr><td>1</td><td>Household</td></tr><tr><td>2</td><td>School / Kindergarten / Daycare</td></tr><tr><td>3</td><td>Family / Friends circle</td></tr><tr><td>99</td><td>Other contact</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Field Annotation: @HIDDEN-PDF @HIDDEN</div> | 1 | Household | 2 | School / Kindergarten / Daycare | 3  | Family / Friends circle | 99 | Other contact | -1 | Unknown |
| 1  | Household                                                                                                |                                                             |                                                                                                                                                                                                                                                                                                                    |   |           |   |                                 |    |                         |    |               |    |         |
| 2  | School / Kindergarten / Daycare                                                                          |                                                             |                                                                                                                                                                                                                                                                                                                    |   |           |   |                                 |    |                         |    |               |    |         |
| 3  | Family / Friends circle                                                                                  |                                                             |                                                                                                                                                                                                                                                                                                                    |   |           |   |                                 |    |                         |    |               |    |         |
| 99 | Other contact                                                                                            |                                                             |                                                                                                                                                                                                                                                                                                                    |   |           |   |                                 |    |                         |    |               |    |         |
| -1 | Unknown                                                                                                  |                                                             |                                                                                                                                                                                                                                                                                                                    |   |           |   |                                 |    |                         |    |               |    |         |
| 27 | exposure_empl_health                                                                                     | Employed in a healthcare facility at time of infection?     | <div>radio</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Field Annotation: @HIDDEN @HIDDEN-PDF</div>                                                                                                                                 | 0 | No        | 1 | Yes                             | -1 | Unknown                 |    |               |    |         |
| 0  | No                                                                                                       |                                                             |                                                                                                                                                                                                                                                                                                                    |   |           |   |                                 |    |                         |    |               |    |         |
| 1  | Yes                                                                                                      |                                                             |                                                                                                                                                                                                                                                                                                                    |   |           |   |                                 |    |                         |    |               |    |         |
| -1 | Unknown                                                                                                  |                                                             |                                                                                                                                                                                                                                                                                                                    |   |           |   |                                 |    |                         |    |               |    |         |
| 28 | exposure_empl_lab                                                                                        | Employed in a microbiology laboratory at time of infection? | <div>radio</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Field Annotation: @HIDDEN @HIDDEN-PDF</div>                                                                                                                                 | 0 | No        | 1 | Yes                             | -1 | Unknown                 |    |               |    |         |
| 0  | No                                                                                                       |                                                             |                                                                                                                                                                                                                                                                                                                    |   |           |   |                                 |    |                         |    |               |    |         |
| 1  | Yes                                                                                                      |                                                             |                                                                                                                                                                                                                                                                                                                    |   |           |   |                                 |    |                         |    |               |    |         |
| -1 | Unknown                                                                                                  |                                                             |                                                                                                                                                                                                                                                                                                                    |   |           |   |                                 |    |                         |    |               |    |         |
| 29 | exposure_travel<br><br>Show the field ONLY if:<br>[inclusion_disease] = '2' or [inclusion_disease] = '3' | Was the infection acquired abroad?                          | <div>radio</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Field Annotation: @HIDDEN @HIDDEN-PDF</div>                                                                                                                                 | 0 | No        | 1 | Yes                             | -1 | Unknown                 |    |               |    |         |
| 0  | No                                                                                                       |                                                             |                                                                                                                                                                                                                                                                                                                    |   |           |   |                                 |    |                         |    |               |    |         |
| 1  | Yes                                                                                                      |                                                             |                                                                                                                                                                                                                                                                                                                    |   |           |   |                                 |    |                         |    |               |    |         |
| -1 | Unknown                                                                                                  |                                                             |                                                                                                                                                                                                                                                                                                                    |   |           |   |                                 |    |                         |    |               |    |         |

|    |                                                                                            |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
|----|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------|----|---------------|----|---------|----|---------|----|----------------|----|---------|----|--------|----|----------|----|------------|----|---------------------|----|-----------|----|---------|----|-------|----|-----------|----|---------|----|------------|----|---------|----|---------|----|------------|----|----------|----|---------|----|---------|----|--------|----|-------|----|---------|----|--------|----|---------|----|------------------------|----|----------|----|---------------|----|--------|----|--------------------------------|----|-------------------|----|----------|----|--------------|----|---------|----|----------|----|----------|----|--------|----|------------|----|----------------|----|--------------------------|----|------|----|-------|----|-------|----|------------------|----|-------------------------|----|----------|----|---------|----|-------|----|---------------------------------------|----|--------------|----|------------|----|---------------|----|---------|
| 30 | <div>exposure_country</div> <div>Show the field ONLY if:<br/>[exposure_travel] = '1'</div> | <div>In which country was the infection most probably contracted?</div> | <div>dropdown (autocomplete)</div> <table><tr><td>AF</td><td>Afghanistan</td></tr><tr><td>AX</td><td>Åland Islands</td></tr><tr><td>AL</td><td>Albania</td></tr><tr><td>DZ</td><td>Algeria</td></tr><tr><td>AS</td><td>American Samoa</td></tr><tr><td>AD</td><td>Andorra</td></tr><tr><td>AO</td><td>Angola</td></tr><tr><td>AI</td><td>Anguilla</td></tr><tr><td>AQ</td><td>Antarctica</td></tr><tr><td>AG</td><td>Antigua and Barbuda</td></tr><tr><td>AR</td><td>Argentina</td></tr><tr><td>AM</td><td>Armenia</td></tr><tr><td>AW</td><td>Aruba</td></tr><tr><td>AU</td><td>Australia</td></tr><tr><td>AT</td><td>Austria</td></tr><tr><td>AZ</td><td>Azerbaijan</td></tr><tr><td>BS</td><td>Bahamas</td></tr><tr><td>BH</td><td>Bahrain</td></tr><tr><td>BD</td><td>Bangladesh</td></tr><tr><td>BB</td><td>Barbados</td></tr><tr><td>BY</td><td>Belarus</td></tr><tr><td>BE</td><td>Belgium</td></tr><tr><td>BZ</td><td>Belize</td></tr><tr><td>BJ</td><td>Benin</td></tr><tr><td>BM</td><td>Bermuda</td></tr><tr><td>BT</td><td>Bhutan</td></tr><tr><td>BO</td><td>Bolivia</td></tr><tr><td>BA</td><td>Bosnia and Herzegovina</td></tr><tr><td>BW</td><td>Botswana</td></tr><tr><td>BV</td><td>Bouvet Island</td></tr><tr><td>BR</td><td>Brazil</td></tr><tr><td>IO</td><td>British Indian Ocean Territory</td></tr><tr><td>BN</td><td>Brunei Darussalam</td></tr><tr><td>BG</td><td>Bulgaria</td></tr><tr><td>BF</td><td>Burkina Faso</td></tr><tr><td>BI</td><td>Burundi</td></tr><tr><td>KH</td><td>Cambodia</td></tr><tr><td>CM</td><td>Cameroon</td></tr><tr><td>CA</td><td>Canada</td></tr><tr><td>CV</td><td>Cape Verde</td></tr><tr><td>KY</td><td>Cayman Islands</td></tr><tr><td>CF</td><td>Central African Republic</td></tr><tr><td>TD</td><td>Chad</td></tr><tr><td>CL</td><td>Chile</td></tr><tr><td>CN</td><td>China</td></tr><tr><td>CX</td><td>Christmas Island</td></tr><tr><td>CC</td><td>Cocos (Keeling) Islands</td></tr><tr><td>CO</td><td>Colombia</td></tr><tr><td>KM</td><td>Comoros</td></tr><tr><td>CG</td><td>Congo</td></tr><tr><td>CD</td><td>Congo, The Democratic Republic of The</td></tr><tr><td>CK</td><td>Cook Islands</td></tr><tr><td>CR</td><td>Costa Rica</td></tr><tr><td>CI</td><td>Cote D'ivoire</td></tr><tr><td>HR</td><td>Croatia</td></tr></table> | AF | Afghanistan | AX | Åland Islands | AL | Albania | DZ | Algeria | AS | American Samoa | AD | Andorra | AO | Angola | AI | Anguilla | AQ | Antarctica | AG | Antigua and Barbuda | AR | Argentina | AM | Armenia | AW | Aruba | AU | Australia | AT | Austria | AZ | Azerbaijan | BS | Bahamas | BH | Bahrain | BD | Bangladesh | BB | Barbados | BY | Belarus | BE | Belgium | BZ | Belize | BJ | Benin | BM | Bermuda | BT | Bhutan | BO | Bolivia | BA | Bosnia and Herzegovina | BW | Botswana | BV | Bouvet Island | BR | Brazil | IO | British Indian Ocean Territory | BN | Brunei Darussalam | BG | Bulgaria | BF | Burkina Faso | BI | Burundi | KH | Cambodia | CM | Cameroon | CA | Canada | CV | Cape Verde | KY | Cayman Islands | CF | Central African Republic | TD | Chad | CL | Chile | CN | China | CX | Christmas Island | CC | Cocos (Keeling) Islands | CO | Colombia | KM | Comoros | CG | Congo | CD | Congo, The Democratic Republic of The | CK | Cook Islands | CR | Costa Rica | CI | Cote D'ivoire | HR | Croatia |
| AF | Afghanistan                                                                                |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| AX | Åland Islands                                                                              |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| AL | Albania                                                                                    |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| DZ | Algeria                                                                                    |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| AS | American Samoa                                                                             |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| AD | Andorra                                                                                    |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| AO | Angola                                                                                     |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| AI | Anguilla                                                                                   |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| AQ | Antarctica                                                                                 |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| AG | Antigua and Barbuda                                                                        |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| AR | Argentina                                                                                  |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| AM | Armenia                                                                                    |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| AW | Aruba                                                                                      |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| AU | Australia                                                                                  |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| AT | Austria                                                                                    |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| AZ | Azerbaijan                                                                                 |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BS | Bahamas                                                                                    |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BH | Bahrain                                                                                    |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BD | Bangladesh                                                                                 |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BB | Barbados                                                                                   |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BY | Belarus                                                                                    |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BE | Belgium                                                                                    |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BZ | Belize                                                                                     |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BJ | Benin                                                                                      |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BM | Bermuda                                                                                    |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BT | Bhutan                                                                                     |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BO | Bolivia                                                                                    |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BA | Bosnia and Herzegovina                                                                     |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BW | Botswana                                                                                   |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BV | Bouvet Island                                                                              |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BR | Brazil                                                                                     |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| IO | British Indian Ocean Territory                                                             |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BN | Brunei Darussalam                                                                          |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BG | Bulgaria                                                                                   |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BF | Burkina Faso                                                                               |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| BI | Burundi                                                                                    |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| KH | Cambodia                                                                                   |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| CM | Cameroon                                                                                   |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| CA | Canada                                                                                     |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| CV | Cape Verde                                                                                 |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| KY | Cayman Islands                                                                             |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| CF | Central African Republic                                                                   |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| TD | Chad                                                                                       |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| CL | Chile                                                                                      |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| CN | China                                                                                      |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| CX | Christmas Island                                                                           |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| CC | Cocos (Keeling) Islands                                                                    |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| CO | Colombia                                                                                   |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| KM | Comoros                                                                                    |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| CG | Congo                                                                                      |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| CD | Congo, The Democratic Republic of The                                                      |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| CK | Cook Islands                                                                               |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| CR | Costa Rica                                                                                 |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| CI | Cote D'ivoire                                                                              |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |
| HR | Croatia                                                                                    |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |             |    |               |    |         |    |         |    |                |    |         |    |        |    |          |    |            |    |                     |    |           |    |         |    |       |    |           |    |         |    |            |    |         |    |         |    |            |    |          |    |         |    |         |    |        |    |       |    |         |    |        |    |         |    |                        |    |          |    |               |    |        |    |                                |    |                   |    |          |    |              |    |         |    |          |    |          |    |        |    |            |    |                |    |                          |    |      |    |       |    |       |    |                  |    |                         |    |          |    |         |    |       |    |                                       |    |              |    |            |    |               |    |         |

|    |                                   |
|----|-----------------------------------|
| CU | Cuba                              |
| CY | Cyprus                            |
| CZ | Czechia                           |
| DK | Denmark                           |
| DJ | Djibouti                          |
| DM | Dominica                          |
| DO | Dominican Republic                |
| EC | Ecuador                           |
| EG | Egypt                             |
| SV | El Salvador                       |
| GQ | Equatorial Guinea                 |
| ER | Eritrea                           |
| EE | Estonia                           |
| ET | Ethiopia                          |
| FK | Falkland Islands (Malvinas)       |
| FO | Faroe Islands                     |
| FJ | Fiji                              |
| FI | Finland                           |
| FR | France                            |
| GF | French Guiana                     |
| PF | French Polynesia                  |
| TF | French Southern Territories       |
| GA | Gabon                             |
| GM | Gambia                            |
| GE | Georgia                           |
| DE | Germany                           |
| GH | Ghana                             |
| GI | Gibraltar                         |
| GR | Greece                            |
| GL | Greenland                         |
| GD | Grenada                           |
| GP | Guadeloupe                        |
| GU | Guam                              |
| GT | Guatemala                         |
| GG | Guernsey                          |
| GN | Guinea                            |
| GW | Guinea-bissau                     |
| GY | Guyana                            |
| HT | Haiti                             |
| HM | Heard Island and Mcdonald Islands |
| VA | Holy See (Vatican City State)     |
| HN | Honduras                          |
| HK | Hong Kong                         |
| HU | Hungary                           |
| IS | Iceland                           |
| IN | India                             |
| ID | Indonesia                         |
| IR | Iran, Islamic Republic of         |
| IQ | Iraq                              |
| IE | Ireland                           |
| IM | Isle of Man                       |
| IL | Israel                            |
| IT | Italy                             |
| JM | Jamaica                           |
| JP | Japan                             |
| JE | Jersey                            |

|    |                                            |
|----|--------------------------------------------|
| JO | Jordan                                     |
| KZ | Kazakhstan                                 |
| KE | Kenya                                      |
| KI | Kiribati                                   |
| KP | Korea, Democratic People's Republic of     |
| KR | Korea, Republic of                         |
| KO | Kosovo                                     |
| KW | Kuwait                                     |
| KG | Kyrgyzstan                                 |
| LA | Lao People's Democratic Republic           |
| LV | Latvia                                     |
| LB | Lebanon                                    |
| LS | Lesotho                                    |
| LR | Liberia                                    |
| LY | Libyan Arab Jamahiriya                     |
| LI | Liechtenstein                              |
| LT | Lithuania                                  |
| LU | Luxembourg                                 |
| MO | Macao                                      |
| MK | Macedonia, The Former Yugoslav Republic of |
| MG | Madagascar                                 |
| MW | Malawi                                     |
| MY | Malaysia                                   |
| MV | Maldives                                   |
| ML | Mali                                       |
| MT | Malta                                      |
| MH | Marshall Islands                           |
| MQ | Martinique                                 |
| MR | Mauritania                                 |
| MU | Mauritius                                  |
| YT | Mayotte                                    |
| MX | Mexico                                     |
| FM | Micronesia, Federated States of            |
| MD | Moldova, Republic of                       |
| MC | Monaco                                     |
| MN | Mongolia                                   |
| ME | Montenegro                                 |
| MS | Montserrat                                 |
| MA | Morocco                                    |
| MZ | Mozambique                                 |
| MM | Myanmar                                    |
| NA | Namibia                                    |
| NR | Nauru                                      |
| NP | Nepal                                      |
| NL | Netherlands                                |
| AN | Netherlands Antilles                       |
| NC | New Caledonia                              |
| NZ | New Zealand                                |
| NI | Nicaragua                                  |
| NE | Niger                                      |
| NG | Nigeria                                    |
| NU | Niue                                       |
| NF | Norfolk Island                             |
| MP | Northern Mariana Islands                   |
| NO | Norway                                     |
| OM | Oman                                       |

|    |                                              |
|----|----------------------------------------------|
| PK | Pakistan                                     |
| PW | Palau                                        |
| PS | Palestinian Territory, Occupied              |
| PA | Panama                                       |
| PG | Papua New Guinea                             |
| PY | Paraguay                                     |
| PE | Peru                                         |
| PH | Philippines                                  |
| PN | Pitcairn                                     |
| PL | Poland                                       |
| PT | Portugal                                     |
| PR | Puerto Rico                                  |
| QA | Qatar                                        |
| RE | Reunion                                      |
| RO | Romania                                      |
| RU | Russian Federation                           |
| RW | Rwanda                                       |
| SH | Saint Helena                                 |
| KN | Saint Kitts and Nevis                        |
| LC | Saint Lucia                                  |
| PM | Saint Pierre and Miquelon                    |
| VC | Saint Vincent and The Grenadines             |
| WS | Samoa                                        |
| SM | San Marino                                   |
| ST | Sao Tome and Principe                        |
| SA | Saudi Arabia                                 |
| SN | Senegal                                      |
| RS | Serbia                                       |
| SC | Seychelles                                   |
| SL | Sierra Leone                                 |
| SG | Singapore                                    |
| SK | Slovakia                                     |
| SI | Slovenia                                     |
| SB | Solomon Islands                              |
| SO | Somalia                                      |
| ZA | South Africa                                 |
| GS | South Georgia and The South Sandwich Islands |
| ES | Spain                                        |
| LK | Sri Lanka                                    |
| SD | Sudan                                        |
| SR | Suriname                                     |
| SJ | Svalbard and Jan Mayen                       |
| SZ | Swaziland                                    |
| SE | Sweden                                       |
| CH | Switzerland                                  |
| SY | Syrian Arab Republic                         |
| TW | Taiwan, Province of China                    |
| TJ | Tajikistan                                   |
| TZ | Tanzania, United Republic of                 |
| TH | Thailand                                     |
| TL | Timor-leste                                  |
| TG | Togo                                         |
| TK | Tokelau                                      |
| TO | Tonga                                        |
| TT | Trinidad and Tobago                          |
| TN | Tunisia                                      |

|    |                                                                                                          |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
|----|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------|----|-----------------------------|----|--------------------------|----|---------------------|----|-------------------------|----|----------------|----|----------------------|----|----------------|----|----------------------|----|--------------------------------------|----|---------|----|------------|----|---------|----|-----------|----|----------|----|-------------------------|----|----------------------|----|-------------------|----|----------------|----|-------|----|--------|----|----------|
|    |                                                                                                          |                                                                                                                             | <table><tr><td>TR</td><td>Turkey</td></tr><tr><td>TM</td><td>Turkmenistan</td></tr><tr><td>TC</td><td>Turks and Caicos Islands</td></tr><tr><td>TV</td><td>Tuvalu</td></tr><tr><td>UG</td><td>Uganda</td></tr><tr><td>UA</td><td>Ukraine</td></tr><tr><td>AE</td><td>United Arab Emirates</td></tr><tr><td>GB</td><td>United Kingdom</td></tr><tr><td>US</td><td>United States</td></tr><tr><td>UM</td><td>United States Minor Outlying Islands</td></tr><tr><td>UY</td><td>Uruguay</td></tr><tr><td>UZ</td><td>Uzbekistan</td></tr><tr><td>VU</td><td>Vanuatu</td></tr><tr><td>VE</td><td>Venezuela</td></tr><tr><td>VN</td><td>Viet Nam</td></tr><tr><td>VG</td><td>Virgin Islands, British</td></tr><tr><td>VI</td><td>Virgin Islands, U.S.</td></tr><tr><td>WF</td><td>Wallis and Futuna</td></tr><tr><td>EH</td><td>Western Sahara</td></tr><tr><td>YE</td><td>Yemen</td></tr><tr><td>ZM</td><td>Zambia</td></tr><tr><td>ZW</td><td>Zimbabwe</td></tr></table> <div>Field Annotation: @HIDDEN-PDF @HIDDEN</div> | TR | Turkey              | TM | Turkmenistan                | TC | Turks and Caicos Islands | TV | Tuvalu              | UG | Uganda                  | UA | Ukraine        | AE | United Arab Emirates | GB | United Kingdom | US | United States        | UM | United States Minor Outlying Islands | UY | Uruguay | UZ | Uzbekistan | VU | Vanuatu | VE | Venezuela | VN | Viet Nam | VG | Virgin Islands, British | VI | Virgin Islands, U.S. | WF | Wallis and Futuna | EH | Western Sahara | YE | Yemen | ZM | Zambia | ZW | Zimbabwe |
| TR | Turkey                                                                                                   |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| TM | Turkmenistan                                                                                             |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| TC | Turks and Caicos Islands                                                                                 |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| TV | Tuvalu                                                                                                   |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| UG | Uganda                                                                                                   |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| UA | Ukraine                                                                                                  |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| AE | United Arab Emirates                                                                                     |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| GB | United Kingdom                                                                                           |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| US | United States                                                                                            |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| UM | United States Minor Outlying Islands                                                                     |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| UY | Uruguay                                                                                                  |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| UZ | Uzbekistan                                                                                               |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| VU | Vanuatu                                                                                                  |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| VE | Venezuela                                                                                                |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| VN | Viet Nam                                                                                                 |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| VG | Virgin Islands, British                                                                                  |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| VI | Virgin Islands, U.S.                                                                                     |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| WF | Wallis and Futuna                                                                                        |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| EH | Western Sahara                                                                                           |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| YE | Yemen                                                                                                    |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| ZM | Zambia                                                                                                   |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| ZW | Zimbabwe                                                                                                 |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 31 | sample_datetime                                                                                          | Section Header: <i>Diagnosis method</i><br>Date and time of collection of diagnosis method<br>(CT scan/Serology/Lab sample) | text (datetime_dmy, Min: 2020-01-01 00:00), Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 32 | sample_datetime_estimated                                                                                | ...check if date/time may NOT be exact                                                                                      | radio <table><tr><td>0</td><td>exact date and time</td></tr><tr><td>1</td><td>exact date / estimated time</td></tr><tr><td>2</td><td>estimated date and time</td></tr></table> <div>Field Annotation: @HIDDEN @HIDDEN-PDF</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0  | exact date and time | 1  | exact date / estimated time | 2  | estimated date and time  |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 0  | exact date and time                                                                                      |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 1  | exact date / estimated time                                                                              |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 2  | estimated date and time                                                                                  |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 33 | sample_type<br><br>Show the field ONLY if:<br>[inclusion_disease] = '1' or [incl<br>usion_disease] = '2' | Type of sample                                                                                                              | radio, Required <table><tr><td>1</td><td>Nasal swab</td></tr><tr><td>2</td><td>Throat swab</td></tr><tr><td>3</td><td>Nasopharyngeal swab</td></tr><tr><td>4</td><td>Tracheal aspiration</td></tr><tr><td>5</td><td>Broncho-alveolar lavage</td></tr><tr><td>99</td><td>Other...</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1  | Nasal swab          | 2  | Throat swab                 | 3  | Nasopharyngeal swab      | 4  | Tracheal aspiration | 5  | Broncho-alveolar lavage | 99 | Other...       |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 1  | Nasal swab                                                                                               |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 2  | Throat swab                                                                                              |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 3  | Nasopharyngeal swab                                                                                      |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 4  | Tracheal aspiration                                                                                      |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 5  | Broncho-alveolar lavage                                                                                  |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 99 | Other...                                                                                                 |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 34 | sample_type_other<br><br>Show the field ONLY if:<br>[sample_type] = '99'                                 | ...please, specify sample type                                                                                              | text, Required<br>Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 35 | sample_service                                                                                           | In which service was the diagnosis method made/ sample taken ?                                                              | radio <table><tr><td>1</td><td>Medicine</td></tr><tr><td>2</td><td>Geriatrics</td></tr><tr><td>3</td><td>Intensive Care</td></tr><tr><td>4</td><td>Surgery</td></tr><tr><td>5</td><td>Paediatrics</td></tr><tr><td>6</td><td>Emergency Room</td></tr><tr><td>7</td><td>NICU/PICU</td></tr><tr><td>8</td><td>Obstetrics</td></tr><tr><td>9</td><td>General practitioner</td></tr><tr><td>99</td><td>Other...</td></tr></table> <div>Field Annotation: @HIDDEN-PDF @HIDDEN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1  | Medicine            | 2  | Geriatrics                  | 3  | Intensive Care           | 4  | Surgery             | 5  | Paediatrics             | 6  | Emergency Room | 7  | NICU/PICU            | 8  | Obstetrics     | 9  | General practitioner | 99 | Other...                             |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 1  | Medicine                                                                                                 |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 2  | Geriatrics                                                                                               |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 3  | Intensive Care                                                                                           |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 4  | Surgery                                                                                                  |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 5  | Paediatrics                                                                                              |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 6  | Emergency Room                                                                                           |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 7  | NICU/PICU                                                                                                |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 8  | Obstetrics                                                                                               |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 9  | General practitioner                                                                                     |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 99 | Other...                                                                                                 |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |
| 36 | sample_service_other<br><br>Show the field ONLY if:<br>[sample_service] = '99'                           | ...please, specify where                                                                                                    | text<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                     |    |                             |    |                          |    |                     |    |                         |    |                |    |                      |    |                |    |                      |    |                                      |    |         |    |            |    |         |    |           |    |          |    |                         |    |                      |    |                   |    |                |    |       |    |        |    |          |



