

Canadian National, Provincial, and Territorial COVID-19 Case Report Forms - Most Common Fields

LAST UPDATE: 2020-07-20

Field Name	Number of Common Fields	Comments (For Number of Common Field)	Key
Case Protected Information			
4-7 Occurrences			
CASE Information			
First name	7	(Includes NWT, which has general field "Name". As Name itself includes first/middle/last name.	7 Max Value Dark Green
Last name	7	(Includes NWT)	6 Just Below Max Value Light Green
Date of Birth	7		5 Just Above Mid Value Light Yellow
Phone number #1	7	Updated 2020-07-20	4 Mid Value Yellow
Usual residential address	6		
City	6		
Postal code	6		
Province/Territory	4		
Phone number #2	4	Updated 2020-07-20	
Proxy Information			
First name	4		
Relationship to case	4		
Contact information for person reporting			
First and Last Names	7		
Telephone #	6		
Main Form			
Reported Date	6		
Administrative Information			
(Report Status)	5	(Includes NWT) Need a review, its bit unclear.	
Contact information for P/T person reporting			
Case Details			
Gender	7	(Though there is an inconsistency in the option every province gives)	
Does the case identify as Indigenous?	5	(Have excluded Quebec, as it says Vulnerable, which is already added in	
If yes, indicate which group	5	Updated 2020-07-20	
Healthcare worker	5	Updated 2020-07-20	
Age	4		
Does the case reside on a First Nations Reserve most of the time?	4		
Case is (professional role)	4	Updated 2020-07-20	
if yes,	4		
Symptoms			
Symptom Onset Date	7	(Date Format inconsistent)	
Asymptomatic	5	Updated 2020-07-20	
Symptom			
Cough	7	Updated 2020-07-20	
Fever (≥38°C)	7		
Sore throat	7	Updated 2020-07-20	
Headache	7	Updated 2020-07-20	
Runny nose	6	(Includes Ontario & NWT, which have field names "Rhinoheoa" instead of	
Shortness of breath/difficulty breathing	6	Updated 2020-07-20	
Nausea/vomiting	6	Updated 2020-07-20	

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Field Name	Number of Common Fields	Comments (For Number of Common Field)	Key
Diarrhea	6	Updated 2020-07-20	
Other, specify	5		
Feverish/chills (temperature not taken)	5	Updated 2020-07-20	
General weakness	5	Updated 2020-07-20	
Pain (muscular, chest, abdominal, joint, etc.)	4		
Myalgia (muscle pain)	4		
Irritability/confusion	4	Updated 2020-07-20	
PRE-EXISTING CONDITIONS and RISK FACTORS			
Cardiac disease	7	Updated 2020-07-20	
Diabetes	7	Updated 2020-07-20	
Pregnancy	7	Updated 2020-07-20	
Respiratory Disease	7	Updated 2020-11-08	
Chronic neurological or neuromuscular disorder	6	Updated 2020-07-20	
Immunodeficiency disease/condition	6	Updated 2020-07-20	
Liver Disease	6	Updated 2020-07-20	
Renal Disease	6	Updated 2020-07-20	
Post-partum (≤6 weeks)	5	Updated 2020-07-20	
Malignancy	4		
If yes, trimester	4		
CLINICAL EVALUATIONS, COMPLICATIONS, and DIAGNOSES			
Altered mental status	6	Updated 2020-07-20	
Diagnosed with Acute Respiratory Distress Syndrome	6	Updated 2020-07-20	
Encephalitis	6	Updated 2020-07-20	
Renal failure	6	Updated 2020-07-20	
Sepsis	6	Updated 2020-07-20	
Clinical or radiological evidence of pneumonia	5	Updated 2020-07-20	
O2 saturation <95%	5	Updated 2020-07-20	
Hypotension	5	Updated 2020-07-20	
Tachypnea (accelerated respiratory rate)	5	Updated 2020-07-20	
Other, specify	5	Updated 2020-07-20	
Abnormal lung auscultation	4	Updated 2020-07-20	
Coma	4	Updated 2020-07-20	
Seizure	4	Updated 2020-07-20	
CLINICAL COURSE and OUTCOMES (complete if applicable) (Page 4)			
Hospitalization	6	(Includes NWT) Updated 2020-07-20	
H. Admission date	6	Updated 2020-07-20	
Intensive Care Unit (ICU)	6	Updated 2020-07-20	
ICU Start Date	6	Updated 2020-07-20	
Current Disposition <small>*Definition: resolution of symptoms followed by two negative tests at least 24 hours apart</small>	6	Updated 2020-07-20	
H. Discharge date	5	Updated 2020-07-20	
ICU End Date	5	Updated 2020-07-20	
Isolation (e.g. negative pressure)	5	Updated 2020-07-20	