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|----|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---|------------------------------|-----------------------|---|------------------------------|---------------------------------------------------------|----|------------------------------|---------------------------------------------|---|------------------------------|----------------|----|-------------------------------|----------|
| 37 | sample_confirm_meth_flu<br><br>Show the field ONLY if:<br>[inclusion_disease] = '1'                                                         | Confirmation method                                     | radio, Required<br><table><tr><td>1</td><td colspan="2">PCR (RT-PCR/POCT-PCR)</td></tr><tr><td>2</td><td colspan="2">Antigenic Rapid Flu test</td></tr><tr><td>3</td><td colspan="2">Viral culture</td></tr><tr><td>4</td><td colspan="2">Immunofluorescence</td></tr><tr><td>99</td><td colspan="2">Other</td></tr></table>                                                                                                                                                                                              |  |  | 1 | PCR (RT-PCR/POCT-PCR)        |                       | 2 | Antigenic Rapid Flu test     |                                                         | 3  | Viral culture                |                                             | 4 | Immunofluorescence           |                | 99 | Other                         |          |
| 1  | PCR (RT-PCR/POCT-PCR)                                                                                                                       |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| 2  | Antigenic Rapid Flu test                                                                                                                    |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| 3  | Viral culture                                                                                                                               |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| 4  | Immunofluorescence                                                                                                                          |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| 99 | Other                                                                                                                                       |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| 38 | sample_confirm_meth_covid<br><br>Show the field ONLY if:<br>[inclusion_disease] = '2' or [inclusion_disease] = '3'                          | Confirmation method                                     | checkbox, Required<br><table><tr><td>1</td><td>sample_confirm_meth_covid__1</td><td>PCR (RT-PCR/POCT-PCR)</td></tr><tr><td>2</td><td>sample_confirm_meth_covid__2</td><td>CT Scan or radiology compatible with COVID-19 diagnosis</td></tr><tr><td>3</td><td>sample_confirm_meth_covid__3</td><td>Serology compatible with COVID-19 diagnosis</td></tr><tr><td>4</td><td>sample_confirm_meth_covid__4</td><td>Antigenic test</td></tr><tr><td>99</td><td>sample_confirm_meth_covid__99</td><td>Other...</td></tr></table> |  |  | 1 | sample_confirm_meth_covid__1 | PCR (RT-PCR/POCT-PCR) | 2 | sample_confirm_meth_covid__2 | CT Scan or radiology compatible with COVID-19 diagnosis | 3  | sample_confirm_meth_covid__3 | Serology compatible with COVID-19 diagnosis | 4 | sample_confirm_meth_covid__4 | Antigenic test | 99 | sample_confirm_meth_covid__99 | Other... |
| 1  | sample_confirm_meth_covid__1                                                                                                                | PCR (RT-PCR/POCT-PCR)                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| 2  | sample_confirm_meth_covid__2                                                                                                                | CT Scan or radiology compatible with COVID-19 diagnosis |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| 3  | sample_confirm_meth_covid__3                                                                                                                | Serology compatible with COVID-19 diagnosis             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| 4  | sample_confirm_meth_covid__4                                                                                                                | Antigenic test                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| 99 | sample_confirm_meth_covid__99                                                                                                               | Other...                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| 39 | sample_confirm_meth_other<br><br>Show the field ONLY if:<br>[sample_confirm_meth_covid(99)] = '1' or [sample_confirm_meth_flu] = '99'       | ...please, specify confirmation method                  | text, Required<br>Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| 40 | virus_type<br><br>Show the field ONLY if:<br>[inclusion_disease] = '1'                                                                      | Influenza virus type                                    | radio, Required<br><table><tr><td>1</td><td colspan="2">A</td></tr><tr><td>2</td><td colspan="2">B</td></tr><tr><td>-1</td><td colspan="2">Unknown</td></tr></table>                                                                                                                                                                                                                                                                                                                                                      |  |  | 1 | A                            |                       | 2 | B                            |                                                         | -1 | Unknown                      |                                             |   |                              |                |    |                               |          |
| 1  | A                                                                                                                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| 2  | B                                                                                                                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| -1 | Unknown                                                                                                                                     |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| 41 | virus_sub_type<br><br>Show the field ONLY if:<br>[virus_type] > 0                                                                           | Influenza virus sub-type                                | text<br>Field Annotation: @HIDDEN @HIDDEN-PDF                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| 42 | covid_sdropout<br><br>Show the field ONLY if:<br>[sample_confirm_meth_covid(1)] = '1'                                                       | What was the result of the S drop-out search ?          | radio<br><table><tr><td>0</td><td colspan="2">S drop-out absent</td></tr><tr><td>1</td><td colspan="2">S drop-out present</td></tr><tr><td>-1</td><td colspan="2">No search performed</td></tr></table><br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                                                          |  |  | 0 | S drop-out absent            |                       | 1 | S drop-out present           |                                                         | -1 | No search performed          |                                             |   |                              |                |    |                               |          |
| 0  | S drop-out absent                                                                                                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| 1  | S drop-out present                                                                                                                          |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| -1 | No search performed                                                                                                                         |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| 43 | covid_sequenced<br><br>Show the field ONLY if:<br>[sample_confirm_meth_covid(1)] = '1' and ([user-dag-id] = "260" or [user-dag-id] = "283") | Was the patient's sample sequenced?                     | radio, Required<br><table><tr><td>0</td><td colspan="2">No</td></tr><tr><td>1</td><td colspan="2">Yes</td></tr><tr><td>-1</td><td colspan="2">Unknown</td></tr></table>                                                                                                                                                                                                                                                                                                                                                   |  |  | 0 | No                           |                       | 1 | Yes                          |                                                         | -1 | Unknown                      |                                             |   |                              |                |    |                               |          |
| 0  | No                                                                                                                                          |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| 1  | Yes                                                                                                                                         |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |
| -1 | Unknown                                                                                                                                     |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |   |                              |                       |   |                              |                                                         |    |                              |                                             |   |                              |                |    |                               |          |

|      |                                                                                                                                                |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|------|------|------|------|------|------|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 44   | <div>covd_seq_canton</div> <div>Show the field ONLY if:<br/>[covid_sequenced] = '1' and ([user-dag-id] = "260" or [user-dag-id] = "283")</div> | <div>Canton in which the patient resides, given by "XX" in the GISAID number</div> <div>hCoV-19/Switzerland/XX-ZZZZZZZ/YYY<br/><i>UN = Unknown</i></div> | <div>dropdown (autocomplete), Required</div> <table><tr><td>ZH</td><td>ZH</td></tr><tr><td>BE</td><td>BE</td></tr><tr><td>LU</td><td>LU</td></tr><tr><td>UR</td><td>UR</td></tr><tr><td>SZ</td><td>SZ</td></tr><tr><td>OW</td><td>OW</td></tr><tr><td>NW</td><td>NW</td></tr><tr><td>GL</td><td>GL</td></tr><tr><td>ZG</td><td>ZG</td></tr><tr><td>FR</td><td>FR</td></tr><tr><td>SO</td><td>SO</td></tr><tr><td>BS</td><td>BS</td></tr><tr><td>BL</td><td>BL</td></tr><tr><td>SH</td><td>SH</td></tr><tr><td>AR</td><td>AR</td></tr><tr><td>AI</td><td>AI</td></tr><tr><td>SG</td><td>SG</td></tr><tr><td>GR</td><td>GR</td></tr><tr><td>AG</td><td>AG</td></tr><tr><td>TG</td><td>TG</td></tr><tr><td>TI</td><td>TI</td></tr><tr><td>VD</td><td>VD</td></tr><tr><td>VS</td><td>VS</td></tr><tr><td>NE</td><td>NE</td></tr><tr><td>GE</td><td>GE</td></tr><tr><td>JU</td><td>JU</td></tr><tr><td>UN</td><td>UN</td></tr></table> | ZH   | ZH   | BE   | BE   | LU   | LU   | UR   | UR   | SZ   | SZ   | OW | OW | NW | NW | GL | GL | ZG | ZG | FR | FR | SO | SO | BS | BS | BL | BL | SH | SH | AR | AR | AI | AI | SG | SG | GR | GR | AG | AG | TG | TG | TI | TI | VD | VD | VS | VS | NE | NE | GE | GE | JU | JU | UN | UN |
| ZH   | ZH                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| BE   | BE                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| LU   | LU                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| UR   | UR                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| SZ   | SZ                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| OW   | OW                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| NW   | NW                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| GL   | GL                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| ZG   | ZG                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| FR   | FR                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| SO   | SO                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| BS   | BS                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| BL   | BL                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| SH   | SH                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| AR   | AR                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| AI   | AI                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| SG   | SG                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| GR   | GR                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| AG   | AG                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| TG   | TG                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| TI   | TI                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| VD   | VD                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| VS   | VS                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| NE   | NE                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| GE   | GE                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| JU   | JU                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| UN   | UN                                                                                                                                             |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 45   | <div>covd_seq_number</div> <div>Show the field ONLY if:<br/>[covid_sequenced] = '1' and ([user-dag-id] = "260" or [user-dag-id] = "283")</div> | <div>Number associated to the sample, given by "ZZZZZZ" in the GISAID number</div> <div>hCoV-19/Switzerland/XX-ZZZZZZZ/YYY</div>                         | <div>text, Required</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 46   | <div>covd_seq_year</div> <div>Show the field ONLY if:<br/>[covid_sequenced] = '1' and ([user-dag-id] = "260" or [user-dag-id] = "283")</div>   | <div>Year in which the sample was sequenced, given by "YYYY" in the GISAID number</div> <div>hCoV-19/Switzerland/XX-ZZZZZZZ/YYY</div>                    | <div>dropdown (autocomplete), Required</div> <table><tr><td>2020</td><td>2020</td></tr><tr><td>2021</td><td>2021</td></tr><tr><td>2022</td><td>2022</td></tr><tr><td>2023</td><td>2023</td></tr><tr><td>2024</td><td>2024</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2020 | 2020 | 2021 | 2021 | 2022 | 2022 | 2023 | 2023 | 2024 | 2024 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 2020 | 2020                                                                                                                                           |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 2021 | 2021                                                                                                                                           |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 2022 | 2022                                                                                                                                           |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 2023 | 2023                                                                                                                                           |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 2024 | 2024                                                                                                                                           |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |      |      |      |      |      |      |      |      |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

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|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------------------------------|----|--------|----|------|----|------|----|--------|----|--------|----|--------|----|--------|----|------|----|------|----|------|----|--------|----|--------|----|------|----|--------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|-------|----|---------|----|-------|----|---------|----|-------|----|-------|----|-------|----|---------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|--------|----|----------|----|--------|----|--------|----|--------|----|--------|----|-----|----|-------|---|-----------------|----|----------|----|----------|----|----------|----|-----------|----|-----------|----|-----------|----|-----------|----|--------------------------|----|--------|----|----------|
| 47 | <div>virus_type_cov</div> <div>Show the field ONLY if:<br/>([inclusion_disease] = '2' or [inclusion_disease] = '3') AND ([sample_confirm_meth_covid(1)] = '1')</div> | <div>COVID-19 virus type</div> <div>The options for this field will be updated regularly</div> | <div>dropdown (autocomplete), Required</div> <table><tr><td>1</td><td>Common variant/Mutation but no VOC</td></tr><tr><td>10</td><td>A.23.1</td></tr><tr><td>20</td><td>AY.1</td></tr><tr><td>46</td><td>AY.4</td></tr><tr><td>58</td><td>AY.4.1</td></tr><tr><td>52</td><td>AY.4.2</td></tr><tr><td>77</td><td>AY.4.4</td></tr><tr><td>97</td><td>AY.4.9</td></tr><tr><td>53</td><td>AY.5</td></tr><tr><td>51</td><td>AY.6</td></tr><tr><td>54</td><td>AY.7</td></tr><tr><td>72</td><td>AY.7.1</td></tr><tr><td>60</td><td>AY.7.2</td></tr><tr><td>48</td><td>AY.9</td></tr><tr><td>79</td><td>AY.9.2</td></tr><tr><td>49</td><td>AY.12</td></tr><tr><td>62</td><td>AY.25</td></tr><tr><td>55</td><td>AY.26</td></tr><tr><td>50</td><td>AY.33</td></tr><tr><td>59</td><td>AY.39</td></tr><tr><td>81</td><td>AY.41</td></tr><tr><td>64</td><td>AY.42</td></tr><tr><td>57</td><td>AY.43</td></tr><tr><td>70</td><td>AY.43.4</td></tr><tr><td>61</td><td>AY.46</td></tr><tr><td>56</td><td>AY.46.6</td></tr><tr><td>69</td><td>AY.51</td></tr><tr><td>84</td><td>AY.70</td></tr><tr><td>76</td><td>AY.98</td></tr><tr><td>80</td><td>AY.98.1</td></tr><tr><td>65</td><td>AY.102</td></tr><tr><td>66</td><td>AY.103</td></tr><tr><td>85</td><td>AY.109</td></tr><tr><td>87</td><td>AY.112</td></tr><tr><td>86</td><td>AY.113</td></tr><tr><td>71</td><td>AY.114</td></tr><tr><td>67</td><td>AY.121</td></tr><tr><td>74</td><td>AY.121.1</td></tr><tr><td>68</td><td>AY.122</td></tr><tr><td>82</td><td>AY.123</td></tr><tr><td>83</td><td>AY.125</td></tr><tr><td>73</td><td>AY.126</td></tr><tr><td>38</td><td>B.1</td></tr><tr><td>24</td><td>B.1.1</td></tr><tr><td>2</td><td>B.1.1.7 - Alpha</td></tr><tr><td>23</td><td>B.1.1.29</td></tr><tr><td>29</td><td>B.1.1.39</td></tr><tr><td>35</td><td>B.1.1.70</td></tr><tr><td>33</td><td>B.1.1.189</td></tr><tr><td>22</td><td>B.1.1.222</td></tr><tr><td>39</td><td>B.1.1.296</td></tr><tr><td>41</td><td>B.1.1.318</td></tr><tr><td>63</td><td>B.1.1.529/BA.1 - Omicron</td></tr><tr><td>89</td><td>BA.1.1</td></tr><tr><td>91</td><td>BA.1.1.1</td></tr></table> | 1 | Common variant/Mutation but no VOC | 10 | A.23.1 | 20 | AY.1 | 46 | AY.4 | 58 | AY.4.1 | 52 | AY.4.2 | 77 | AY.4.4 | 97 | AY.4.9 | 53 | AY.5 | 51 | AY.6 | 54 | AY.7 | 72 | AY.7.1 | 60 | AY.7.2 | 48 | AY.9 | 79 | AY.9.2 | 49 | AY.12 | 62 | AY.25 | 55 | AY.26 | 50 | AY.33 | 59 | AY.39 | 81 | AY.41 | 64 | AY.42 | 57 | AY.43 | 70 | AY.43.4 | 61 | AY.46 | 56 | AY.46.6 | 69 | AY.51 | 84 | AY.70 | 76 | AY.98 | 80 | AY.98.1 | 65 | AY.102 | 66 | AY.103 | 85 | AY.109 | 87 | AY.112 | 86 | AY.113 | 71 | AY.114 | 67 | AY.121 | 74 | AY.121.1 | 68 | AY.122 | 82 | AY.123 | 83 | AY.125 | 73 | AY.126 | 38 | B.1 | 24 | B.1.1 | 2 | B.1.1.7 - Alpha | 23 | B.1.1.29 | 29 | B.1.1.39 | 35 | B.1.1.70 | 33 | B.1.1.189 | 22 | B.1.1.222 | 39 | B.1.1.296 | 41 | B.1.1.318 | 63 | B.1.1.529/BA.1 - Omicron | 89 | BA.1.1 | 91 | BA.1.1.1 |
| 1  | Common variant/Mutation but no VOC                                                                                                                                   |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 10 | A.23.1                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 20 | AY.1                                                                                                                                                                 |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 46 | AY.4                                                                                                                                                                 |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 58 | AY.4.1                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 52 | AY.4.2                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 77 | AY.4.4                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 97 | AY.4.9                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 53 | AY.5                                                                                                                                                                 |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 51 | AY.6                                                                                                                                                                 |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 54 | AY.7                                                                                                                                                                 |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 72 | AY.7.1                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 60 | AY.7.2                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 48 | AY.9                                                                                                                                                                 |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 79 | AY.9.2                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 49 | AY.12                                                                                                                                                                |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 62 | AY.25                                                                                                                                                                |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 55 | AY.26                                                                                                                                                                |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 50 | AY.33                                                                                                                                                                |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 59 | AY.39                                                                                                                                                                |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 81 | AY.41                                                                                                                                                                |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 64 | AY.42                                                                                                                                                                |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 57 | AY.43                                                                                                                                                                |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 70 | AY.43.4                                                                                                                                                              |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 61 | AY.46                                                                                                                                                                |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 56 | AY.46.6                                                                                                                                                              |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 69 | AY.51                                                                                                                                                                |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 84 | AY.70                                                                                                                                                                |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 76 | AY.98                                                                                                                                                                |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 80 | AY.98.1                                                                                                                                                              |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 65 | AY.102                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 66 | AY.103                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 85 | AY.109                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 87 | AY.112                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 86 | AY.113                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 71 | AY.114                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 67 | AY.121                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 74 | AY.121.1                                                                                                                                                             |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 68 | AY.122                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 82 | AY.123                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 83 | AY.125                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 73 | AY.126                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 38 | B.1                                                                                                                                                                  |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 24 | B.1.1                                                                                                                                                                |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 2  | B.1.1.7 - Alpha                                                                                                                                                      |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 23 | B.1.1.29                                                                                                                                                             |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 29 | B.1.1.39                                                                                                                                                             |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 35 | B.1.1.70                                                                                                                                                             |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 33 | B.1.1.189                                                                                                                                                            |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 22 | B.1.1.222                                                                                                                                                            |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 39 | B.1.1.296                                                                                                                                                            |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 41 | B.1.1.318                                                                                                                                                            |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 63 | B.1.1.529/BA.1 - Omicron                                                                                                                                             |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 89 | BA.1.1                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |
| 91 | BA.1.1.1                                                                                                                                                             |                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                    |    |        |    |      |    |      |    |        |    |        |    |        |    |        |    |      |    |      |    |      |    |        |    |        |    |      |    |        |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |         |    |       |    |         |    |       |    |       |    |       |    |         |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |          |    |        |    |        |    |        |    |        |    |     |    |       |   |                 |    |          |    |          |    |          |    |           |    |           |    |           |    |           |    |                          |    |        |    |          |

|     |                                          |
|-----|------------------------------------------|
| 90  | BA.1.1.14                                |
| 78  | B.1.1.529/BA.2                           |
| 101 | BA.2.12.1                                |
| 92  | BA.2.3                                   |
| 102 | BA.2.74                                  |
| 95  | BA.2.9                                   |
| 96  | BA.2.10                                  |
| 93  | BA.4                                     |
| 103 | BA.4.1.1                                 |
| 94  | BA.5                                     |
| 104 | BA.5.1                                   |
| 105 | BA.5.1.2                                 |
| 100 | BA.5.2                                   |
| 106 | BA.5.2.3                                 |
| 18  | B.1.36                                   |
| 40  | B.1.36.1                                 |
| 11  | B.1.111-E484K                            |
| 37  | B.1.146A                                 |
| 21  | B.1.160                                  |
| 32  | B.1.160.16                               |
| 34  | B.1.160.20                               |
| 31  | B.1.177                                  |
| 19  | B.1.214                                  |
| 25  | B.1.214.2                                |
| 28  | B.1.221                                  |
| 36  | B.1.258                                  |
| 26  | B.1.258.17                               |
| 3   | B.1.351 - Beta                           |
| 30  | B.1.367                                  |
| 5   | B.1.427/B.1.429 - Epsilon                |
| 7   | B.1.525 - Eta                            |
| 6   | B.1.526 - Iota                           |
| 12  | B.1.617                                  |
| 13  | B.1.617.1 - Kappa                        |
| 14  | B.1.617.2 - Delta                        |
| 15  | B.1.617.3                                |
| 42  | B.1.620                                  |
| 43  | B.1.621 - Mu                             |
| 107 | BE.1                                     |
| 108 | BE.1.1                                   |
| 45  | C.1.2                                    |
| 27  | C.16                                     |
| 17  | C.36.3                                   |
| 44  | C.37 - Lambda                            |
| 4   | P.1 - Gamma                              |
| 47  | P.1.2                                    |
| 8   | P.2 - Zeta                               |
| 16  | P.3 - Theta                              |
| 9   | Ph-B.1.1.28                              |
| 98  | N501Y Mutation - no sequencing available |
| 110 | BA.2.36                                  |
| 111 | BA.5.1.1                                 |
| 112 | BA.5.1.23                                |
| 113 | BA.5.1.5                                 |
| 114 | BA.5.2.1                                 |
| 115 | BA.5.2.2                                 |

|     |                                                                                                                                                                      |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------|------------|----------|----------------------|------------------|-----|----------------------|------------------|----------|----------------------|------------------|-----|----------------------|------------------|-------|----------------------|----------|-----|----------------------|------------|------|----------------------|-----------------------|-----|----------------------|------------------|-----|-----------------------|-------------------|----|-----------------------|-------------|---------|-----------------------|-------------|----|-----------------------|-----------------|----|-----------------------|-----------------|----|-----------------------|-----------------|----|-----------------------|-----------------|----|-----------------------|-----|----|-----------------------|-----------|----|-----------------------|-------|
|     |                                                                                                                                                                      |                                                                                                                    | <table><tr><td>116</td><td>BA.5.2.20</td></tr><tr><td>117</td><td>BA.5.3.1</td></tr><tr><td>118</td><td>BA.5.6</td></tr><tr><td>119</td><td>BA.5.9</td></tr><tr><td>120</td><td>BE.1.1.1</td></tr><tr><td>121</td><td>BF.1</td></tr><tr><td>122</td><td>BF.10</td></tr><tr><td>123</td><td>BF.26</td></tr><tr><td>124</td><td>BF.5</td></tr><tr><td>125</td><td>BF.7</td></tr><tr><td>126</td><td>BN.1</td></tr><tr><td>127</td><td>BQ.1</td></tr><tr><td>128</td><td>BQ.1.1</td></tr><tr><td>129</td><td>XBB</td></tr><tr><td>130</td><td>XBB.1.5</td></tr><tr><td>99</td><td>Other</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Field Annotation: @HIDECHOICE = "1,99"</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 116 | BA.5.2.20            | 117        | BA.5.3.1 | 118                  | BA.5.6           | 119 | BA.5.9               | 120              | BE.1.1.1 | 121                  | BF.1             | 122 | BF.10                | 123              | BF.26 | 124                  | BF.5     | 125 | BF.7                 | 126        | BN.1 | 127                  | BQ.1                  | 128 | BQ.1.1               | 129              | XBB | 130                   | XBB.1.5           | 99 | Other                 | -1          | Unknown |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 116 | BA.5.2.20                                                                                                                                                            |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 117 | BA.5.3.1                                                                                                                                                             |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 118 | BA.5.6                                                                                                                                                               |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 119 | BA.5.9                                                                                                                                                               |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 120 | BE.1.1.1                                                                                                                                                             |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 121 | BF.1                                                                                                                                                                 |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 122 | BF.10                                                                                                                                                                |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 123 | BF.26                                                                                                                                                                |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 124 | BF.5                                                                                                                                                                 |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 125 | BF.7                                                                                                                                                                 |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 126 | BN.1                                                                                                                                                                 |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 127 | BQ.1                                                                                                                                                                 |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 128 | BQ.1.1                                                                                                                                                               |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 129 | XBB                                                                                                                                                                  |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 130 | XBB.1.5                                                                                                                                                              |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 99  | Other                                                                                                                                                                |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| -1  | Unknown                                                                                                                                                              |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 48  | <div>virus_type_cov_other</div> <div>Show the field ONLY if:<br/>([virus_type_cov] = '99' or [virus_type_cov] = '98') and ([virus_type_cov_other] &lt;&gt; "")</div> | ... please specify                                                                                                 | <div>text</div> <div>Field Annotation: @HIDDEN-PDF @HIDDEN</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 49  | <div>sample_multi</div>                                                                                                                                              | Was a multiplex PCR used?                                                                                          | <div>radio, Required</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0   | No                   | 1          | Yes      | -1                   | Unknown          |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 0   | No                                                                                                                                                                   |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 1   | Yes                                                                                                                                                                  |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| -1  | Unknown                                                                                                                                                              |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 50  | <div>sample_coinf</div> <div>Show the field ONLY if:<br/>[sample_multi] = '1'</div>                                                                                  | Were concomitant viruses identified?                                                                               | <div>radio, Required</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0   | No                   | 1          | Yes      | -1                   | Unknown          |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 0   | No                                                                                                                                                                   |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 1   | Yes                                                                                                                                                                  |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| -1  | Unknown                                                                                                                                                              |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 51  | <div>sample_coinf_name</div> <div>Show the field ONLY if:<br/>[sample_coinf] = '1'</div>                                                                             | Which concomitant viruses were identified ?                                                                        | <div>checkbox, Required</div> <table><tr><td>1</td><td>sample_coinf_name__1</td><td>Adenovirus</td></tr><tr><td>2</td><td>sample_coinf_name__2</td><td>Coronavirus 229E</td></tr><tr><td>3</td><td>sample_coinf_name__3</td><td>Coronavirus HKU1</td></tr><tr><td>4</td><td>sample_coinf_name__4</td><td>Coronavirus OC43</td></tr><tr><td>5</td><td>sample_coinf_name__5</td><td>Coronavirus NL63</td></tr><tr><td>6</td><td>sample_coinf_name__6</td><td>Mers-CoV</td></tr><tr><td>7</td><td>sample_coinf_name__7</td><td>SARS-CoV-2</td></tr><tr><td>8</td><td>sample_coinf_name__8</td><td>Human Metapneumovirus</td></tr><tr><td>9</td><td>sample_coinf_name__9</td><td>Human Rhinovirus</td></tr><tr><td>10</td><td>sample_coinf_name__10</td><td>Human Enterovirus</td></tr><tr><td>11</td><td>sample_coinf_name__11</td><td>Influenza A</td></tr><tr><td>12</td><td>sample_coinf_name__12</td><td>Influenza B</td></tr><tr><td>13</td><td>sample_coinf_name__13</td><td>Parainfluenza 1</td></tr><tr><td>14</td><td>sample_coinf_name__14</td><td>Parainfluenza 2</td></tr><tr><td>15</td><td>sample_coinf_name__15</td><td>Parainfluenza 3</td></tr><tr><td>16</td><td>sample_coinf_name__16</td><td>Parainfluenza 4</td></tr><tr><td>17</td><td>sample_coinf_name__17</td><td>RSV</td></tr><tr><td>18</td><td>sample_coinf_name__18</td><td>Bocavirus</td></tr><tr><td>99</td><td>sample_coinf_name__99</td><td>Other</td></tr></table> | 1   | sample_coinf_name__1 | Adenovirus | 2        | sample_coinf_name__2 | Coronavirus 229E | 3   | sample_coinf_name__3 | Coronavirus HKU1 | 4        | sample_coinf_name__4 | Coronavirus OC43 | 5   | sample_coinf_name__5 | Coronavirus NL63 | 6     | sample_coinf_name__6 | Mers-CoV | 7   | sample_coinf_name__7 | SARS-CoV-2 | 8    | sample_coinf_name__8 | Human Metapneumovirus | 9   | sample_coinf_name__9 | Human Rhinovirus | 10  | sample_coinf_name__10 | Human Enterovirus | 11 | sample_coinf_name__11 | Influenza A | 12      | sample_coinf_name__12 | Influenza B | 13 | sample_coinf_name__13 | Parainfluenza 1 | 14 | sample_coinf_name__14 | Parainfluenza 2 | 15 | sample_coinf_name__15 | Parainfluenza 3 | 16 | sample_coinf_name__16 | Parainfluenza 4 | 17 | sample_coinf_name__17 | RSV | 18 | sample_coinf_name__18 | Bocavirus | 99 | sample_coinf_name__99 | Other |
| 1   | sample_coinf_name__1                                                                                                                                                 | Adenovirus                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 2   | sample_coinf_name__2                                                                                                                                                 | Coronavirus 229E                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 3   | sample_coinf_name__3                                                                                                                                                 | Coronavirus HKU1                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 4   | sample_coinf_name__4                                                                                                                                                 | Coronavirus OC43                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 5   | sample_coinf_name__5                                                                                                                                                 | Coronavirus NL63                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 6   | sample_coinf_name__6                                                                                                                                                 | Mers-CoV                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 7   | sample_coinf_name__7                                                                                                                                                 | SARS-CoV-2                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 8   | sample_coinf_name__8                                                                                                                                                 | Human Metapneumovirus                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 9   | sample_coinf_name__9                                                                                                                                                 | Human Rhinovirus                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 10  | sample_coinf_name__10                                                                                                                                                | Human Enterovirus                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 11  | sample_coinf_name__11                                                                                                                                                | Influenza A                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 12  | sample_coinf_name__12                                                                                                                                                | Influenza B                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 13  | sample_coinf_name__13                                                                                                                                                | Parainfluenza 1                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 14  | sample_coinf_name__14                                                                                                                                                | Parainfluenza 2                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 15  | sample_coinf_name__15                                                                                                                                                | Parainfluenza 3                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 16  | sample_coinf_name__16                                                                                                                                                | Parainfluenza 4                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 17  | sample_coinf_name__17                                                                                                                                                | RSV                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 18  | sample_coinf_name__18                                                                                                                                                | Bocavirus                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 99  | sample_coinf_name__99                                                                                                                                                | Other                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 52  | <div>immune_state</div> <div>Show the field ONLY if:<br/>[inclusion_disease] = '2' or [inclusion_disease] = '3'</div>                                                | Based on the information in the patient files, was the patient already previously infected by SARS-CoV-2/COVID-19? | <div>radio</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Field Annotation: @HIDDEN @HIDDEN-PDF</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0   | No                   | 1          | Yes      | -1                   | Unknown          |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 0   | No                                                                                                                                                                   |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| 1   | Yes                                                                                                                                                                  |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |
| -1  | Unknown                                                                                                                                                              |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                      |            |          |                      |                  |     |                      |                  |          |                      |                  |     |                      |                  |       |                      |          |     |                      |            |      |                      |                       |     |                      |                  |     |                       |                   |    |                       |             |         |                       |             |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |                 |    |                       |     |    |                       |           |    |                       |       |

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|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------|--------------|----------------|---|----------------|----|----------|---|---|---|---|---|---|---|---|---|---|
| 53                                                               | immune_state_prf<br>Show the field ONLY if:<br>[immune_state] = '1'                                                                                                                                                                   | Based on the information in the patient files, is there proof of a previous infection (e.g. available results of a PCR/antigenic test)?                                                                                                                           | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table><br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                   | 0 | No                      | 1            | Yes            |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 0                                                                | No                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 1                                                                | Yes                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 54                                                               | immune_state_date<br>Show the field ONLY if:<br>[immune_state] = '1'                                                                                                                                                                  | Based on the information in the patient's files, please give the date of diagnostic (even if just approximated) for this previous infection                                                                                                                       | text (date_dmy)<br>Field Annotation: @HIDDEN @HIDDEN-PDF                                                                                                                                                                                                                                         |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 55                                                               | case_declaration_complete                                                                                                                                                                                                             | Section Header: <i>Form Status</i><br>Complete?                                                                                                                                                                                                                   | dropdown<br><table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>                                                                                                                                                      | 0 | Incomplete              | 1            | Unverified     | 2 | Complete       |    |          |   |   |   |   |   |   |   |   |   |   |
| 0                                                                | Incomplete                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 1                                                                | Unverified                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 2                                                                | Complete                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| Instrument: <b>Admission</b> (admission) <span>⤴ Collapse</span> |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 56                                                               | event_same_confirmed<br>Show the field ONLY if:<br>[previous-instance] > '0'                                                                                                                                                          | Please confirm that the patient is rehospitalised following complications of this same episode!                                                                                                                                                                   | checkbox, Required<br><table><tr><td>1</td><td>event_same_confirmed__1</td><td>same episode</td></tr></table>                                                                                                                                                                                    | 1 | event_same_confirmed__1 | same episode |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 1                                                                | event_same_confirmed__1                                                                                                                                                                                                               | same episode                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 57                                                               | hospital_entry_date                                                                                                                                                                                                                   | Entry date into the hospital                                                                                                                                                                                                                                      | text (date_dmy, Min: 2020-01-01), Required                                                                                                                                                                                                                                                       |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 58                                                               | dummy_2<br>Show the field ONLY if:<br>( abs(datediff([demo_and_case_decl_arm_1][sample_datetim e], "NOW", "d", "dmy", true) - date diff([hospital_entry_date], "NOW", "d", "dmy", true)) > 14 ) AND ( [previous-instance] <= '0' )    | The difference between this first hospitalisation and the sample date is more than 14 days: please make sure this is accurate!                                                                                                                                    | descriptive                                                                                                                                                                                                                                                                                      |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 59                                                               | hosp_compl<br>Show the field ONLY if:<br>( abs(datediff([demo_and_case_decl_arm_1][sample_datetim e], "NOW", "d", "dmy", true) - date diff([hospital_entry_date], "NOW", "d", "dmy", true)) > 14 ) AND ( [previous-instance] <= '0' ) | I confirm that the Hospital Entry Date and the Sample Date are correct because this hospitalisation is either: a follow-up of an hospitalisation due to COVID-19/Influenza, or an hospitalisation due to complications of COVID-19/Influenza<br>A nosocomial case | checkbox, Required<br><table><tr><td>1</td><td>hosp_compl__1</td><td>confirmed</td></tr></table>                                                                                                                                                                                                 | 1 | hosp_compl__1           | confirmed    |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 1                                                                | hosp_compl__1                                                                                                                                                                                                                         | confirmed                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 60                                                               | consort_subsid_hsopital                                                                                                                                                                                                               | Section Header: <i>Patient's admission</i><br>[Only applicable for hospital consortia]<br><br>Please provide the ID of the hospital in your consortium.<br><i>(optional)</i>                                                                                      | dropdown<br><table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr></table> | 1 | 1                       | 2            | 2              | 3 | 3              | 4  | 4        | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 9 |
| 1                                                                | 1                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 2                                                                | 2                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 3                                                                | 3                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 4                                                                | 4                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 5                                                                | 5                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 6                                                                | 6                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 7                                                                | 7                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 8                                                                | 8                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 9                                                                | 9                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 61                                                               | hospitalised_in_other_code                                                                                                                                                                                                            | ...code of Unit/Building<br><i>optional</i>                                                                                                                                                                                                                       | text<br>Custom alignment: RH                                                                                                                                                                                                                                                                     |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 62                                                               | hospitalised_origin                                                                                                                                                                                                                   | Origin (pre-hospitalisation)                                                                                                                                                                                                                                      | radio, Required<br><table><tr><td>1</td><td>Domicile</td></tr><tr><td>2</td><td>Long term care</td></tr><tr><td>3</td><td>Other hospital</td></tr><tr><td>99</td><td>Other...</td></tr></table>                                                                                                  | 1 | Domicile                | 2            | Long term care | 3 | Other hospital | 99 | Other... |   |   |   |   |   |   |   |   |   |   |
| 1                                                                | Domicile                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 2                                                                | Long term care                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 3                                                                | Other hospital                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 99                                                               | Other...                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |
| 63                                                               | hospitalised_origin_other<br>Show the field ONLY if:<br>[hospitalised_origin] = '99'                                                                                                                                                  | ...please, specify origin                                                                                                                                                                                                                                         | text, Required<br>Custom alignment: RH                                                                                                                                                                                                                                                           |   |                         |              |                |   |                |    |          |   |   |   |   |   |   |   |   |   |   |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------|-----------------------------------------------|------------|-------------|-----------------------------------|---|-------------|----------------------------------|-------------|-------------|------------------------------------------------------|---|-------------|-----------------|------------|--------------|-------------------|
| 64 | hospitalised_in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Where was the patient hospitalised ?                                                                                                                                                                                                                                                                                          | radio, Required <table><tr><td>1</td><td>Medicine</td></tr><tr><td>2</td><td>Geriatrics</td></tr><tr><td>3</td><td>Intensive Care</td></tr><tr><td>4</td><td>Surgery</td></tr><tr><td>5</td><td>Paediatrics</td></tr><tr><td>6</td><td>Emergency Room</td></tr><tr><td>7</td><td>NICU/PICU</td></tr><tr><td>8</td><td>Obstetrics</td></tr><tr><td>99</td><td>Other...</td></tr></table>                                                                                                                                                                                                         | 1 | Medicine    | 2                                             | Geriatrics | 3           | Intensive Care                    | 4 | Surgery     | 5                                | Paediatrics | 6           | Emergency Room                                       | 7 | NICU/PICU   | 8               | Obstetrics | 99           | Other...          |
| 1  | Medicine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 2  | Geriatrics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 3  | Intensive Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 4  | Surgery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 5  | Paediatrics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 6  | Emergency Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 7  | NICU/PICU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 8  | Obstetrics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 99 | Other...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 65 | hospitalised_in_other<br>Show the field ONLY if:<br>[hospitalised_in] = '99'                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ...please, specify where the patient was hospitalised                                                                                                                                                                                                                                                                         | text, Required<br>Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 66 | hospitalised_in_unitspe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Was the patient hospitalised in an unit dedicated to the reported infection?                                                                                                                                                                                                                                                  | radio <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Field Annotation: @HIDDEN @HIDDEN-PDF                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0 | No          | 1                                             | Yes        | -1          | Unknown                           |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 0  | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 1  | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| -1 | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 67 | hospitalised_consult                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Was the patient in contact with a healthcare personnel prior to hospitalisation (by phone or consultation) ?                                                                                                                                                                                                                  | radio <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0 | No          | 1                                             | Yes        | -1          | Unknown                           |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 0  | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 1  | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| -1 | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 68 | height                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Section Header: <i>Height and Weight during hospitalisation</i><br><br>Height<br><br>previously reported height (if applicable): [height][previous-instance]<br>[cm]                                                                                                                                                          | text (integer, Min: 20, Max: 230)<br>Field Annotation: @DEFAULT='[height][previous-instance]'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 69 | weight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Weight<br>[kg]                                                                                                                                                                                                                                                                                                                | text (number, Min: 1.0, Max: 150.0)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 70 | bmi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BMI<br>[kg/m2]                                                                                                                                                                                                                                                                                                                | calc<br>Calculation: [weight]*10000 / ([height]*[height])                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 71 | obesity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Obesity                                                                                                                                                                                                                                                                                                                       | radio, Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0 | No          | 1                                             | Yes        | -1          | Unknown                           |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 0  | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 1  | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| -1 | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 72 | dummy_10<br>Show the field ONLY if:<br>([obesity] = '1' and [bmi] <= 30)<br>or ([obesity] = '0' and [bmi] > 30)                                                                                                                                                                                                                                                                                                                                                                                                                  | This is only a warning message:<br>the BMI calculation and obesity status do not match.<br>Please check the given values.<br>Note that the WHO classification based on BMI is lacking subtleties,<br>so this warning is only present to raise awareness on a possible error. It does not imply that there is indeed an error. | descriptive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 73 | severity<br>Show the field ONLY if:<br>[demo_and_case_decl_arm_1][age_group] = '7' or [demo_and_case_decl_arm_1][age_group] = '8' or [demo_and_case_decl_arm_1][age_group] = '9' or [demo_and_case_decl_arm_1][age_group] = '10' or [demo_and_case_decl_arm_1][age_group] = '11' or [demo_and_case_decl_arm_1][age_group] = '12' or [demo_and_case_decl_arm_1][age_group] = '13' or [demo_and_case_decl_arm_1][age_group] = '14' or [demo_and_case_decl_arm_1][age_group] = '15' or [demo_and_case_decl_arm_1][age_group] = '16' | Section Header: <i>Severity</i><br>Severity (CURB-65 score)                                                                                                                                                                                                                                                                   | checkbox, Required <table><tr><td>1</td><td>severity__1</td><td>Confusion (abbreviated Mental Test Score &lt; 9)</td></tr><tr><td>2</td><td>severity__2</td><td>Urea (BUN &gt; 19 mg/dL or 7 mmol/L)</td></tr><tr><td>3</td><td>severity__3</td><td>Respiratory rate &gt; 30 per minute</td></tr><tr><td>4</td><td>severity__4</td><td>Blood pressure: diastolic &lt; 60 or systolic &lt; 90 mmHg</td></tr><tr><td>5</td><td>severity__5</td><td>Age &gt;= 65 years</td></tr><tr><td>88</td><td>severity__88</td><td>None of the above</td></tr></table><br>Field Annotation: @NONEOFHEABOVE=88 | 1 | severity__1 | Confusion (abbreviated Mental Test Score < 9) | 2          | severity__2 | Urea (BUN > 19 mg/dL or 7 mmol/L) | 3 | severity__3 | Respiratory rate > 30 per minute | 4           | severity__4 | Blood pressure: diastolic < 60 or systolic < 90 mmHg | 5 | severity__5 | Age >= 65 years | 88         | severity__88 | None of the above |
| 1  | severity__1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Confusion (abbreviated Mental Test Score < 9)                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 2  | severity__2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Urea (BUN > 19 mg/dL or 7 mmol/L)                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 3  | severity__3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Respiratory rate > 30 per minute                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 4  | severity__4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Blood pressure: diastolic < 60 or systolic < 90 mmHg                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 5  | severity__5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Age >= 65 years                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |
| 88 | severity__88                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | None of the above                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |             |                                               |            |             |                                   |   |             |                                  |             |             |                                                      |   |             |                 |            |              |                   |

|    |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------------------|----------------------|-----------|----------------------|---------------------------------------|----|----------------------|-----------------------------------------------------------|----------------|----------------------|-------------------------|----|-----------------------|-------------------|------------|-------------------|---------------|----|-------------------|-------------|---|-------------------|---------|---|-------------------|----------|----|--------------------|---------|----|--------------------|-------------------|
| 74 | <div>severity_children</div> <div>Show the field ONLY if:<br/>[demo_and_case_decl_arm_1][age_group] = '1' or [demo_and_case_decl_arm_1][age_group] = '2' or [demo_and_case_decl_arm_1][age_group] = '3' or [demo_and_case_decl_arm_1][age_group] = '4' or [demo_and_case_decl_arm_1][age_group] = '5' or [demo_and_case_decl_arm_1][age_group] = '6'</div> | Severity (for children)                                                                                           | <div>checkbox, Required</div> <table><tr><td>1</td><td>severity_children__1</td><td>Respiratory distress</td></tr><tr><td>2</td><td>severity_children__2</td><td>Oxygen saturation &lt; 92%</td></tr><tr><td>3</td><td>severity_children__3</td><td>Evidence of severe clinical dehydration or clinical shock</td></tr><tr><td>4</td><td>severity_children__4</td><td>Altered conscious level</td></tr><tr><td>88</td><td>severity_children__88</td><td>None of the above</td></tr></table> <div>Field Annotation: @NONEOFHEABOVE=88</div>                                                                                                                                                                                                                                                                                          | 1 | severity_children__1 | Respiratory distress | 2         | severity_children__2 | Oxygen saturation < 92%               | 3  | severity_children__3 | Evidence of severe clinical dehydration or clinical shock | 4              | severity_children__4 | Altered conscious level | 88 | severity_children__88 | None of the above |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 1  | severity_children__1                                                                                                                                                                                                                                                                                                                                       | Respiratory distress                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 2  | severity_children__2                                                                                                                                                                                                                                                                                                                                       | Oxygen saturation < 92%                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 3  | severity_children__3                                                                                                                                                                                                                                                                                                                                       | Evidence of severe clinical dehydration or clinical shock                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 4  | severity_children__4                                                                                                                                                                                                                                                                                                                                       | Altered conscious level                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 88 | severity_children__88                                                                                                                                                                                                                                                                                                                                      | None of the above                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 75 | <div>severity_score</div>                                                                                                                                                                                                                                                                                                                                  | <div>Total score (each choice counts for 1)</div> <div>0-1 points: low risk &gt; 1 points: high risk</div>        | <div>calc</div> <div>Calculation: sum([severity(1)],[severity(2)],[severity(3)],[severity(4)],[severity(5)],[severity_children(1)],[severity_children(2)],[severity_children(3)],[severity_children(4)])</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 76 | <div>symptoms_extra</div>                                                                                                                                                                                                                                                                                                                                  | Additional symptoms                                                                                               | <div>checkbox</div> <table><tr><td>1</td><td>symptoms_extra__1</td><td>Cough</td></tr><tr><td>2</td><td>symptoms_extra__2</td><td>Rhinitis</td></tr><tr><td>3</td><td>symptoms_extra__3</td><td>Diarrhoea</td></tr><tr><td>4</td><td>symptoms_extra__4</td><td>Fever</td></tr><tr><td>5</td><td>symptoms_extra__5</td><td>Loss of smell</td></tr><tr><td>6</td><td>symptoms_extra__6</td><td>Loss of taste</td></tr><tr><td>7</td><td>symptoms_extra__7</td><td>Sore throat</td></tr><tr><td>8</td><td>symptoms_extra__8</td><td>Myalgia</td></tr><tr><td>9</td><td>symptoms_extra__9</td><td>Headache</td></tr><tr><td>10</td><td>symptoms_extra__10</td><td>Dyspnoe</td></tr><tr><td>88</td><td>symptoms_extra__88</td><td>None of the above</td></tr></table> <div>Field Annotation: @NONEOFHEABOVE=88 @HIDDEN @HIDDEN-PDF</div> | 1 | symptoms_extra__1    | Cough                | 2         | symptoms_extra__2    | Rhinitis                              | 3  | symptoms_extra__3    | Diarrhoea                                                 | 4              | symptoms_extra__4    | Fever                   | 5  | symptoms_extra__5     | Loss of smell     | 6          | symptoms_extra__6 | Loss of taste | 7  | symptoms_extra__7 | Sore throat | 8 | symptoms_extra__8 | Myalgia | 9 | symptoms_extra__9 | Headache | 10 | symptoms_extra__10 | Dyspnoe | 88 | symptoms_extra__88 | None of the above |
| 1  | symptoms_extra__1                                                                                                                                                                                                                                                                                                                                          | Cough                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 2  | symptoms_extra__2                                                                                                                                                                                                                                                                                                                                          | Rhinitis                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 3  | symptoms_extra__3                                                                                                                                                                                                                                                                                                                                          | Diarrhoea                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 4  | symptoms_extra__4                                                                                                                                                                                                                                                                                                                                          | Fever                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 5  | symptoms_extra__5                                                                                                                                                                                                                                                                                                                                          | Loss of smell                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 6  | symptoms_extra__6                                                                                                                                                                                                                                                                                                                                          | Loss of taste                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 7  | symptoms_extra__7                                                                                                                                                                                                                                                                                                                                          | Sore throat                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 8  | symptoms_extra__8                                                                                                                                                                                                                                                                                                                                          | Myalgia                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 9  | symptoms_extra__9                                                                                                                                                                                                                                                                                                                                          | Headache                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 10 | symptoms_extra__10                                                                                                                                                                                                                                                                                                                                         | Dyspnoe                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 88 | symptoms_extra__88                                                                                                                                                                                                                                                                                                                                         | None of the above                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 77 | <div>symptoms_temp</div> <div>Show the field ONLY if:<br/>[symptoms_extra(4)] = '1'</div>                                                                                                                                                                                                                                                                  | <div>What was the highest temperature recorded at admission?</div> <div>in degrees celsius</div>                  | <div>text (number, Min: 30, Max: 50)</div> <div>Field Annotation: @HIDDEN @HIDDEN-PDF</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 78 | <div>vaccination</div> <div>Show the field ONLY if:<br/>[demo_and_case_decl_arm_1][inclusion_disease] = '1'</div>                                                                                                                                                                                                                                          | <div>Section Header: Vaccination status AT ADMISSION</div> <div>Vaccinated for the current influenza season</div> | <div>radio, Required</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0 | No                   | 1                    | Yes       | -1                   | Unknown                               |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 0  | No                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 1  | Yes                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| -1 | Unknown                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 79 | <div>vaccination_date</div> <div>Show the field ONLY if:<br/>[vaccination] = '1'</div>                                                                                                                                                                                                                                                                     | Vaccination date (influenza)                                                                                      | <div>text (date_dmy)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 80 | <div>vaccination_2</div> <div>Show the field ONLY if:<br/>[demo_and_case_decl_arm_1][inclusion_disease] = '1' and [vaccination]='1'</div>                                                                                                                                                                                                                  | Had the second dose of influenza vaccine                                                                          | <div>radio, Required</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>77</td><td>Not applicable (patient &gt;9 years old)</td></tr><tr><td>-1</td><td>Unknown</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0 | No                   | 1                    | Yes       | 77                   | Not applicable (patient >9 years old) | -1 | Unknown              |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 0  | No                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 1  | Yes                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 77 | Not applicable (patient >9 years old)                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| -1 | Unknown                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 81 | <div>vaccination_date_2</div> <div>Show the field ONLY if:<br/>[vaccination_2] = '1'</div>                                                                                                                                                                                                                                                                 | <div>Vaccination date for second dose (influenza)</div> <div>Only applicable for children &lt; 9 years</div>      | <div>text (date_dmy)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 82 | <div>vaccination_type</div> <div>Show the field ONLY if:<br/>[vaccination] = '1'</div>                                                                                                                                                                                                                                                                     | Vaccine name                                                                                                      | <div>radio</div> <table><tr><td>1</td><td>Agrippal®</td></tr><tr><td>2</td><td>Influvac®</td></tr><tr><td>3</td><td>Fluad®</td></tr><tr><td>4</td><td>Mutagrip®</td></tr><tr><td>5</td><td>Fluarix Tetra®</td></tr><tr><td>6</td><td>Vaxigrip Tetra®</td></tr><tr><td>7</td><td>Fluenz Tetra®</td></tr><tr><td>8</td><td>Effluelda®</td></tr><tr><td>-1</td><td>Unknown</td></tr><tr><td>99</td><td>Other</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                         | 1 | Agrippal®            | 2                    | Influvac® | 3                    | Fluad®                                | 4  | Mutagrip®            | 5                                                         | Fluarix Tetra® | 6                    | Vaxigrip Tetra®         | 7  | Fluenz Tetra®         | 8                 | Effluelda® | -1                | Unknown       | 99 | Other             |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 1  | Agrippal®                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 2  | Influvac®                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 3  | Fluad®                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 4  | Mutagrip®                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 5  | Fluarix Tetra®                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 6  | Vaxigrip Tetra®                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 7  | Fluenz Tetra®                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 8  | Effluelda®                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| -1 | Unknown                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |
| 99 | Other                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                      |                      |           |                      |                                       |    |                      |                                                           |                |                      |                         |    |                       |                   |            |                   |               |    |                   |             |   |                   |         |   |                   |          |    |                    |         |    |                    |                   |



|    |                                                                                                                                                                                                                                                                                 |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------------------------|---|-------------------------|----|----------------------------------------|----|-----------------|---|-------------------|---|--------------------------------------|---|-------------------|----|------------------------------------|---|------------|----|---------|----|----------|
| 83 | <div>vaccine_mother</div> <div>Show the field ONLY if:<br/>([demo_and_case_decl_arm_1][inclusion_disease] = '1' and [demo_and_case_decl_arm_1][age_group] = '1') or ([demo_and_case_decl_arm_1][inclusion_disease] = '1' and [demo_and_case_decl_arm_1][age_group] = '2')</div> | Was the mother immunized against influenza during this child's pregnancy?                                   | <div>radio, Required</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>77</td><td>Not applicable (patient &gt;6 months old)</td></tr><tr><td>-1</td><td>Unknown</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                      | 0 | No                         | 1 | Yes                     | 77 | Not applicable (patient >6 months old) | -1 | Unknown         |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 0  | No                                                                                                                                                                                                                                                                              |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 1  | Yes                                                                                                                                                                                                                                                                             |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 77 | Not applicable (patient >6 months old)                                                                                                                                                                                                                                          |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| -1 | Unknown                                                                                                                                                                                                                                                                         |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 84 | <div>vaccinocovid</div> <div>Show the field ONLY if:<br/>[demo_and_case_decl_arm_1][inclusion_disease] = '2' or [demo_and_case_decl_arm_1][inclusion_disease] = '3'</div>                                                                                                       | Vaccinated against COVID-19                                                                                 | <div>radio, Required</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0 | No                         | 1 | Yes                     | -1 | Unknown                                |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 0  | No                                                                                                                                                                                                                                                                              |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 1  | Yes                                                                                                                                                                                                                                                                             |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| -1 | Unknown                                                                                                                                                                                                                                                                         |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 85 | <div>vaccinocovid_dose</div> <div>Show the field ONLY if:<br/>[vaccinocovid] = '1'</div>                                                                                                                                                                                        | How many doses did the patient received                                                                     | <div>dropdown, Required</div> <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>-1</td><td>Unknown</td></tr></table>                                                                                                                                                                                                                                                                                           | 1 | 1                          | 2 | 2                       | 3  | 3                                      | 4  | 4               | 5 | 5                 | 6 | 6                                    | 7 | 7                 | -1 | Unknown                            |   |            |    |         |    |          |
| 1  | 1                                                                                                                                                                                                                                                                               |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 2  | 2                                                                                                                                                                                                                                                                               |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 3  | 3                                                                                                                                                                                                                                                                               |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 4  | 4                                                                                                                                                                                                                                                                               |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 5  | 5                                                                                                                                                                                                                                                                               |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 6  | 6                                                                                                                                                                                                                                                                               |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 7  | 7                                                                                                                                                                                                                                                                               |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| -1 | Unknown                                                                                                                                                                                                                                                                         |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 86 | <div>vaccinocovid_nm</div> <div>Show the field ONLY if:<br/>[vaccinocovid_dose] &lt;&gt; '1' AND [vaccinocovid] = '1'</div>                                                                                                                                                     | Vaccine name of the last dose                                                                               | <div>radio</div> <table><tr><td>1</td><td>Comirnaty®</td></tr><tr><td>2</td><td>Moderna</td></tr><tr><td>3</td><td>Astra-Zeneca</td></tr><tr><td>4</td><td>Janssen (J&amp;J)</td></tr><tr><td>5</td><td>Comirnaty®/Pfizer</td></tr><tr><td>6</td><td>Comirnaty® Bivalent Original/Omicron</td></tr><tr><td>7</td><td>Spikevax®/Moderna</td></tr><tr><td>8</td><td>Spikevax®Bivalent Original/Omicron</td></tr><tr><td>9</td><td>Nuvaxovid®</td></tr><tr><td>-1</td><td>Unknown</td></tr><tr><td>99</td><td>Other...</td></tr></table> <div>Field Annotation: @HIDECHOICE = "1,2"</div> | 1 | Comirnaty®                 | 2 | Moderna                 | 3  | Astra-Zeneca                           | 4  | Janssen (J&J)   | 5 | Comirnaty®/Pfizer | 6 | Comirnaty® Bivalent Original/Omicron | 7 | Spikevax®/Moderna | 8  | Spikevax®Bivalent Original/Omicron | 9 | Nuvaxovid® | -1 | Unknown | 99 | Other... |
| 1  | Comirnaty®                                                                                                                                                                                                                                                                      |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 2  | Moderna                                                                                                                                                                                                                                                                         |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 3  | Astra-Zeneca                                                                                                                                                                                                                                                                    |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 4  | Janssen (J&J)                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 5  | Comirnaty®/Pfizer                                                                                                                                                                                                                                                               |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 6  | Comirnaty® Bivalent Original/Omicron                                                                                                                                                                                                                                            |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 7  | Spikevax®/Moderna                                                                                                                                                                                                                                                               |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 8  | Spikevax®Bivalent Original/Omicron                                                                                                                                                                                                                                              |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 9  | Nuvaxovid®                                                                                                                                                                                                                                                                      |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| -1 | Unknown                                                                                                                                                                                                                                                                         |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 99 | Other...                                                                                                                                                                                                                                                                        |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 87 | <div>vaccinocovid_nm_other</div> <div>Show the field ONLY if:<br/>[vaccinocovid_nm] = 99</div>                                                                                                                                                                                  | ... please specify vaccine name                                                                             | <div>text, Required</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 88 | <div>vaccinocovid_date</div> <div>Show the field ONLY if:<br/>[vaccinocovid_dose] &lt;&gt; '1' AND [vaccinocovid] = '1'</div>                                                                                                                                                   | <div>Date of last injection (COVID-19)</div> <div>if day is unknown, give month and year if available</div> | <div>text (date_dmy, Min: 2020-12-01)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 89 | <div>vaccinocovid_last_date_aprox</div> <div>Show the field ONLY if:<br/>[vaccinocovid_dose] &lt;&gt; '1' AND [vaccinocovid] = '1'</div>                                                                                                                                        | <div>...estimated date ?</div> <div>(optional)</div>                                                        | <div>dropdown</div> <table><tr><td>1</td><td>estimated day, exact month</td></tr><tr><td>2</td><td>estimated month and day</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 | estimated day, exact month | 2 | estimated month and day |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 1  | estimated day, exact month                                                                                                                                                                                                                                                      |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 2  | estimated month and day                                                                                                                                                                                                                                                         |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 90 | <div>vaccinocovid_period</div> <div>Show the field ONLY if:<br/>[vaccinocovid_date] = "" and ([demo_and_case_decl_arm_1][inclusion_disease] = "2" or [demo_and_case_decl_arm_1][inclusion_disease] = "3") and [vaccinocovid] = "1"</div>                                        | Last injection received (COVID-19)                                                                          | <div>radio</div> <table><tr><td>1</td><td>&lt; 3 months ago</td></tr><tr><td>2</td><td>3-5months ago</td></tr><tr><td>3</td><td>6-12 months ago</td></tr><tr><td>4</td><td>&gt; 12 months ago</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                        | 1 | < 3 months ago             | 2 | 3-5months ago           | 3  | 6-12 months ago                        | 4  | > 12 months ago |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 1  | < 3 months ago                                                                                                                                                                                                                                                                  |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 2  | 3-5months ago                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 3  | 6-12 months ago                                                                                                                                                                                                                                                                 |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 4  | > 12 months ago                                                                                                                                                                                                                                                                 |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 91 | <div>dummy_11</div>                                                                                                                                                                                                                                                             | ----- OLD VARIABLES : HIDDEN                                                                                | <div>descriptive</div> <div>Field Annotation: @HIDDEN @HIDDEN-PDF</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 92 | <div>vaccinocovid_d1_date_aprox</div> <div>Show the field ONLY if:<br/>[vaccinocovid_dose] &lt;&gt; '1' AND [vaccinocovid] = '1'</div>                                                                                                                                          | <div>...estimated date ?</div> <div>(optional)</div>                                                        | <div>dropdown</div> <table><tr><td>1</td><td>estimated day, exact month</td></tr><tr><td>2</td><td>estimated month and day</td></tr></table> <div>Field Annotation: @HIDDEN-PDF @HIDDEN</div>                                                                                                                                                                                                                                                                                                                                                                                          | 1 | estimated day, exact month | 2 | estimated month and day |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 1  | estimated day, exact month                                                                                                                                                                                                                                                      |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |
| 2  | estimated month and day                                                                                                                                                                                                                                                         |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                            |   |                         |    |                                        |    |                 |   |                   |   |                                      |   |                   |    |                                    |   |            |    |         |    |          |

|     |                                                                                                                                         |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------------------------|---|-------------------------|----|--------------|---|---------------|----|---------|----|----------|
| 93  | <div>vaccinoid_type</div> <div>Show the field ONLY if:<br/>[vaccinoid] = '1'</div>                                                      | Vaccine name                                         | <div>radio</div> <table><tr><td>1</td><td>Comirnaty©</td></tr><tr><td>2</td><td>Moderna</td></tr><tr><td>3</td><td>Astra-Zeneca</td></tr><tr><td>4</td><td>Janssen (J&amp;J)</td></tr><tr><td>-1</td><td>Unknown</td></tr><tr><td>99</td><td>Other...</td></tr></table> <div>Field Annotation: @HIDDEN-PDF @HIDDEN</div> | 1 | Comirnaty©                 | 2 | Moderna                 | 3  | Astra-Zeneca | 4 | Janssen (J&J) | -1 | Unknown | 99 | Other... |
| 1   | Comirnaty©                                                                                                                              |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 2   | Moderna                                                                                                                                 |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 3   | Astra-Zeneca                                                                                                                            |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 4   | Janssen (J&J)                                                                                                                           |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| -1  | Unknown                                                                                                                                 |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 99  | Other...                                                                                                                                |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 94  | <div>vaccinoid_type_other</div> <div>Show the field ONLY if:<br/>[vaccinoid_type] = 99</div>                                            | ... please specify vaccine name                      | <div>text</div> <div>Field Annotation: @HIDDEN-PDF @HIDDEN</div>                                                                                                                                                                                                                                                         |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 95  | <div>vaccinoid_d1_date</div> <div>Show the field ONLY if:<br/>[vaccinoid] = '1'</div>                                                   | First injection date (COVID-19)                      | <div>text (date_dmy, Min: 2020-12-01)</div> <div>Field Annotation: @HIDDEN-PDF @HIDDEN</div>                                                                                                                                                                                                                             |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 96  | <div>vaccinoid_d2</div> <div>Show the field ONLY if:<br/>[vaccinoid] = '1' and [vaccinoid_type] &lt;&gt; '4'</div>                      | Had the second dose of COVID-19 vaccine              | <div>radio</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div> <div>Field Annotation: @HIDDEN-PDF @HIDDEN</div>                                                                                                       | 0 | No                         | 1 | Yes                     | -1 | Unknown      |   |               |    |         |    |          |
| 0   | No                                                                                                                                      |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 1   | Yes                                                                                                                                     |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| -1  | Unknown                                                                                                                                 |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 97  | <div>vaccinoid_d2_type</div> <div>Show the field ONLY if:<br/>[vaccinoid_d2] = '1'</div>                                                | Vaccine name                                         | <div>radio</div> <table><tr><td>1</td><td>Comirnaty©</td></tr><tr><td>2</td><td>Moderna</td></tr><tr><td>3</td><td>Astra-Zeneca</td></tr><tr><td>4</td><td>Janssen (J&amp;J)</td></tr><tr><td>-1</td><td>Unknown</td></tr><tr><td>99</td><td>Other...</td></tr></table> <div>Field Annotation: @HIDDEN-PDF @HIDDEN</div> | 1 | Comirnaty©                 | 2 | Moderna                 | 3  | Astra-Zeneca | 4 | Janssen (J&J) | -1 | Unknown | 99 | Other... |
| 1   | Comirnaty©                                                                                                                              |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 2   | Moderna                                                                                                                                 |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 3   | Astra-Zeneca                                                                                                                            |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 4   | Janssen (J&J)                                                                                                                           |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| -1  | Unknown                                                                                                                                 |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 99  | Other...                                                                                                                                |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 98  | <div>vaccinoid_d2_type_other</div> <div>Show the field ONLY if:<br/>[vaccinoid_d2_type] = 99</div>                                      | ... please specify vaccine name                      | <div>text</div> <div>Field Annotation: @HIDDEN-PDF @HIDDEN</div>                                                                                                                                                                                                                                                         |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 99  | <div>vaccinoid_d2_date</div> <div>Show the field ONLY if:<br/>[vaccinoid_d2] = '1'</div>                                                | Second injection date (COVID-19)                     | <div>text (date_dmy, Min: 2020-12-01)</div> <div>Field Annotation: @HIDDEN-PDF @HIDDEN</div>                                                                                                                                                                                                                             |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 100 | <div>vaccinoid_d2_date_aprox</div> <div>Show the field ONLY if:<br/>[vaccinoid_d2_date] &lt;&gt; ''</div>                               | <div>...estimated date ?</div> <div>(optional)</div> | <div>dropdown</div> <table><tr><td>1</td><td>estimated day, exact month</td></tr><tr><td>2</td><td>estimated month and day</td></tr></table> <div>Field Annotation: @HIDDEN-PDF @HIDDEN</div>                                                                                                                            | 1 | estimated day, exact month | 2 | estimated month and day |    |              |   |               |    |         |    |          |
| 1   | estimated day, exact month                                                                                                              |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 2   | estimated month and day                                                                                                                 |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 101 | <div>vaccinoid_d3</div> <div>Show the field ONLY if:<br/>([vaccinoid] = '1' and [vaccinoid_type] = '4') or ([vaccinoid_d2] = '1')</div> | Had the booster dose of COVID-19 vaccine             | <div>radio</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div> <div>Field Annotation: @HIDDEN-PDF @HIDDEN</div>                                                                                                       | 0 | No                         | 1 | Yes                     | -1 | Unknown      |   |               |    |         |    |          |
| 0   | No                                                                                                                                      |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 1   | Yes                                                                                                                                     |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| -1  | Unknown                                                                                                                                 |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 102 | <div>vaccinoid_d3_type</div> <div>Show the field ONLY if:<br/>[vaccinoid_d3] = '1'</div>                                                | Vaccine name                                         | <div>radio</div> <table><tr><td>1</td><td>Comirnaty©</td></tr><tr><td>2</td><td>Moderna</td></tr><tr><td>3</td><td>Astra-Zeneca</td></tr><tr><td>4</td><td>Janssen (J&amp;J)</td></tr><tr><td>-1</td><td>Unknown</td></tr><tr><td>99</td><td>Other...</td></tr></table> <div>Field Annotation: @HIDDEN-PDF @HIDDEN</div> | 1 | Comirnaty©                 | 2 | Moderna                 | 3  | Astra-Zeneca | 4 | Janssen (J&J) | -1 | Unknown | 99 | Other... |
| 1   | Comirnaty©                                                                                                                              |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 2   | Moderna                                                                                                                                 |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 3   | Astra-Zeneca                                                                                                                            |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 4   | Janssen (J&J)                                                                                                                           |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| -1  | Unknown                                                                                                                                 |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 99  | Other...                                                                                                                                |                                                      |                                                                                                                                                                                                                                                                                                                          |   |                            |   |                         |    |              |   |               |    |         |    |          |
| 103 | <div>vaccinoid_d3_type_other</div> <div>Show the field ONLY if:<br/>[vaccinoid_d3_type] = 99</div>                                      | ... please specify vaccine name                      | <div>text</div> <div>Field Annotation: @HIDDEN-PDF @HIDDEN</div>                                                                                                                                                                                                                                                         |   |                            |   |                         |    |              |   |               |    |         |    |          |

|     |                                                                                   |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       |   |                               |   |                         |   |                           |    |                |    |                                            |
|-----|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------|---|-------------------------|---|---------------------------|----|----------------|----|--------------------------------------------|
| 104 | vaccinovid_d3_date<br>Show the field ONLY if:<br>[vaccinovid_d3] = '1'            | Booster injection date (COVID-19)                                                                                                 | text (date_dmy, Min: 2020-12-01)<br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                             |   |                               |   |                         |   |                           |    |                |    |                                            |
| 105 | vaccinovid_d3_date_aprox<br>Show the field ONLY if:<br>[vaccinovid_d3_date] <> '' | ...estimated date ?<br><i>(optional)</i>                                                                                          | dropdown<br><table><tr><td>1</td><td>estimated day, exact month</td></tr><tr><td>2</td><td>estimated month and day</td></tr></table><br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                         | 1 | estimated day, exact month    | 2 | estimated month and day |   |                           |    |                |    |                                            |
| 1   | estimated day, exact month                                                        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       |   |                               |   |                         |   |                           |    |                |    |                                            |
| 2   | estimated month and day                                                           |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       |   |                               |   |                         |   |                           |    |                |    |                                            |
| 106 | because_with_admission                                                            | Section Header: <i>Reason for hospitalisation</i><br>Based on the information available at admission, is the patient hospitalised | radio, Required<br><table><tr><td>1</td><td>Because of COVID-19/Influenza</td></tr><tr><td>2</td><td>With COVID-19/Influenza</td></tr><tr><td>3</td><td>No determination possible</td></tr><tr><td>-1</td><td>Not documented</td></tr><tr><td>-2</td><td>Assessment done in the Follow-up form only</td></tr></table> | 1 | Because of COVID-19/Influenza | 2 | With COVID-19/Influenza | 3 | No determination possible | -1 | Not documented | -2 | Assessment done in the Follow-up form only |
| 1   | Because of COVID-19/Influenza                                                     |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       |   |                               |   |                         |   |                           |    |                |    |                                            |
| 2   | With COVID-19/Influenza                                                           |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       |   |                               |   |                         |   |                           |    |                |    |                                            |
| 3   | No determination possible                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       |   |                               |   |                         |   |                           |    |                |    |                                            |
| -1  | Not documented                                                                    |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       |   |                               |   |                         |   |                           |    |                |    |                                            |
| -2  | Assessment done in the Follow-up form only                                        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       |   |                               |   |                         |   |                           |    |                |    |                                            |
| 107 | admission_complete                                                                | Section Header: <i>Form Status</i><br>Complete?                                                                                   | dropdown<br><table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>                                                                                                                                                                           | 0 | Incomplete                    | 1 | Unverified              | 2 | Complete                  |    |                |    |                                            |
| 0   | Incomplete                                                                        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       |   |                               |   |                         |   |                           |    |                |    |                                            |
| 1   | Unverified                                                                        |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       |   |                               |   |                         |   |                           |    |                |    |                                            |
| 2   | Complete                                                                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       |   |                               |   |                         |   |                           |    |                |    |                                            |

Instrument: **Clinical Complementary Information** (clinical\_complementary\_information)

^ Collapse

|     |                                                                               |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |
|-----|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------------|---|---------------|----|------------------|----|---------|
| 108 | comorbidity_good_health                                                       | Section Header: <i>Co-morbidities</i><br>Does the patient have comorbidities? | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table><br>Custom alignment: LH                                                                                | 0 | No              | 1 | Yes           |    |                  |    |         |
| 0   | No                                                                            |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |
| 1   | Yes                                                                           |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |
| 109 | com_respiratory<br>Show the field ONLY if:<br>[comorbidity_good_health] = '1' | Chronic respiratory disease (including COPD, asthma)                          | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                            | 0 | No              | 1 | Yes           | -1 | Unknown          |    |         |
| 0   | No                                                                            |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |
| 1   | Yes                                                                           |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |
| -1  | Unknown                                                                       |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |
| 110 | com_respiratory_copd<br>Show the field ONLY if:<br>[com_respiratory] = '1'    | .... COPD                                                                     | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                            | 0 | No              | 1 | Yes           | -1 | Unknown          |    |         |
| 0   | No                                                                            |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |
| 1   | Yes                                                                           |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |
| -1  | Unknown                                                                       |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |
| 111 | com_asthma<br>Show the field ONLY if:<br>[com_respiratory] = '1'              | .....Asthma                                                                   | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                            | 0 | No              | 1 | Yes           | -1 | Unknown          |    |         |
| 0   | No                                                                            |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |
| 1   | Yes                                                                           |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |
| -1  | Unknown                                                                       |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |
| 112 | com_respiratory_specify<br>Show the field ONLY if:<br>[com_respiratory] = '1' | ... please specify                                                            | text<br>Custom alignment: RH<br>Field Annotation: @HIDDEN @HIDDEN-PDF                                                                                                                                  |   |                 |   |               |    |                  |    |         |
| 113 | com_diabetes<br>Show the field ONLY if:<br>[comorbidity_good_health] = '1'    | Diabetes Mellitus                                                             | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                            | 0 | No              | 1 | Yes           | -1 | Unknown          |    |         |
| 0   | No                                                                            |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |
| 1   | Yes                                                                           |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |
| -1  | Unknown                                                                       |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |
| 114 | com_diabetes_stage<br>Show the field ONLY if:<br>[com_diabetes] = '1'         | ....Diabetes Mellitus stage                                                   | radio, Required<br><table><tr><td>1</td><td>Diet controlled</td></tr><tr><td>2</td><td>Uncomplicated</td></tr><tr><td>3</td><td>End-organ damage</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> | 1 | Diet controlled | 2 | Uncomplicated | 3  | End-organ damage | -1 | Unknown |
| 1   | Diet controlled                                                               |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |
| 2   | Uncomplicated                                                                 |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |
| 3   | End-organ damage                                                              |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |
| -1  | Unknown                                                                       |                                                                               |                                                                                                                                                                                                        |   |                 |   |               |    |                  |    |         |

|     |                                                                                          |                                                                                                                                                                                                                                  |                                                                        |
|-----|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 115 | com_hypertension<br>Show the field ONLY if:<br>[comorbidity_good_health] = '1'           | Hypertension                                                                                                                                                                                                                     | radio, Required<br>0 No<br>1 Yes<br>-1 Unknown<br>Custom alignment: RH |
| 116 | com_cardiovascular<br>Show the field ONLY if:<br>[comorbidity_good_health] = '1'         | Chronic cardiovascular disease (including CHF)                                                                                                                                                                                   | radio, Required<br>0 No<br>1 Yes<br>-1 Unknown<br>Custom alignment: RH |
| 117 | com_cardiovascular_failure<br>Show the field ONLY if:<br>[com_cardiovascular] = '1'      | .....Cardiac heart failure<br><i>Exertional or paroxysmal nocturnal dyspnea and has responded to digitalis, diuretics, or afterload reducing agents</i>                                                                          | radio, Required<br>0 No<br>1 Yes<br>-1 Unknown<br>Custom alignment: RH |
| 118 | com_pvd<br>Show the field ONLY if:<br>[com_cardiovascular] = '1'                         | .....Peripheral Vascular Disease<br><i>Intermittent claudication or past bypass for chronic arterial insufficiency, history of gangrene or acute arterial insufficiency, or untreated thoracic or abdominal aneurysm (≥6 cm)</i> | radio, Required<br>0 No<br>1 Yes<br>-1 Unknown<br>Custom alignment: RH |
| 119 | com_cardiovascular_myocard<br>Show the field ONLY if:<br>[comorbidity_good_health] = '1' | Myocardial infraction<br><i>History of definite or probable MI (EKG changes and/or enzyme changes)</i>                                                                                                                           | radio, Required<br>0 No<br>1 Yes<br>-1 Unknown<br>Custom alignment: RH |
| 120 | com_cerebrovascular<br>Show the field ONLY if:<br>[comorbidity_good_health] = '1'        | Cerebrovascular accident or transient ischemic attack<br><i>History of a cerebrovascular accident with minor or no residua and transient ischemic attacks</i>                                                                    | radio, Required<br>0 No<br>1 Yes<br>-1 Unknown<br>Custom alignment: RH |
| 121 | com_hemiplegia<br>Show the field ONLY if:<br>[comorbidity_good_health] = '1'             | Hemiplegia                                                                                                                                                                                                                       | radio, Required<br>0 No<br>1 Yes<br>-1 Unknown<br>Custom alignment: RH |
| 122 | com_dementia<br>Show the field ONLY if:<br>[comorbidity_good_health] = '1'               | Dementia<br><i>Chronic cognitive deficit</i>                                                                                                                                                                                     | radio, Required<br>0 No<br>1 Yes<br>-1 Unknown<br>Custom alignment: RH |
| 123 | com_pud<br>Show the field ONLY if:<br>[comorbidity_good_health]="1"                      | Peptic ulcer disease<br><i>Any history of treatment for ulcer disease or history of ulcer bleeding</i>                                                                                                                           | radio, Required<br>0 No<br>1 Yes<br>-1 Unknown<br>Custom alignment: RH |
| 124 | com_renal<br>Show the field ONLY if:<br>[comorbidity_good_health]="1"                    | Chronic kidney disease<br><i>if "yes" please chose only one from mild or moderate to severe</i>                                                                                                                                  | radio, Required<br>0 No<br>1 Yes<br>-1 Unknown<br>Custom alignment: RH |

|     |                                                                                     |                                                                                                                                                                                              |                                                                        |
|-----|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 125 | com_renal_mild<br>Show the field ONLY if:<br>[com_renal]="1"                        | .....Mild chronic kidney disease                                                                                                                                                             | radio, Required<br>0 No<br>1 Yes<br>Custom alignment: RH               |
| 126 | com_renal_severe<br>Show the field ONLY if:<br>[com_renal]="1"                      | .....Moderate to severe chronic kidney disease<br><i>Severe = on dialysis, status post kidney transplant, uremia; Moderate = creatinine &gt;3 mg/dL (0.27 mmol/L)</i>                        | radio, Required<br>0 No<br>1 Yes<br>Custom alignment: RH               |
| 127 | com_liver<br>Show the field ONLY if:<br>[comorbidity_good_health] = '1'             | Chronic liver disease<br><i>if "yes" please chose only one from mild or moderate to severe</i>                                                                                               | radio, Required<br>0 No<br>1 Yes<br>-1 Unknown<br>Custom alignment: RH |
| 128 | com_liver_mild<br>Show the field ONLY if:<br>[com_liver] = '1'                      | .....Mild liver disease<br><i>Mild = chronic hepatitis (or cirrhosis without portal hypertension)</i>                                                                                        | radio, Required<br>0 No<br>1 Yes<br>Custom alignment: RH               |
| 129 | com_liver_severe<br>Show the field ONLY if:<br>[com_liver] = '1'                    | .....Severe liver disease<br><i>Severe = cirrhosis and portal hypertension with variceal bleeding history; Moderate = cirrhosis and portal hypertension but no variceal bleeding history</i> | radio, Required<br>0 No<br>1 Yes<br>Custom alignment: RH               |
| 130 | com_neuro_impair<br>Show the field ONLY if:<br>[comorbidity_good_health] = '1'      | Chronic neurological impairment                                                                                                                                                              | radio, Required<br>0 No<br>1 Yes<br>-1 Unknown<br>Custom alignment: RH |
| 131 | com_hivpos<br>Show the field ONLY if:<br>[comorbidity_good_health] = '1'            | HIV-positive                                                                                                                                                                                 | radio, Required<br>0 No<br>1 Yes<br>-1 Unknown<br>Custom alignment: RH |
| 132 | com_aids<br>Show the field ONLY if:<br>[com_hivpos] = '1'                           | .....AIDS                                                                                                                                                                                    | radio, Required<br>0 No<br>1 Yes<br>-1 Unknown<br>Custom alignment: RH |
| 133 | com_immunosuppression<br>Show the field ONLY if:<br>[comorbidity_good_health] = '1' | Immunosuppression                                                                                                                                                                            | radio, Required<br>0 No<br>1 Yes<br>-1 Unknown<br>Custom alignment: RH |
| 134 | com_hemato_immuno<br>Show the field ONLY if:<br>[com_immunosuppression] = '1'       | .....Hematological pathology with immuno-suppression                                                                                                                                         | radio, Required<br>0 No<br>1 Yes<br>-1 Unknown<br>Custom alignment: RH |
| 135 | com_leukemia<br>Show the field ONLY if:<br>[com_hemato_immuno] = '1'                | .....Leukemia                                                                                                                                                                                | radio, Required<br>0 No<br>1 Yes<br>-1 Unknown<br>Custom alignment: RH |

|     |                                                                                                                                                                                                                                    |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------|---|-----------|----|------------|
| 136 | com_lymphoma<br><br>Show the field ONLY if:<br>[com_hemato_immuno] = '1'                                                                                                                                                           | .....Lymphoma                                                     | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                | 0 | No   | 1 | Yes       | -1 | Unknown    |
| 0   | No                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| 1   | Yes                                                                                                                                                                                                                                |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| -1  | Unknown                                                                                                                                                                                                                            |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| 137 | com_transplant<br><br>Show the field ONLY if:<br>[com_immunosuppression] = '1'                                                                                                                                                     | .....Transplant (solid organs)                                    | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                | 0 | No   | 1 | Yes       | -1 | Unknown    |
| 0   | No                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| 1   | Yes                                                                                                                                                                                                                                |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| -1  | Unknown                                                                                                                                                                                                                            |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| 138 | com_immuno_treat<br><br>Show the field ONLY if:<br>[com_immunosuppression] = '1'                                                                                                                                                   | .....Immuno-suppressive treatment                                 | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                | 0 | No   | 1 | Yes       | -1 | Unknown    |
| 0   | No                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| 1   | Yes                                                                                                                                                                                                                                |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| -1  | Unknown                                                                                                                                                                                                                            |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| 139 | com_oncology<br><br>Show the field ONLY if:<br>[comorbidity_good_health] = '1'                                                                                                                                                     | Oncological pathologies                                           | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                | 0 | No   | 1 | Yes       | -1 | Unknown    |
| 0   | No                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| 1   | Yes                                                                                                                                                                                                                                |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| -1  | Unknown                                                                                                                                                                                                                            |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| 140 | com_solid_tumor<br><br>Show the field ONLY if:<br>[com_oncology] = '1'                                                                                                                                                             | .....Solid tumor                                                  | radio, Required<br><table><tr><td>1</td><td>None</td></tr><tr><td>2</td><td>Localized</td></tr><tr><td>3</td><td>Metastatic</td></tr></table><br>Custom alignment: RH                      | 1 | None | 2 | Localized | 3  | Metastatic |
| 1   | None                                                                                                                                                                                                                               |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| 2   | Localized                                                                                                                                                                                                                          |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| 3   | Metastatic                                                                                                                                                                                                                         |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| 141 | com_connective<br><br>Show the field ONLY if:<br>[comorbidity_good_health] = '1'                                                                                                                                                   | Connective tissue disease                                         | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                | 0 | No   | 1 | Yes       | -1 | Unknown    |
| 0   | No                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| 1   | Yes                                                                                                                                                                                                                                |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| -1  | Unknown                                                                                                                                                                                                                            |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| 142 | com_premature<br><br>Show the field ONLY if:<br>[comorbidity_good_health] = '1'<br>and ([demo_and_case_decl_arm_1][age_group] = '1' or [demo_and_case_decl_arm_1][age_group] = '2' or [demo_and_case_decl_arm_1][age_group] = '3') | History of prematurity                                            | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                | 0 | No   | 1 | Yes       | -1 | Unknown    |
| 0   | No                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| 1   | Yes                                                                                                                                                                                                                                |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| -1  | Unknown                                                                                                                                                                                                                            |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| 143 | com_others<br><br>Show the field ONLY if:<br>[comorbidity_good_health] = '1'                                                                                                                                                       | Others                                                            | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                | 0 | No   | 1 | Yes       | -1 | Unknown    |
| 0   | No                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| 1   | Yes                                                                                                                                                                                                                                |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| -1  | Unknown                                                                                                                                                                                                                            |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| 144 | dummy_13                                                                                                                                                                                                                           | ----- OLD comorb                                                  | descriptive<br>Field Annotation: @HIDDEN @HIDDEN-PDF                                                                                                                                       |   |      |   |           |    |            |
| 145 | com_rheumato_immuno<br><br>Show the field ONLY if:<br>[comorbidity_good_health] = '1'                                                                                                                                              | Rheumatological and auto-immune pathology with immuno-suppression | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH<br>Field Annotation: @HIDDEN @HIDDEN-PDF | 0 | No   | 1 | Yes       | -1 | Unknown    |
| 0   | No                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| 1   | Yes                                                                                                                                                                                                                                |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |
| -1  | Unknown                                                                                                                                                                                                                            |                                                                   |                                                                                                                                                                                            |   |      |   |           |    |            |

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|---|-----|----|---------|
| 146 | com_tuberculosis<br><br>Show the field ONLY if:<br>[comorbidity_good_health] = '1'                                                                                                                                                                                                                                                                                                                                                            | Tuberculosis                                                                                   | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br><br>Custom alignment: RH<br>Field Annotation: @HIDDEN @HIDDEN-PDF | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |
| 1   | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |
| -1  | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |
| 147 | com_others_other<br><br>Show the field ONLY if:<br>[com_others] = '1'                                                                                                                                                                                                                                                                                                                                                                         | .... please specify                                                                            | text<br>Custom alignment: RH<br>Field Annotation: @HIDDEN @HIDDEN-PDF                                                                                                                          |   |    |   |     |    |         |
| 148 | risk_pregnancy<br><br>Show the field ONLY if:<br>[demo_and_case_decl_arm_1][gender] = '2' and ([demo_and_case_decl_arm_1][age_group] = '6' or [demo_and_case_decl_arm_1][age_group] = '7' or [demo_and_case_decl_arm_1][age_group] = '8' or [demo_and_case_decl_arm_1][age_group] = '9' or [demo_and_case_decl_arm_1][age_group] = '10' or [demo_and_case_decl_arm_1][age_group] = '11' or [demo_and_case_decl_arm_1][age_group] = '12' )     | Section Header: <i>Other risk factors</i><br>Pregnancy                                         | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br><br>Custom alignment: RH                                | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |
| 1   | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |
| -1  | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |
| 149 | risk_postpartum_4w<br><br>Show the field ONLY if:<br>[demo_and_case_decl_arm_1][gender] = '2' and ([demo_and_case_decl_arm_1][age_group] = '6' or [demo_and_case_decl_arm_1][age_group] = '7' or [demo_and_case_decl_arm_1][age_group] = '8' or [demo_and_case_decl_arm_1][age_group] = '9' or [demo_and_case_decl_arm_1][age_group] = '10' or [demo_and_case_decl_arm_1][age_group] = '11' or [demo_and_case_decl_arm_1][age_group] = '12' ) | Postpartum < 4 weeks<br><i>Women who gave birth in the 4 weeks before the episode</i>          | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br><br>Custom alignment: RH                                | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |
| 1   | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |
| -1  | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |
| 150 | risk_premature_24w<br><br>Show the field ONLY if:<br>[demo_and_case_decl_arm_1][age_group] = '1' or [demo_and_case_decl_arm_1][age_group] = '2' or [demo_and_case_decl_arm_1][age_group] = '3'                                                                                                                                                                                                                                                | Premature < 24 months<br><i>Premature children aged &lt; 24 months</i>                         | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br><br>Custom alignment: RH                                | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |
| 1   | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |
| -1  | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |
| 151 | risk_premature_week<br><br>Show the field ONLY if:<br>[risk_premature_24w] = '1'                                                                                                                                                                                                                                                                                                                                                              | ...please specify the gestational week the child was born in<br><i>Number between 0 and 38</i> | text (integer, Min: 0, Max: 38), Required<br>Custom alignment: RH                                                                                                                              |   |    |   |     |    |         |
| 152 | risk_premature_weight<br><br>Show the field ONLY if:<br>[risk_premature_24w] = '1'                                                                                                                                                                                                                                                                                                                                                            | ...please specify weight at birth<br><i>in kg</i>                                              | text (number), Required<br>Custom alignment: RH                                                                                                                                                |   |    |   |     |    |         |
| 153 | risk_smoking                                                                                                                                                                                                                                                                                                                                                                                                                                  | Smoking                                                                                        | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br><br>Custom alignment: RH<br>Field Annotation: @HIDDEN @HIDDEN-PDF | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |
| 1   | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |
| -1  | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |
| 154 | risk_ace                                                                                                                                                                                                                                                                                                                                                                                                                                      | Is the patient under an ACE inhibitor?                                                         | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br><br>Custom alignment: RH<br>Field Annotation: @HIDDEN @HIDDEN-PDF | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |
| 1   | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |
| -1  | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                |                                                                                                                                                                                                |   |    |   |     |    |         |

|     |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------------------|-------------|-----|---------------------------------|------------|---|---------------------------------|---------------------|----|---------------------------------|------------|---|---------------------------------|-----------|---|---------------------------------|-----------|---|---------------------------------|-------------------------------------------------------------------------------------|---|---------------------------------|----------|----|----------------------------------|----------|
| 155 | risk_charlston                                                                                                                                                                                                                                  | <div>Charlson Comorbidity Index (CCI)</div> <div>Please report the SCORE, not the percentage nor the estimated risk</div> <div>[PMID CACI Calculator]</div> <div>Charlson M, Szatrowski TP, Peterson J, Gold J. Validation of a combined comorbidity index. J Clin Epidemiol. 1994;47(11):1245-51. PMID: 7722560</div> | <div>text (integer, Max: 40)</div> <div>Custom alignment: RH</div> <div>Field Annotation: @HIDDEN @HIDDEN-PDF</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 156 | risk_charlston_auto                                                                                                                                                                                                                             | <div>Charlson Comorbidity Index (Automated)</div> <div>Note: in the computation of this score "unknown" responses in comorbidities will be considered as "no".</div>                                                                                                                                                   | <div>calc</div> <div>Calculation: sum(if([demo_and_case_decl_arm_1][age_group]='10',1,0), if([demo_and_case_decl_arm_1][age_group]='11',2,0), if([demo_and_case_decl_arm_1][age_group]='12',2,0), if([demo_and_case_decl_arm_1][age_group]='13',3,0), if([demo_and_case_decl_arm_1][age_group]='14',4,0), if([demo_and_case_decl_arm_1][age_group]='15',4,0), if([demo_and_case_decl_arm_1][age_group]='16',4,0), if([com_cardiovascular_myocard]='1',1,0), if([com_cardiovascular_failure]='1',1,0), if([com_pvd]='1',1,0), if([com_cerebrovascular]='1',1,0), if([com_dementia]='1',1,0), if([com_respiratory_copd]='1',1,0), if([com_connective]='1',1,0), if([com_pud]='1',1,0), if([com_liver_mild]='1',1,0), if([com_liver_severe]='1',3,0), if([com_diabetes_stage]='2',1,0), if([com_diabetes_stage]='3',2,0), if([com_hemiplegia]='1',2,0), if([com_renal_severe]='1',2,0), if([com_solid_tumor]='2',2,0), if([com_solid_tumor]='3',6,0), if([com_leukemia]='1',2,0), if([com_lymphoma]='1',2,0), if([com_aids]='1',6,0))</div> |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 157 | antiv_prohylactic_ttt                                                                                                                                                                                                                           | <div>Section Header: Antiviral treatment (against Influenza/COVID-19)</div> <div>Prophylactic treatment</div>                                                                                                                                                                                                          | <div>radio, Required</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0 | No                              | 1           | Yes | -1                              | Unknown    |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 0   | No                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 1   | Yes                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| -1  | Unknown                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 158 | antiv_infection_ttt                                                                                                                                                                                                                             | Treatment of confirmed infection                                                                                                                                                                                                                                                                                       | <div>radio, Required</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0 | No                              | 1           | Yes | -1                              | Unknown    |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 0   | No                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 1   | Yes                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| -1  | Unknown                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 159 | antiv_infection_ttt_nm_flu <div>Show the field ONLY if: ([antiv_prohylactic_ttt] = '1' or [antiv_infection_ttt] = '1') and [demo_and_case_decl_arm_1][inclusion_disease] = '1'</div>                                                            | Name of the treatment                                                                                                                                                                                                                                                                                                  | <div>checkbox, Required</div> <table><tr><td>1</td><td>antiv_infection_ttt_nm_flu__1</td><td>Oseltamivir</td></tr><tr><td>2</td><td>antiv_infection_ttt_nm_flu__2</td><td>Zanamivir</td></tr><tr><td>3</td><td>antiv_infection_ttt_nm_flu__3</td><td>Baloxavir</td></tr><tr><td>99</td><td>antiv_infection_ttt_nm_flu__99</td><td>Other...</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 | antiv_infection_ttt_nm_flu__1   | Oseltamivir | 2   | antiv_infection_ttt_nm_flu__2   | Zanamivir  | 3 | antiv_infection_ttt_nm_flu__3   | Baloxavir           | 99 | antiv_infection_ttt_nm_flu__99  | Other...   |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 1   | antiv_infection_ttt_nm_flu__1                                                                                                                                                                                                                   | Oseltamivir                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 2   | antiv_infection_ttt_nm_flu__2                                                                                                                                                                                                                   | Zanamivir                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 3   | antiv_infection_ttt_nm_flu__3                                                                                                                                                                                                                   | Baloxavir                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 99  | antiv_infection_ttt_nm_flu__99                                                                                                                                                                                                                  | Other...                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 160 | antiv_infection_ttt_nm_covid <div>Show the field ONLY if: ([antiv_prohylactic_ttt] = '1' or [antiv_infection_ttt] = '1') and ([demo_and_case_decl_arm_1][inclusion_disease] = '2' or [demo_and_case_decl_arm_1][inclusion_disease] = '3')</div> | Name of the treatment                                                                                                                                                                                                                                                                                                  | <div>checkbox, Required</div> <table><tr><td>1</td><td>antiv_infection_ttt_nm_covid__1</td><td>Chloroquine</td></tr><tr><td>2</td><td>antiv_infection_ttt_nm_covid__2</td><td>Interferon</td></tr><tr><td>3</td><td>antiv_infection_ttt_nm_covid__3</td><td>Lopinavir/Ritonavir</td></tr><tr><td>4</td><td>antiv_infection_ttt_nm_covid__4</td><td>Remdesivir</td></tr><tr><td>5</td><td>antiv_infection_ttt_nm_covid__5</td><td>Tenofovir</td></tr><tr><td>6</td><td>antiv_infection_ttt_nm_covid__6</td><td>Ribavirin</td></tr><tr><td>7</td><td>antiv_infection_ttt_nm_covid__7</td><td>Dexamethason (PLEASE REPORT DEXAMETHASON UNDER CORTICOSTEROID TREATMENTS, NOT HERE)</td></tr><tr><td>8</td><td>antiv_infection_ttt_nm_covid__8</td><td>Paxlovid</td></tr><tr><td>99</td><td>antiv_infection_ttt_nm_covid__99</td><td>Other...</td></tr></table> <div>Field Annotation: @HIDECHOICE="7"</div>                                                                                                                                  | 1 | antiv_infection_ttt_nm_covid__1 | Chloroquine | 2   | antiv_infection_ttt_nm_covid__2 | Interferon | 3 | antiv_infection_ttt_nm_covid__3 | Lopinavir/Ritonavir | 4  | antiv_infection_ttt_nm_covid__4 | Remdesivir | 5 | antiv_infection_ttt_nm_covid__5 | Tenofovir | 6 | antiv_infection_ttt_nm_covid__6 | Ribavirin | 7 | antiv_infection_ttt_nm_covid__7 | Dexamethason (PLEASE REPORT DEXAMETHASON UNDER CORTICOSTEROID TREATMENTS, NOT HERE) | 8 | antiv_infection_ttt_nm_covid__8 | Paxlovid | 99 | antiv_infection_ttt_nm_covid__99 | Other... |
| 1   | antiv_infection_ttt_nm_covid__1                                                                                                                                                                                                                 | Chloroquine                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 2   | antiv_infection_ttt_nm_covid__2                                                                                                                                                                                                                 | Interferon                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 3   | antiv_infection_ttt_nm_covid__3                                                                                                                                                                                                                 | Lopinavir/Ritonavir                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 4   | antiv_infection_ttt_nm_covid__4                                                                                                                                                                                                                 | Remdesivir                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 5   | antiv_infection_ttt_nm_covid__5                                                                                                                                                                                                                 | Tenofovir                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 6   | antiv_infection_ttt_nm_covid__6                                                                                                                                                                                                                 | Ribavirin                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 7   | antiv_infection_ttt_nm_covid__7                                                                                                                                                                                                                 | Dexamethason (PLEASE REPORT DEXAMETHASON UNDER CORTICOSTEROID TREATMENTS, NOT HERE)                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 8   | antiv_infection_ttt_nm_covid__8                                                                                                                                                                                                                 | Paxlovid                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 99  | antiv_infection_ttt_nm_covid__99                                                                                                                                                                                                                | Other...                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |
| 161 | antiv_infect_ttt_nm_other <div>Show the field ONLY if: [antiv_infection_ttt_nm_covid(99)] = '1' or [antiv_infection_ttt_nm_flu(99)] = '1'</div>                                                                                                 | ...please, specify (name of treatment)                                                                                                                                                                                                                                                                                 | <div>text, Required</div> <div>Custom alignment: RH</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |                                 |             |     |                                 |            |   |                                 |                     |    |                                 |            |   |                                 |           |   |                                 |           |   |                                 |                                                                                     |   |                                 |          |    |                                  |          |



|     |                                                                                               |                                                                      |                                                                                  |
|-----|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 162 | ttt_chlo_start_date<br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_covid<br>(1)] = '1' | Start date of Chloroquine treatment<br><i>(if available)</i>         | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN |
| 163 | ttt_chlo_end_date<br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_covid<br>(1)] = '1'   | End date of Chloroquine treatment<br><i>(if available)</i>           | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN |
| 164 | ttt_int_start_date<br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_covid<br>(2)] = '1'  | Start date of Interferon treatment<br><i>(if available)</i>          | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN |
| 165 | ttt_int_end_date<br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_covid<br>(2)] = '1'    | End date of Interferon treatment<br><i>(if available)</i>            | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN |
| 166 | ttt_lop_start_date<br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_covid<br>(3)] = '1'  | Start date of Lopinovir/Ritonavir treatment<br><i>(if available)</i> | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN |
| 167 | ttt_lop_end_date<br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_covid<br>(3)] = '1'    | End date of Lopinovir/Ritonavir treatment<br><i>(if available)</i>   | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN |
| 168 | ttt_rem_start_date<br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_covid<br>(4)] = '1'  | Start date of Remdesivir treatment<br><i>(if available)</i>          | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN |
| 169 | ttt_rem_end_date<br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_covid<br>(4)] = '1'    | End date of Remdesivir treatment<br><i>(if available)</i>            | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN |
| 170 | ttt_teno_start_date<br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_covid<br>(5)] = '1' | Start date of Tenofovir treatment<br><i>(if available)</i>           | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN |
| 171 | ttt_teno_end_date<br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_covid<br>(5)] = '1'   | End date of Tenofovir treatment<br><i>(if available)</i>             | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN |
| 172 | ttt_rib_start_date<br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_covid<br>(6)] = '1'  | Start date of Ribavirin treatment<br><i>(if available)</i>           | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN |
| 173 | ttt_rib_end_date<br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_covid<br>(6)] = '1'    | End date of Ribavirin treatment<br><i>(if available)</i>             | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN |
| 174 | ttt_osel_start_date<br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_flu(1)] =<br>'1'    | Start date of Oseltamivir treatment<br><i>(if available)</i>         | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN |
| 175 | ttt_osel_end_date<br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_flu(1)] =<br>'1'      | End date of Oseltamivir treatment<br><i>(if available)</i>           | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN |
| 176 | ttt_zana_start_date<br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_flu(2)] =<br>'1'    | Start date of Zanamivir treatment<br><i>(if available)</i>           | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN |
| 177 | ttt_zana_end_date<br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_flu(2)] =<br>'1'      | End date of Zanamivir treatment<br><i>(if available)</i>             | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN |

|     |                                                                                                                                                                       |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---|-------------------------|----------------------------------------------------------------------------|-----|-------------------------|-----------------------------------------------------------|---|-------------------------|-----------------------------------|---|-------------------------|-------------|----|--------------------------|----------------------------------|
| 178 | ttd_balo_start_date<br><br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_flu(3)] = '1'                                                                           | Start date of Baloxavir treatment<br><i>(if available)</i>                                                                                          | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 179 | ttd_balo_end_date<br><br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_flu(3)] = '1'                                                                             | End date of Baloxavir treatment<br><i>(if available)</i>                                                                                            | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 180 | ttd_other_start_date<br><br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_covid(99)] = '1' or [antiv_infection_ttt_nm_flu(99)] = '1'                             | Start date of Other treatment<br><i>(if available)</i>                                                                                              | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 181 | ttd_other_end_date<br><br>Show the field ONLY if:<br>[antiv_infection_ttt_nm_covid(99)] = '1' or [antiv_infection_ttt_nm_flu(99)] = '1'                               | End date of Other treatment<br><i>(if available)</i>                                                                                                | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 182 | antibodies_ttt                                                                                                                                                        | Section Header: <i>Monoclonal antibodies treatment (against COVID-19)</i><br>Monoclonal antibodies treatment (against COVID-19)                     | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                  |  | 0 | No                      | 1                                                                          | Yes | -1                      | Unknown                                                   |   |                         |                                   |   |                         |             |    |                          |                                  |
| 0   | No                                                                                                                                                                    |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 1   | Yes                                                                                                                                                                   |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| -1  | Unknown                                                                                                                                                               |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 183 | antibodies_ttt_nm<br><br>Show the field ONLY if:<br>[antibodies_ttt] = '1'                                                                                            | Name of the antibody treatment                                                                                                                      | checkbox, Required<br><table><tr><td>1</td><td>antibodies_ttt_nm__1</td><td>Bamlanivimab/Etesevimab</td></tr><tr><td>2</td><td>antibodies_ttt_nm__2</td><td>Casirivimab/Imdevimab</td></tr><tr><td>3</td><td>antibodies_ttt_nm__3</td><td>Tixagevimab/Cilgavimab (Evusheld)</td></tr><tr><td>4</td><td>antibodies_ttt_nm__4</td><td>Sotrovimab</td></tr><tr><td>99</td><td>antibodies_ttt_nm__99</td><td>Other antibodies</td></tr></table>                                                                                                  |  | 1 | antibodies_ttt_nm__1    | Bamlanivimab/Etesevimab                                                    | 2   | antibodies_ttt_nm__2    | Casirivimab/Imdevimab                                     | 3 | antibodies_ttt_nm__3    | Tixagevimab/Cilgavimab (Evusheld) | 4 | antibodies_ttt_nm__4    | Sotrovimab  | 99 | antibodies_ttt_nm__99    | Other antibodies                 |
| 1   | antibodies_ttt_nm__1                                                                                                                                                  | Bamlanivimab/Etesevimab                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 2   | antibodies_ttt_nm__2                                                                                                                                                  | Casirivimab/Imdevimab                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 3   | antibodies_ttt_nm__3                                                                                                                                                  | Tixagevimab/Cilgavimab (Evusheld)                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 4   | antibodies_ttt_nm__4                                                                                                                                                  | Sotrovimab                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 99  | antibodies_ttt_nm__99                                                                                                                                                 | Other antibodies                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 184 | antibodies_ttt_other<br><br>Show the field ONLY if:<br>[antibodies_ttt_nm(99)] = '1'                                                                                  | ...please specify (other monoclonal antibody treatment)                                                                                             | text, Required<br>Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 185 | im_strategies_ttt<br><br>Show the field ONLY if:<br>[demo_and_case_decl_arm_1][inclusion_disease] = '2' or [demo_and_case_decl_arm_1][inclusion_disease] = '3'        | Section Header: <i>Immune-modulating strategies (against COVID-19)</i><br>Cortico-steroids or another immune-modulating strategy (against COVID-19) | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                            |  | 0 | No                      | 1                                                                          | Yes | -1                      | Unknown                                                   |   |                         |                                   |   |                         |             |    |                          |                                  |
| 0   | No                                                                                                                                                                    |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 1   | Yes                                                                                                                                                                   |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| -1  | Unknown                                                                                                                                                               |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 186 | im_strategies_ttt_nm<br><br>Show the field ONLY if:<br>[im_strategies_ttt] = '1'                                                                                      | Name of cortico-steroids or another immune-modulating strategy                                                                                      | checkbox, Required<br><table><tr><td>1</td><td>im_strategies_ttt_nm__1</td><td>Systemic corticoids (dexamethasone, prednisone, other systemic corticoids)</td></tr><tr><td>2</td><td>im_strategies_ttt_nm__2</td><td>Inhaled corticoids (budesonide, other inhaled corticoids)</td></tr><tr><td>3</td><td>im_strategies_ttt_nm__3</td><td>Tocilizumab</td></tr><tr><td>4</td><td>im_strategies_ttt_nm__4</td><td>Baricitinib</td></tr><tr><td>99</td><td>im_strategies_ttt_nm__99</td><td>Other immune-modulating strategy</td></tr></table> |  | 1 | im_strategies_ttt_nm__1 | Systemic corticoids (dexamethasone, prednisone, other systemic corticoids) | 2   | im_strategies_ttt_nm__2 | Inhaled corticoids (budesonide, other inhaled corticoids) | 3 | im_strategies_ttt_nm__3 | Tocilizumab                       | 4 | im_strategies_ttt_nm__4 | Baricitinib | 99 | im_strategies_ttt_nm__99 | Other immune-modulating strategy |
| 1   | im_strategies_ttt_nm__1                                                                                                                                               | Systemic corticoids (dexamethasone, prednisone, other systemic corticoids)                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 2   | im_strategies_ttt_nm__2                                                                                                                                               | Inhaled corticoids (budesonide, other inhaled corticoids)                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 3   | im_strategies_ttt_nm__3                                                                                                                                               | Tocilizumab                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 4   | im_strategies_ttt_nm__4                                                                                                                                               | Baricitinib                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 99  | im_strategies_ttt_nm__99                                                                                                                                              | Other immune-modulating strategy                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 187 | im_strategies_ttt_other<br><br>Show the field ONLY if:<br>[im_strategies_ttt_nm(99)] = '1'                                                                            | ...please specify (other immune-modulating strategy)                                                                                                | text, Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 188 | antibody_infection_ttt<br><br>Show the field ONLY if:<br>([demo_and_case_decl_arm_1][inclusion_disease] = '2' or [demo_and_case_decl_arm_1][inclusion_disease] = '3') | Antibody or immunomodulatory treatment against confirmed infection                                                                                  | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH<br>Field Annotation: @HIDDEN @HIDDEN-PDF                                                                                                                                                                                                                                                                                                                                                   |  | 0 | No                      | 1                                                                          | Yes | -1                      | Unknown                                                   |   |                         |                                   |   |                         |             |    |                          |                                  |
| 0   | No                                                                                                                                                                    |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| 1   | Yes                                                                                                                                                                   |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |
| -1  | Unknown                                                                                                                                                               |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |   |                         |                                                                            |     |                         |                                                           |   |                         |                                   |   |                         |             |    |                          |                                  |

|     |                              |                                                                                     |                                                          |                         |  |
|-----|------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------|--|
| 189 | antibody_infection_ttt_nm    | Name of the antibody or immunomodulatory treatment                                  | checkbox                                                 |                         |  |
|     | 1                            |                                                                                     | antibody_infection_ttt_nm__1                             | Bamlanivimab/Etesevimab |  |
|     | 2                            |                                                                                     | antibody_infection_ttt_nm__2                             | Casirivimab/Imdevimab   |  |
|     | 3                            |                                                                                     | antibody_infection_ttt_nm__3                             | Tocilizumab/Actemra     |  |
|     | 4                            |                                                                                     | antibody_infection_ttt_nm__4                             | Plasma therapy          |  |
|     | 5                            |                                                                                     | antibody_infection_ttt_nm__5                             | Sotrovimab              |  |
|     | 6                            |                                                                                     | antibody_infection_ttt_nm__6                             | Baricitinib             |  |
|     | 99                           |                                                                                     | antibody_infection_ttt_nm__99                            | Other...                |  |
|     |                              |                                                                                     | Field Annotation: @HIDDEN @HIDDEN-PDF                    |                         |  |
| 190 | antibody_infect_ttt_nm_other | ...please, specify (name of antibody or immunomodulatory treatment)                 | text<br>Field Annotation: @HIDDEN @HIDDEN-PDF            |                         |  |
| 191 | ttt_bamete_start_date        | Start date of Bamlanivimab/Etesevimab treatment<br><i>(if available)</i>            | text (date_dmy)<br>Field Annotation: @HIDDEN-PDF @HIDDEN |                         |  |
| 192 | ttt_bamete_end_date          | End date of Bamlanivimab/Etesevimab treatment<br><i>(if available)</i>              | text (date_dmy)<br>Field Annotation: @HIDDEN-PDF @HIDDEN |                         |  |
| 193 | ttt_casim_start_date         | Start date of Casirivimab/Imdevimab treatment<br><i>(if available)</i>              | text (date_dmy)<br>Field Annotation: @HIDDEN-PDF @HIDDEN |                         |  |
| 194 | ttt_casim_end_date           | End date of Casirivimab/Imdevimab treatment<br><i>(if available)</i>                | text (date_dmy)<br>Field Annotation: @HIDDEN-PDF @HIDDEN |                         |  |
| 195 | ttt_toci_start_date          | Start date of Tocilizumab/Actemra treatment<br><i>(if available)</i>                | text (date_dmy)<br>Field Annotation: @HIDDEN-PDF @HIDDEN |                         |  |
| 196 | ttt_toci_end_date            | End date of Tocilizumab/Actemra treatment<br><i>(if available)</i>                  | text (date_dmy)<br>Field Annotation: @HIDDEN-PDF @HIDDEN |                         |  |
| 197 | ttt_plasma_start_date        | Start date of Plasma Therapy<br><i>(if available)</i>                               | text (date_dmy)<br>Field Annotation: @HIDDEN-PDF @HIDDEN |                         |  |
| 198 | ttt_plasma_end_date          | End date of Plasma Therapy<br><i>(if available)</i>                                 | text (date_dmy)<br>Field Annotation: @HIDDEN-PDF @HIDDEN |                         |  |
| 199 | ttt_sotro_start_date         | Start date of Sotrovimab treatment<br><i>(if available)</i>                         | text (date_dmy)<br>Field Annotation: @HIDDEN-PDF @HIDDEN |                         |  |
| 200 | ttt_sotro_end_date           | End date of Sotrovimab treatment<br><i>(if available)</i>                           | text (date_dmy)<br>Field Annotation: @HIDDEN-PDF @HIDDEN |                         |  |
| 201 | ttt_bari_start_date          | Start date of Baricitinib treatment<br><i>(if available)</i>                        | text (date_dmy)<br>Field Annotation: @HIDDEN-PDF @HIDDEN |                         |  |
| 202 | ttt_bari_end_date            | End date of Baricitinib treatment<br><i>(if available)</i>                          | text (date_dmy)<br>Field Annotation: @HIDDEN-PDF @HIDDEN |                         |  |
| 203 | ttt_otherantib_start_date    | Start date of Other antibody or immunomodulatory treatment<br><i>(if available)</i> | text (date_dmy)<br>Field Annotation: @HIDDEN-PDF @HIDDEN |                         |  |

|     |                                                                                                                                                          |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                   |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------|--------------|-----|---------------------|------------|---|---------------------|-----------|----|----------------------|----------|
| 204 | ttt_otherantib_end_date<br><br>Show the field ONLY if:<br>[antibody_infection_ttt_nm(99)] = '1'                                                          | End date of Other antibody or immunomodulatory treatment<br><i>(if available)</i>                                                                                           | text (date_dmy)<br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                                                                          |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 205 | dummy_9<br><br>Show the field ONLY if:<br>[demo_and_case_decl_arm_1][inclusion_disease] = '2' or [demo_and_case_decl_arm_1][inclusion_disease] = '3'     | WARNING - If the cortico-steroids are prescribed against COMPLICATIONS, please do not enter them here, but below in section "Additional treatments (against complications)" | descriptive<br>Field Annotation: @HIDDEN @HIDDEN-PDF                                                                                                                                                                                                                                                                                              |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 206 | ttt_cortico<br><br>Show the field ONLY if:<br>[demo_and_case_decl_arm_1][inclusion_disease] = '2' or [demo_and_case_decl_arm_1][inclusion_disease] = '3' | Was the patient treated with cortico-steroids against COVID-19?                                                                                                             | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br><br>Custom alignment: RH<br>Field Annotation: @HIDDEN @HIDDEN-PDF                                                                                                                                                    | 0 | No                  | 1            | Yes | -1                  | Unknown    |   |                     |           |    |                      |          |
| 0   | No                                                                                                                                                       |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                   |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 1   | Yes                                                                                                                                                      |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                   |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| -1  | Unknown                                                                                                                                                  |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                   |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 207 | ttt_cortico_name<br><br>Show the field ONLY if:<br>[ttt_cortico] = '1'                                                                                   | Name of the cortico-steroid treatment                                                                                                                                       | checkbox<br><table><tr><td>1</td><td>ttt_cortico_name__1</td><td>Dexamethason</td></tr><tr><td>2</td><td>ttt_cortico_name__2</td><td>Prednisone</td></tr><tr><td>3</td><td>ttt_cortico_name__3</td><td>Budesonid</td></tr><tr><td>99</td><td>ttt_cortico_name__99</td><td>Other...</td></tr></table><br><br>Field Annotation: @HIDDEN @HIDDEN-PDF | 1 | ttt_cortico_name__1 | Dexamethason | 2   | ttt_cortico_name__2 | Prednisone | 3 | ttt_cortico_name__3 | Budesonid | 99 | ttt_cortico_name__99 | Other... |
| 1   | ttt_cortico_name__1                                                                                                                                      | Dexamethason                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                   |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 2   | ttt_cortico_name__2                                                                                                                                      | Prednisone                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                   |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 3   | ttt_cortico_name__3                                                                                                                                      | Budesonid                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                   |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 99  | ttt_cortico_name__99                                                                                                                                     | Other...                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                   |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 208 | ttt_cortico_name_other<br><br>Show the field ONLY if:<br>[ttt_cortico_name(99)] = '1'                                                                    | ...please, specify (name of cortico-steroid treatment)                                                                                                                      | text<br>Field Annotation: @HIDDEN @HIDDEN-PDF                                                                                                                                                                                                                                                                                                     |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 209 | ttt_dex_start_date<br><br>Show the field ONLY if:<br>[ttt_cortico_name(1)] = '1'                                                                         | Start date of Dexamethason treatment<br><i>(if available)</i>                                                                                                               | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                                                  |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 210 | ttt_dex_end_date<br><br>Show the field ONLY if:<br>[ttt_cortico_name(1)] = '1'                                                                           | End date of Dexamethason treatment<br><i>(if available)</i>                                                                                                                 | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                                                  |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 211 | ttt_pred_start_date<br><br>Show the field ONLY if:<br>[ttt_cortico_name(2)] = '1'                                                                        | Start date of Prednisone treatment<br><i>(if available)</i>                                                                                                                 | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                                                  |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 212 | ttt_pred_end_date<br><br>Show the field ONLY if:<br>[ttt_cortico_name(2)] = '1'                                                                          | Ending date of Prednisone treatment<br><i>(if available)</i>                                                                                                                | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                                                  |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 213 | ttt_bude_start_date<br><br>Show the field ONLY if:<br>[ttt_cortico_name(3)] = '1'                                                                        | Start date of Budesonid treatment<br><i>(if available)</i>                                                                                                                  | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                                                  |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 214 | ttt_bude_end_date<br><br>Show the field ONLY if:<br>[ttt_cortico_name(3)] = '1'                                                                          | End date of Budesonid treatment<br><i>(if available)</i>                                                                                                                    | text (date_dmy)<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                                                  |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 215 | ttt_cortico_start_date<br><br>Show the field ONLY if:<br>[ttt_cortico_name(99)] = '1'                                                                    | Start date of other cortico-steroids treatment<br><i>(if available)</i>                                                                                                     | text (date_dmy)<br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                                                                          |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 216 | ttt_cortico_end_date<br><br>Show the field ONLY if:<br>[ttt_cortico_name(99)] = '1'                                                                      | End date of cortico-steroids treatment<br><i>(if available)</i>                                                                                                             | text (date_dmy)<br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                                                                          |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 217 | intermediate_stay                                                                                                                                        | Section Header: <i>Stay in Intermediate care</i><br><br>Did the patient stay in intermediate care ?                                                                         | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br><br>Custom alignment: RH                                                                                                                                                                                   | 0 | No                  | 1            | Yes | -1                  | Unknown    |   |                     |           |    |                      |          |
| 0   | No                                                                                                                                                       |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                   |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 1   | Yes                                                                                                                                                      |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                   |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| -1  | Unknown                                                                                                                                                  |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                   |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 218 | intermediate_entry_date_1<br><br>Show the field ONLY if:<br>[intermediate_stay] = '1'                                                                    | Section Header: <i>Intermediate care (first stay)</i><br><br>Intermediate care entry date<br><i>(if available)</i>                                                          | text (date_dmy), Required<br>Custom alignment: RH                                                                                                                                                                                                                                                                                                 |   |                     |              |     |                     |            |   |                     |           |    |                      |          |
| 219 | intermediate_exit_date_1<br><br>Show the field ONLY if:<br>[intermediate_stay] = '1'                                                                     | Intermediate care exit date<br><i>(if available)</i>                                                                                                                        | text (date_dmy), Required<br>Custom alignment: RH                                                                                                                                                                                                                                                                                                 |   |                     |              |     |                     |            |   |                     |           |    |                      |          |

|     |                                                                                                  |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
|-----|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|---|-----|----|---------|
| 220 | intermediate_ventil_noninvasiv_e_1<br><br>Show the field ONLY if:<br>[intermediate_stay] = '1'   | Non-invasive ventilation                                                                                        | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                               |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                                              |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
| -1  | Unknown                                                                                          |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
| 221 | intermediate_stay_2<br><br>Show the field ONLY if:<br>[intermediate_stay] = '1'                  | Any additional stay in intermediate care to report ?                                                            | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table><br>Custom alignment: RH                                     | 0 | No | 1 | Yes |    |         |
| 0   | No                                                                                               |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                                              |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
| 222 | intermediate_entry_date_2<br><br>Show the field ONLY if:<br>[intermediate_stay_2] = '1'          | Section Header: <i>Intermediate care (second stay)</i><br>Intermediate care entry date<br><i>(if available)</i> | text (date_dmy), Required<br>Custom alignment: RH                                                                                                           |   |    |   |     |    |         |
| 223 | intermediate_exit_date_2<br><br>Show the field ONLY if:<br>[intermediate_stay_2] = '1'           | Intermediate care exit date<br><i>(if available)</i>                                                            | text (date_dmy), Required<br>Custom alignment: RH                                                                                                           |   |    |   |     |    |         |
| 224 | intermediate_ventil_noninvasiv_e_2<br><br>Show the field ONLY if:<br>[intermediate_stay_2] = '1' | Non-invasive ventilation                                                                                        | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                               |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                                              |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
| -1  | Unknown                                                                                          |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
| 225 | intermediate_stay_3<br><br>Show the field ONLY if:<br>[intermediate_stay_2] = '1'                | Any additional stay in intermediate care to report ?                                                            | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table><br>Custom alignment: RH                                     | 0 | No | 1 | Yes |    |         |
| 0   | No                                                                                               |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                                              |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
| 226 | intermediate_entry_date_3<br><br>Show the field ONLY if:<br>[intermediate_stay_3] = '1'          | Section Header: <i>Intermediate care (third stay)</i><br>Intermediate care entry date<br><i>(if available)</i>  | text (date_dmy), Required<br>Custom alignment: RH                                                                                                           |   |    |   |     |    |         |
| 227 | intermediate_exit_date_3<br><br>Show the field ONLY if:<br>[intermediate_stay_3] = '1'           | Intermediate care exit date<br><i>(if available)</i>                                                            | text (date_dmy), Required<br>Custom alignment: RH                                                                                                           |   |    |   |     |    |         |
| 228 | intermediate_ventil_noninvasiv_e_3<br><br>Show the field ONLY if:<br>[intermediate_stay_3] = '1' | Non-invasive ventilation                                                                                        | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                               |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                                              |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
| -1  | Unknown                                                                                          |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
| 229 | icare_stay                                                                                       | Section Header: <i>Stay in Intensive care</i><br>Did the patient stay in intensive care ?                       | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: LH | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                               |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                                              |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
| -1  | Unknown                                                                                          |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
| 230 | icare_entry_date_1<br><br>Show the field ONLY if:<br>[icare_stay] = '1'                          | Section Header: <i>Intensive care (first stay)</i><br>Intensive care entry date<br><i>(if available)</i>        | text (date_dmy), Required<br>Custom alignment: RH                                                                                                           |   |    |   |     |    |         |
| 231 | icare_exit_date_1<br><br>Show the field ONLY if:<br>[icare_stay] = '1'                           | Intensive care exit date<br><i>(if available)</i>                                                               | text (date_dmy), Required<br>Custom alignment: RH                                                                                                           |   |    |   |     |    |         |
| 232 | icare_ventil_noninvasive_1<br><br>Show the field ONLY if:<br>[icare_stay] = '1'                  | Non-invasive ventilation                                                                                        | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                               |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                                              |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |
| -1  | Unknown                                                                                          |                                                                                                                 |                                                                                                                                                             |   |    |   |     |    |         |

|     |                                                                                   |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
|-----|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|---|-----|----|---------|
| 233 | icare_ventil_invasive_1<br><br>Show the field ONLY if:<br>[icare_stay] = '1'      | Invasive ventilation                                                                                      | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                               |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| -1  | Unknown                                                                           |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| 234 | icare_ecmo_1<br><br>Show the field ONLY if:<br>[icare_stay] = '1'                 | Extra-Corporeal Membrane Oxygenation (ECMO)                                                               | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                               |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| -1  | Unknown                                                                           |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| 235 | icare_stay_2<br><br>Show the field ONLY if:<br>[icare_stay] = '1'                 | Any additional stay in intensive care to report ?                                                         | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table><br>Custom alignment: RH                                     | 0 | No | 1 | Yes |    |         |
| 0   | No                                                                                |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                               |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| 236 | icare_entry_date_2<br><br>Show the field ONLY if:<br>[icare_stay_2] = '1'         | Section Header: <i>Intensive care (second stay)</i><br>Intensive care entry date<br><i>(if available)</i> | text (date_dmy), Required<br>Custom alignment: RH                                                                                                           |   |    |   |     |    |         |
| 237 | icare_exit_date_2<br><br>Show the field ONLY if:<br>[icare_stay_2] = '1'          | Intensive care exit date<br><i>(if available)</i>                                                         | text (date_dmy), Required<br>Custom alignment: RH                                                                                                           |   |    |   |     |    |         |
| 238 | icare_ventil_noninvasive_2<br><br>Show the field ONLY if:<br>[icare_stay_2] = '1' | Non-invasive ventilation                                                                                  | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                               |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| -1  | Unknown                                                                           |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| 239 | icare_ventil_invasive_2<br><br>Show the field ONLY if:<br>[icare_stay_2] = '1'    | Invasive ventilation                                                                                      | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                               |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| -1  | Unknown                                                                           |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| 240 | icare_ecmo_2<br><br>Show the field ONLY if:<br>[icare_stay_2] = '1'               | Extra-Corporeal Membrane Oxygenation (ECMO)                                                               | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                               |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| -1  | Unknown                                                                           |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| 241 | icare_stay_3<br><br>Show the field ONLY if:<br>[icare_stay_2] = '1'               | Any additional stay in intensive care to report ?                                                         | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table><br>Custom alignment: RH                                     | 0 | No | 1 | Yes |    |         |
| 0   | No                                                                                |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                               |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| 242 | icare_entry_date_3<br><br>Show the field ONLY if:<br>[icare_stay_3] = '1'         | Section Header: <i>Intensive care (third stay)</i><br>Intensive care entry date<br><i>(if available)</i>  | text (date_dmy), Required<br>Custom alignment: RH                                                                                                           |   |    |   |     |    |         |
| 243 | icare_exit_date_3<br><br>Show the field ONLY if:<br>[icare_stay_3] = '1'          | Intensive care exit date<br><i>(if available)</i>                                                         | text (date_dmy), Required<br>Custom alignment: RH                                                                                                           |   |    |   |     |    |         |
| 244 | icare_ventil_noninvasive_3<br><br>Show the field ONLY if:<br>[icare_stay_3] = '1' | Non-invasive ventilation                                                                                  | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                               |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |
| -1  | Unknown                                                                           |                                                                                                           |                                                                                                                                                             |   |    |   |     |    |         |

|     |                                                                                |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
|-----|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----|---|-----|----|---------|---|-----|---|-----|
| 245 | icare_ventil_invasive_3<br><br>Show the field ONLY if:<br>[icare_stay_3] = '1' | Invasive ventilation                                                                                                      | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                                           | 0 | No  | 1 | Yes | -1 | Unknown |   |     |   |     |
| 0   | No                                                                             |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 1   | Yes                                                                            |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| -1  | Unknown                                                                        |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 246 | icare_ecmo_3<br><br>Show the field ONLY if:<br>[icare_stay_3] = '1'            | Extra-Corporeal Membrane Oxygenation (ECMO)                                                                               | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                                           | 0 | No  | 1 | Yes | -1 | Unknown |   |     |   |     |
| 0   | No                                                                             |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 1   | Yes                                                                            |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| -1  | Unknown                                                                        |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 247 | complications                                                                  | Section Header: <i>Complications (probably related to Influenza/COVID-19)</i><br>Did the patient have any complications ? | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: LH                                                           | 0 | No  | 1 | Yes | -1 | Unknown |   |     |   |     |
| 0   | No                                                                             |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 1   | Yes                                                                            |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| -1  | Unknown                                                                        |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 248 | compl_ent<br><br>Show the field ONLY if:<br>[complications] = '1'              | Ear/Nose/Throat (ENT) diseases                                                                                            | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH<br>Field Annotation: @HIDDEN @HIDDEN-PDF                            | 0 | No  | 1 | Yes | -1 | Unknown |   |     |   |     |
| 0   | No                                                                             |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 1   | Yes                                                                            |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| -1  | Unknown                                                                        |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 249 | compl_otitis<br><br>Show the field ONLY if:<br>[compl_ent] = '1'               | Acute Otitis Media                                                                                                        | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH<br>Field Annotation: @HIDDEN @HIDDEN-PDF                            | 0 | No  | 1 | Yes | -1 | Unknown |   |     |   |     |
| 0   | No                                                                             |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 1   | Yes                                                                            |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| -1  | Unknown                                                                        |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 250 | compl_respiratory<br><br>Show the field ONLY if:<br>[complications] = '1'      | Respiratory diseases                                                                                                      | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                                           | 0 | No  | 1 | Yes | -1 | Unknown |   |     |   |     |
| 0   | No                                                                             |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 1   | Yes                                                                            |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| -1  | Unknown                                                                        |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 251 | compl_ards<br><br>Show the field ONLY if:<br>[compl_respiratory] = '1'         | Acute respiratory distress syndrome                                                                                       | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                                           | 0 | No  | 1 | Yes | -1 | Unknown |   |     |   |     |
| 0   | No                                                                             |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 1   | Yes                                                                            |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| -1  | Unknown                                                                        |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 252 | compl_pneumonia<br><br>Show the field ONLY if:<br>[compl_respiratory] = '1'    | Pneumonia                                                                                                                 | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                                           | 0 | No  | 1 | Yes | -1 | Unknown |   |     |   |     |
| 0   | No                                                                             |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 1   | Yes                                                                            |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| -1  | Unknown                                                                        |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 253 | compl_pneumonia_code<br><br>Show the field ONLY if:<br>[compl_pneumonia] = '1' | ...pneumonia code<br>[see pneumonia classification]                                                                       | radio, Required<br><table><tr><td>1</td><td>PN1</td></tr><tr><td>2</td><td>PN2</td></tr><tr><td>3</td><td>PN3</td></tr><tr><td>4</td><td>PN4</td></tr><tr><td>5</td><td>PN5</td></tr></table><br>Custom alignment: RH | 1 | PN1 | 2 | PN2 | 3  | PN3     | 4 | PN4 | 5 | PN5 |
| 1   | PN1                                                                            |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 2   | PN2                                                                            |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 3   | PN3                                                                            |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 4   | PN4                                                                            |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |
| 5   | PN5                                                                            |                                                                                                                           |                                                                                                                                                                                                                       |   |     |   |     |    |         |   |     |   |     |

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|---|-----|----|---------|
| 254 | <div>compl_lbpneumonia</div> <div>Show the field ONLY if:<br/>[compl_pneumonia] = '1'</div>                                                                                                                                                                                                                                                                                                                                                                                   | ...lobar pneumonia                                           | <div>radio</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div> <div>Field Annotation: @HIDDEN @HIDDEN-PDF</div> | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| 1   | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| -1  | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| 255 | <div>compl_pneumonia_inf</div> <div>Show the field ONLY if:<br/>[compl_pneumonia] = '1'</div>                                                                                                                                                                                                                                                                                                                                                                                 | ...was the pneumonia associated with the reported infection? | <div>radio, Required</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>                                        | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| 1   | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| -1  | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| 256 | <div>compl_pims</div> <div>Show the field ONLY if:<br/>([demo_and_case_decl_arm_1][age_group] = '1' or [demo_and_case_decl_arm_1][age_group] = '2' or [demo_and_case_decl_arm_1][age_group] = '2' or [demo_and_case_decl_arm_1][age_group] = '2' or [demo_and_case_decl_arm_1][age_group] = '3' or [demo_and_case_decl_arm_1][age_group] = '4' or [demo_and_case_decl_arm_1][age_group] = '5' or [demo_and_case_decl_arm_1][age_group] = '6') and [complications] = '1'</div> | Paediatric Multisystem Inflammatory Syndrome (PIMS/PMIS)     | <div>radio, Required</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>                                        | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| 1   | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| -1  | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| 257 | <div>compl_cardiovascular</div> <div>Show the field ONLY if:<br/>[complications] = '1'</div>                                                                                                                                                                                                                                                                                                                                                                                  | Cardiac disease                                              | <div>radio, Required</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>                                        | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| 1   | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| -1  | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| 258 | <div>compl_myocarditis</div> <div>Show the field ONLY if:<br/>[compl_cardiovascular] = '1'</div>                                                                                                                                                                                                                                                                                                                                                                              | ...Myocarditis                                               | <div>radio, Required</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>                                        | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| 1   | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| -1  | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| 259 | <div>compl_myocardiac_infarction</div> <div>Show the field ONLY if:<br/>[compl_cardiovascular] = '1'</div>                                                                                                                                                                                                                                                                                                                                                                    | ...Myocardiac infarction                                     | <div>radio, Required</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>                                        | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| 1   | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| -1  | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| 260 | <div>compl_arrhythmia</div> <div>Show the field ONLY if:<br/>[compl_cardiovascular] = '1'</div>                                                                                                                                                                                                                                                                                                                                                                               | ...Arrhythmia                                                | <div>radio, Required</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>                                        | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| 1   | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| -1  | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| 261 | <div>compl_heart_failure</div> <div>Show the field ONLY if:<br/>[compl_cardiovascular] = '1'</div>                                                                                                                                                                                                                                                                                                                                                                            | ...Heart failure                                             | <div>radio, Required</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>                                        | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| 1   | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| -1  | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| 262 | <div>compl_thrombosis</div> <div>Show the field ONLY if:<br/>[complications] = '1'</div>                                                                                                                                                                                                                                                                                                                                                                                      | Thrombosis/Embolism                                          | <div>radio, Required</div> <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>                                        | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| 1   | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |
| -1  | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                                                                                                                                                                                    |   |    |   |     |    |         |



|     |                                                                              |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
|-----|------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|---|-----|----|---------|
| 263 | compl_digestive<br><br>Show the field ONLY if:<br>[complications] = '1'      | Digestive disease                               | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH<br>Field Annotation: @HIDDEN @HIDDEN-PDF | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                           |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| 1   | Yes                                                                          |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| -1  | Unknown                                                                      |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| 264 | compl_liver<br><br>Show the field ONLY if:<br>[complications] = '1'          | Liver disease                                   | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH<br>Field Annotation: @HIDDEN @HIDDEN-PDF | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                           |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| 1   | Yes                                                                          |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| -1  | Unknown                                                                      |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| 265 | compl_renal<br><br>Show the field ONLY if:<br>[complications] = '1'          | Renal disease                                   | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH<br>Field Annotation: @HIDDEN @HIDDEN-PDF | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                           |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| 1   | Yes                                                                          |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| -1  | Unknown                                                                      |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| 266 | compl_neuro_impair<br><br>Show the field ONLY if:<br>[complications] = '1'   | Neurological impairment                         | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                           |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| 1   | Yes                                                                          |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| -1  | Unknown                                                                      |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| 267 | compl_convulsion<br><br>Show the field ONLY if:<br>[complications] = '1'     | Febrile convulsion                              | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH<br>Field Annotation: @HIDDEN @HIDDEN-PDF | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                           |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| 1   | Yes                                                                          |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| -1  | Unknown                                                                      |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| 268 | compl_psych<br><br>Show the field ONLY if:<br>[complications] = '1'          | Psychiatric alteration                          | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH<br>Field Annotation: @HIDDEN @HIDDEN-PDF | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                           |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| 1   | Yes                                                                          |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| -1  | Unknown                                                                      |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| 269 | compl_decond<br><br>Show the field ONLY if:<br>[complications] = '1'         | Deconditioning syndrome                         | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH<br>Field Annotation: @HIDDEN @HIDDEN-PDF | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                           |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| 1   | Yes                                                                          |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| -1  | Unknown                                                                      |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| 270 | compl_osteoarticular<br><br>Show the field ONLY if:<br>[complications] = '1' | Osteo-articular disease                         | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH<br>Field Annotation: @HIDDEN @HIDDEN-PDF | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                           |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| 1   | Yes                                                                          |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| -1  | Unknown                                                                      |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| 271 | compl_bact<br><br>Show the field ONLY if:<br>[complications] = '1'           | Other bacterial infections (excepted pneumonia) | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                           |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| 1   | Yes                                                                          |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |
| -1  | Unknown                                                                      |                                                 |                                                                                                                                                                                            |   |    |   |     |    |         |

|     |                                                                                       |                                                                                                                            |                                                                                                                                                             |   |    |   |     |    |         |
|-----|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|---|-----|----|---------|
| 272 | compl_bacteremia<br><br>Show the field ONLY if:<br>[compl_bact] = '1'                 | .....Bacteremia                                                                                                            | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                    |                                                                                                                            |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                                   |                                                                                                                            |                                                                                                                                                             |   |    |   |     |    |         |
| -1  | Unknown                                                                               |                                                                                                                            |                                                                                                                                                             |   |    |   |     |    |         |
| 273 | compl_nonbact<br><br>Show the field ONLY if:<br>[complications] = '1'                 | Other non-bacterial infections                                                                                             | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                    |                                                                                                                            |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                                   |                                                                                                                            |                                                                                                                                                             |   |    |   |     |    |         |
| -1  | Unknown                                                                               |                                                                                                                            |                                                                                                                                                             |   |    |   |     |    |         |
| 274 | compl_fungal<br><br>Show the field ONLY if:<br>[complications] = '1'                  | Fungal infections                                                                                                          | radio<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH           | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                    |                                                                                                                            |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                                   |                                                                                                                            |                                                                                                                                                             |   |    |   |     |    |         |
| -1  | Unknown                                                                               |                                                                                                                            |                                                                                                                                                             |   |    |   |     |    |         |
| 275 | compl_enceph<br><br>Show the field ONLY if:<br>[complications] = '1'                  | Encephalitis/Encephalopathy                                                                                                | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                    |                                                                                                                            |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                                   |                                                                                                                            |                                                                                                                                                             |   |    |   |     |    |         |
| -1  | Unknown                                                                               |                                                                                                                            |                                                                                                                                                             |   |    |   |     |    |         |
| 276 | compl_other<br><br>Show the field ONLY if:<br>[complications] = '1'                   | Other complications                                                                                                        | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table><br>Custom alignment: RH                                     | 0 | No | 1 | Yes |    |         |
| 0   | No                                                                                    |                                                                                                                            |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                                   |                                                                                                                            |                                                                                                                                                             |   |    |   |     |    |         |
| 277 | compl_other_list<br><br>Show the field ONLY if:<br>[compl_other] = '1'                | ...please, specify (complications)                                                                                         | text<br>Custom alignment: RH<br>Field Annotation: @HIDDEN @HIDDEN-PDF                                                                                       |   |    |   |     |    |         |
| 278 | compl_antibiotic_ttt                                                                  | Section Header: <i>Additional treatments (against complications)</i><br>Antibiotic treatment taken (against complications) | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH | 0 | No | 1 | Yes | -1 | Unknown |
| 0   | No                                                                                    |                                                                                                                            |                                                                                                                                                             |   |    |   |     |    |         |
| 1   | Yes                                                                                   |                                                                                                                            |                                                                                                                                                             |   |    |   |     |    |         |
| -1  | Unknown                                                                               |                                                                                                                            |                                                                                                                                                             |   |    |   |     |    |         |
| 279 | compl_antibiotic_code1<br><br>Show the field ONLY if:<br>[compl_antibiotic_ttt] = '1' | Code of given antibiotics (main)<br>[see list of AB codes]<br><i>[code required - 0 if n/a]</i>                            | text (number, Min: 0, Max: 9999)<br>Custom alignment: RH                                                                                                    |   |    |   |     |    |         |
| 280 | compl_antibiotic_code2<br><br>Show the field ONLY if:<br>[compl_antibiotic_code1] > 0 | Code of given antibiotics (additional)<br><i>[optional]</i>                                                                | text (number, Min: 1, Max: 9999)<br>Custom alignment: RH                                                                                                    |   |    |   |     |    |         |
| 281 | compl_antibiotic_code3<br><br>Show the field ONLY if:<br>[compl_antibiotic_code2] > 0 | Code of given antibiotics (additional)<br><i>[optional]</i>                                                                | text (number, Min: 1, Max: 9999)<br>Custom alignment: RH                                                                                                    |   |    |   |     |    |         |
| 282 | compl_antibiotic_code4<br><br>Show the field ONLY if:<br>[compl_antibiotic_code3] > 0 | Code of given antibiotics (additional)<br><i>[optional]</i>                                                                | text (number, Min: 1, Max: 9999)<br>Custom alignment: RH                                                                                                    |   |    |   |     |    |         |
| 283 | compl_antibiotic_code5<br><br>Show the field ONLY if:<br>[compl_antibiotic_code4] > 0 | Code of given antibiotics (additional)<br><i>[optional]</i>                                                                | text (number, Min: 1, Max: 9999)<br>Custom alignment: RH                                                                                                    |   |    |   |     |    |         |
| 284 | compl_antibiotic_code6<br><br>Show the field ONLY if:<br>[compl_antibiotic_code5] > 0 | Code of given antibiotics (additional)<br><i>[optional]</i>                                                                | text (number, Min: 1, Max: 9999)<br>Custom alignment: RH                                                                                                    |   |    |   |     |    |         |
| 285 | compl_antibiotic_code7<br><br>Show the field ONLY if:<br>[compl_antibiotic_code6] > 0 | Code of given antibiotics (additional)<br><i>[optional]</i>                                                                | text (number, Min: 1, Max: 9999)<br>Custom alignment: RH                                                                                                    |   |    |   |     |    |         |
| 286 | compl_antibiotic_code8<br><br>Show the field ONLY if:<br>[compl_antibiotic_code7] > 0 | Code of given antibiotics (additional)<br><i>[optional]</i>                                                                | text (number, Min: 1, Max: 9999)<br>Custom alignment: RH                                                                                                    |   |    |   |     |    |         |

|                                                                                |                                                                                    |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------------------|----------|------------------------|----------------|------------|---|----------------|----------------|---|----------------|---------|---|----------------|-------------|---|----------------|-----------|---|----------------|------------|----|-----------------|-----------|
| 287                                                                            | compl_antibiotic_code9<br>Show the field ONLY if:<br>[compl_antibiotic_code8] > 0  | Code of given antibiotics (additional)<br><i>[optional]</i> | text (number, Min: 1, Max: 9999)<br>Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 288                                                                            | compl_antibiotic_code10<br>Show the field ONLY if:<br>[compl_antibiotic_code9] > 0 | Code of given antibiotics (additional)<br><i>[optional]</i> | text (number, Min: 1, Max: 9999)<br>Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 289                                                                            | compl_antifungal_ttt                                                               | Antifungal treatment taken (against complications)          | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                                                  | 0 | No                     | 1        | Yes                    | -1             | Unknown    |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 0                                                                              | No                                                                                 |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 1                                                                              | Yes                                                                                |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| -1                                                                             | Unknown                                                                            |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 290                                                                            | compl_cortico_ttt                                                                  | Cortico-steroids treatment taken (against complications)    | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                                                  | 0 | No                     | 1        | Yes                    | -1             | Unknown    |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 0                                                                              | No                                                                                 |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 1                                                                              | Yes                                                                                |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| -1                                                                             | Unknown                                                                            |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 291                                                                            | compl_immod_ttt                                                                    | Immunomodulator treatment taken (against complications)     | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                                                  | 0 | No                     | 1        | Yes                    | -1             | Unknown    |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 0                                                                              | No                                                                                 |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 1                                                                              | Yes                                                                                |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| -1                                                                             | Unknown                                                                            |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 292                                                                            | clinical_complementary_information_complete                                        | Section Header: <i>Form Status</i><br>Complete?             | dropdown<br><table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0 | Incomplete             | 1        | Unverified             | 2              | Complete   |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 0                                                                              | Incomplete                                                                         |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 1                                                                              | Unverified                                                                         |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 2                                                                              | Complete                                                                           |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| Instrument: <b>Patient Follow Up</b> (patient_follow_up) <div>^ Collapse</div> |                                                                                    |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 293                                                                            | transfer                                                                           | Was the patient transferred during hospitalisation?         | radio<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                                                                                                                                                                   | 1 | Yes                    | 0        | No                     | -1             | Unknown    |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 1                                                                              | Yes                                                                                |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 0                                                                              | No                                                                                 |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| -1                                                                             | Unknown                                                                            |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 294                                                                            | transfer_to<br>Show the field ONLY if:<br>[transfer] = '1'                         | ... the patient was transferred in                          | checkbox<br><table><tr><td>1</td><td>transfer_to__1</td><td>Medicine</td></tr><tr><td>2</td><td>transfer_to__2</td><td>Geriatrics</td></tr><tr><td>3</td><td>transfer_to__3</td><td>Intensive Care</td></tr><tr><td>4</td><td>transfer_to__4</td><td>Surgery</td></tr><tr><td>5</td><td>transfer_to__5</td><td>Paediatrics</td></tr><tr><td>6</td><td>transfer_to__6</td><td>NICU/PICU</td></tr><tr><td>7</td><td>transfer_to__7</td><td>Obstetrics</td></tr><tr><td>99</td><td>transfer_to__99</td><td>Others...</td></tr></table><br>Field Annotation: @HIDDEN-PDF @HIDDEN | 1 | transfer_to__1         | Medicine | 2                      | transfer_to__2 | Geriatrics | 3 | transfer_to__3 | Intensive Care | 4 | transfer_to__4 | Surgery | 5 | transfer_to__5 | Paediatrics | 6 | transfer_to__6 | NICU/PICU | 7 | transfer_to__7 | Obstetrics | 99 | transfer_to__99 | Others... |
| 1                                                                              | transfer_to__1                                                                     | Medicine                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 2                                                                              | transfer_to__2                                                                     | Geriatrics                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 3                                                                              | transfer_to__3                                                                     | Intensive Care                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 4                                                                              | transfer_to__4                                                                     | Surgery                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 5                                                                              | transfer_to__5                                                                     | Paediatrics                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 6                                                                              | transfer_to__6                                                                     | NICU/PICU                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 7                                                                              | transfer_to__7                                                                     | Obstetrics                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 99                                                                             | transfer_to__99                                                                    | Others...                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 295                                                                            | transfer_other<br>Show the field ONLY if:<br>[transfer_to(99)] = '1'               | ... please specify (one item only)                          | text<br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 296                                                                            | death                                                                              | Section Header: <i>Patient's destination</i><br>Deceased    | radio, Required<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 | Yes                    | 0        | No                     | -1             | Unknown    |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 1                                                                              | Yes                                                                                |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 0                                                                              | No                                                                                 |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| -1                                                                             | Unknown                                                                            |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 297                                                                            | death_where<br>Show the field ONLY if:<br>[death] = '1'                            | ... death occurred                                          | radio, Required<br><table><tr><td>1</td><td>during hospitalisation</td></tr><tr><td>2</td><td>after being discharged</td></tr></table><br>Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                                               | 1 | during hospitalisation | 2        | after being discharged |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 1                                                                              | during hospitalisation                                                             |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |
| 2                                                                              | after being discharged                                                             |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                        |          |                        |                |            |   |                |                |   |                |         |   |                |             |   |                |           |   |                |            |    |                 |           |

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|-----|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------|-----|-------------------------------------------------------------|-----|-------------------------------------------------------------------------|-----|---------------------------|-----|-------------------------------------|-----|-------------------|-----|--------------|-----|--------------------|-----|---------------------------|-----|----------------|-----|-------------|-----|--------------------|-----|-------------------|-----|-------------------------------|-----|------------------|-----|---------------|-----|-----------------|-----|-----------------------------|-----|----------------------------|-----|-------------|-----|--------------|
| 298 | discharge_death_date<br>Show the field ONLY if:<br>[death] = '1'                     | Date of death                                                                                                                                                                                | text (date_dmy, Min: 2020-01-01), Required<br>Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 299 | death_cause<br>Show the field ONLY if:<br>[death] = '1'                              | Was the death caused by Influenza/COVID-19?                                                                                                                                                  | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0   | No              | 1   | Yes                                                         | -1  | Unknown                                                                 |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 0   | No                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 1   | Yes                                                                                  |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| -1  | Unknown                                                                              |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 300 | discharge_destin<br>Show the field ONLY if:<br>[death_where] <> '1'                  | Destination                                                                                                                                                                                  | radio, Required<br><table><tr><td>1</td><td>Domicile</td></tr><tr><td>2</td><td>LTC Facility</td></tr><tr><td>3</td><td>Another hospital</td></tr><tr><td>4</td><td>Rehabilitation</td></tr><tr><td>99</td><td>Other</td></tr><tr><td>-1</td><td>Unknown</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1   | Domicile        | 2   | LTC Facility                                                | 3   | Another hospital                                                        | 4   | Rehabilitation            | 99  | Other                               | -1  | Unknown           |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 1   | Domicile                                                                             |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 2   | LTC Facility                                                                         |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 3   | Another hospital                                                                     |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 4   | Rehabilitation                                                                       |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 99  | Other                                                                                |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| -1  | Unknown                                                                              |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 301 | discharge_destin_other<br>Show the field ONLY if:<br>[discharge_destin] = '99'       | ... please specify destination                                                                                                                                                               | text, Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 302 | discharge_other_hosp<br>Show the field ONLY if:<br>[discharge_destin] = '3'          | Was the patient transferred to an hospital participating to this surveillance system?                                                                                                        | radio, Required<br><table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0   | No              | 1   | Yes                                                         |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 0   | No                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 1   | Yes                                                                                  |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 303 | discharge_destin_hospname<br>Show the field ONLY if:<br>[discharge_other_hosp] = '1' | In which participating hospital was the patient transferred?<br><br>Make sure you give the patient ID to the hospital he/she is being transferred to in order to ease the follow-up process! | dropdown, Required<br><table><tr><td>264</td><td>CHUV (Lausanne)</td></tr><tr><td>266</td><td>EOC (Lugano)</td></tr><tr><td>267</td><td>HFR (Fribourg)</td></tr><tr><td>268</td><td>Hirslanden AG ZH (Zurich)</td></tr><tr><td>284</td><td>Hirslanden Klinik St. Anna (Luzern)</td></tr><tr><td>269</td><td>Hopital VS (Sion)</td></tr><tr><td>260</td><td>HUG (Geneva)</td></tr><tr><td>270</td><td>Inselspital (Bern)</td></tr><tr><td>271</td><td>UKBB (Kinderspital Basel)</td></tr><tr><td>272</td><td>KISPI (Zurich)</td></tr><tr><td>273</td><td>KSA (Aarau)</td></tr><tr><td>274</td><td>KSGR (Graubuenden)</td></tr><tr><td>275</td><td>KSNW (Niedwalden)</td></tr><tr><td>276</td><td>KSSG (St.Gallen) &amp; consortium</td></tr><tr><td>277</td><td>KSW (Winterthur)</td></tr><tr><td>278</td><td>LUKS (Luzern)</td></tr><tr><td>279</td><td>OKS (St.Gallen)</td></tr><tr><td>280</td><td>Spitaeler SH (Schaffhausen)</td></tr><tr><td>281</td><td>STGAG KSM (Muensterlingen)</td></tr><tr><td>282</td><td>USB (Basel)</td></tr><tr><td>283</td><td>USZ (Zurich)</td></tr></table> | 264 | CHUV (Lausanne) | 266 | EOC (Lugano)                                                | 267 | HFR (Fribourg)                                                          | 268 | Hirslanden AG ZH (Zurich) | 284 | Hirslanden Klinik St. Anna (Luzern) | 269 | Hopital VS (Sion) | 260 | HUG (Geneva) | 270 | Inselspital (Bern) | 271 | UKBB (Kinderspital Basel) | 272 | KISPI (Zurich) | 273 | KSA (Aarau) | 274 | KSGR (Graubuenden) | 275 | KSNW (Niedwalden) | 276 | KSSG (St.Gallen) & consortium | 277 | KSW (Winterthur) | 278 | LUKS (Luzern) | 279 | OKS (St.Gallen) | 280 | Spitaeler SH (Schaffhausen) | 281 | STGAG KSM (Muensterlingen) | 282 | USB (Basel) | 283 | USZ (Zurich) |
| 264 | CHUV (Lausanne)                                                                      |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 266 | EOC (Lugano)                                                                         |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 267 | HFR (Fribourg)                                                                       |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 268 | Hirslanden AG ZH (Zurich)                                                            |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 284 | Hirslanden Klinik St. Anna (Luzern)                                                  |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 269 | Hopital VS (Sion)                                                                    |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 260 | HUG (Geneva)                                                                         |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 270 | Inselspital (Bern)                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 271 | UKBB (Kinderspital Basel)                                                            |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 272 | KISPI (Zurich)                                                                       |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 273 | KSA (Aarau)                                                                          |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 274 | KSGR (Graubuenden)                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 275 | KSNW (Niedwalden)                                                                    |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 276 | KSSG (St.Gallen) & consortium                                                        |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 277 | KSW (Winterthur)                                                                     |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 278 | LUKS (Luzern)                                                                        |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 279 | OKS (St.Gallen)                                                                      |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 280 | Spitaeler SH (Schaffhausen)                                                          |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 281 | STGAG KSM (Muensterlingen)                                                           |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 282 | USB (Basel)                                                                          |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 283 | USZ (Zurich)                                                                         |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 304 | discharge_other_hosp_why<br>Show the field ONLY if:<br>[discharge_destin] = '3'      | Why was the patient transferred to another hospital?                                                                                                                                         | radio<br><table><tr><td>1</td><td>Lack of space</td></tr><tr><td>2</td><td>Favourable evolution (the patient was put in recovery care)</td></tr><tr><td>3</td><td>Unfavourable evolution (the patient needed to be put in intensive care)</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Field Annotation: @HIDDEN @HIDDEN-PDF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1   | Lack of space   | 2   | Favourable evolution (the patient was put in recovery care) | 3   | Unfavourable evolution (the patient needed to be put in intensive care) | -1  | Unknown                   |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 1   | Lack of space                                                                        |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 2   | Favourable evolution (the patient was put in recovery care)                          |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 3   | Unfavourable evolution (the patient needed to be put in intensive care)              |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| -1  | Unknown                                                                              |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |
| 305 | discharge_date<br>Show the field ONLY if:<br>[death_where] <> '1'                    | Discharging date from hospital                                                                                                                                                               | text (date_dmy, Min: 2020-01-01), Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |                 |     |                                                             |     |                                                                         |     |                           |     |                                     |     |                   |     |              |     |                    |     |                           |     |                |     |             |     |                    |     |                   |     |                               |     |                  |     |               |     |                 |     |                             |     |                            |     |             |     |              |

|     |                                                                 |                                                                                   |                                                                                                                                                                                                                                                |   |                               |   |                         |    |                           |    |                |
|-----|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------|---|-------------------------|----|---------------------------|----|----------------|
| 306 | sequelae<br><br>Show the field ONLY if:<br>[death_where] <> '1' | Did the patient leave with any sequelae requiring post-discharge treatment?       | radio<br><table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>-1</td><td>Unknown</td></tr></table><br>Custom alignment: RH<br>Field Annotation: @HIDDEN-PDF @HIDDEN                                                     | 1 | Yes                           | 0 | No                      | -1 | Unknown                   |    |                |
| 1   | Yes                                                             |                                                                                   |                                                                                                                                                                                                                                                |   |                               |   |                         |    |                           |    |                |
| 0   | No                                                              |                                                                                   |                                                                                                                                                                                                                                                |   |                               |   |                         |    |                           |    |                |
| -1  | Unknown                                                         |                                                                                   |                                                                                                                                                                                                                                                |   |                               |   |                         |    |                           |    |                |
| 307 | because_with_discharge                                          | Based on all the information available at discharge, was the patient hospitalised | radio, Required<br><table><tr><td>1</td><td>Because of COVID-19/Influenza</td></tr><tr><td>2</td><td>With COVID-19/Influenza</td></tr><tr><td>3</td><td>No determination possible</td></tr><tr><td>-1</td><td>Not documented</td></tr></table> | 1 | Because of COVID-19/Influenza | 2 | With COVID-19/Influenza | 3  | No determination possible | -1 | Not documented |
| 1   | Because of COVID-19/Influenza                                   |                                                                                   |                                                                                                                                                                                                                                                |   |                               |   |                         |    |                           |    |                |
| 2   | With COVID-19/Influenza                                         |                                                                                   |                                                                                                                                                                                                                                                |   |                               |   |                         |    |                           |    |                |
| 3   | No determination possible                                       |                                                                                   |                                                                                                                                                                                                                                                |   |                               |   |                         |    |                           |    |                |
| -1  | Not documented                                                  |                                                                                   |                                                                                                                                                                                                                                                |   |                               |   |                         |    |                           |    |                |
| 308 | discharge_comments                                              | Section Header: <i>Comments</i><br>Comments                                       | text                                                                                                                                                                                                                                           |   |                               |   |                         |    |                           |    |                |
| 309 | patient_follow_up_complete                                      | Section Header: <i>Form Status</i><br>Complete?                                   | dropdown<br><table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>                                                                                                    | 0 | Incomplete                    | 1 | Unverified              | 2  | Complete                  |    |                |
| 0   | Incomplete                                                      |                                                                                   |                                                                                                                                                                                                                                                |   |                               |   |                         |    |                           |    |                |
| 1   | Unverified                                                      |                                                                                   |                                                                                                                                                                                                                                                |   |                               |   |                         |    |                           |    |                |
| 2   | Complete                                                        |                                                                                   |                                                                                                                                                                                                                                                |   |                               |   |                         |    |                           |    |                |