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Field Name	Number of Common Fields	Comments (For Number of Common Field)	Key
Mechanical ventilation	5	Updated 2020-07-20	
Disposition date	5	(Includes British Columbia) Updated 2020-07-20	
If deceased			
Death attributed/linked to respiratory illness?	4	Updated 2020-07-20	
Cause of death (as listed on death certificate)	4	Updated 2020-07-20	
Date of Death	4	Updated 2020-07-20	
EXPOSURES (add additional details in the comments section as necessary)			
In the 14 days prior to symptom onset, did the case travel outside of their province/territory of residence or outside of Canada?	6	Updated 2020-07-20	
If yes, specify the following (REPEATABLE)			
Destination Country	6	(Includes Ontario and National, which have "city" field, and NB which has Updated 2020-07-20	
End Date	6	Includes Ontario which gave general option of travel dates	
Was the case in close contact* with a symptomatic confirmed or probable case in the 14 days prior to symptom onset?	6		
Departure Country	5	(Includes Ontario and National, which have city field) Updated 2020-07-20	
Start Date	4		
Hotel/Residence	4	Updated 2020-07-20	
Flight/Carrier Details (carrier name, flight #, seat #)	4	Updated 2020-07-20	
If yes, complete the following (REPEATABLE)			
Case ID(s)	5	(Includes Ontario & BC, which n Updated 2020-07-20	Updated 2020-20-07
Date of Last Contact	4	Updated 2020-07-20	
Contact Setting Comments	4	Updated 2020-07-20	
LABORATORY INFORMATION (microbiology / virology / serology) (complete if applicable) (REPEATABLE)			
Specimen Collection Date	6		
Specimen Type & Source	5		
Lab ID	4	Updated 2020-07-20	
Test Result	4		
Case Protected Information 7 Occurrences			
CASE Information			
First name	7	(Includes NWT, which has general field "Name". As Name itself includes first/middle/last name.	
Last name	7	(Includes NWT)	
Date of Birth	7		
Phone number #1	7	Updated 2020-07-20	
Contact information for person reporting			
First and Last Names	7		

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Field Name	Number of Common Fields	Comments (For Number of Common Field)	Key
Main Form			
Case Details			
Gender	7	(Though there is an inconsistency in the option every province gives)	
Symptoms			
Symptom Onset Date	7	(Date Format inconsistent)	
Symptom			
Cough	7	Updated 2020-07-20	
Fever (≥38°C)	7		
Sore throat	7	Updated 2020-07-20	
Headache	7	Updated 2020-07-20	
PRE-EXISTING CONDITIONS and RISK FACTORS			
Cardiac disease	7	Updated 2020-07-20	
Diabetes	7	Updated 2020-07-20	
Pregnancy	7	Updated 2020-07-20	
Respiratory Disease	7	Updated 2020-11-08	
Case Protected Information	6 Occurrences		
CASE Information			
Usual residential address	6		
City	6		
Postal code	6		
Contact information for person reporting			
Telephone #	6		
Main Form			
Reported Date	6		
Symptom			
Runny nose	6	(Includes Ontario & NWT, which have field names "Rhinoheoa" instead of "Rhinoheoa") Updated 2020-07-20	
Shortness of breath/difficulty breathing	6		
Nausea/vomiting	6	Updated 2020-07-20	
Diarrhea	6	Updated 2020-07-20	
PRE-EXISTING CONDITIONS and RISK FACTORS			
Chronic neurological or neuromuscular disorder	6	Updated 2020-07-20	
Immunodeficiency disease/condition	6	Updated 2020-07-20	
Liver Disease	6	Updated 2020-07-20	
Renal Disease	6	Updated 2020-07-20	
CLINICAL EVALUATIONS, COMPLICATIONS, and DIAGNOSES			
Altered mental status	6	Updated 2020-07-20	
Diagnosed with Acute Respiratory Distress Syndrome	6	Updated 2020-07-20	
Encephalitis	6	Updated 2020-07-20	
Renal failure	6	Updated 2020-07-20	
Sepsis	6	Updated 2020-07-20	
CLINICAL COURSE and OUTCOMES (complete if applicable) (Page 4)			
Hospitalization	6	(Includes NWT) Updated 2020-07-20	
H. Admission date	6	Updated 2020-07-20	

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Field Name	Number of Common Fields	Comments (For Number of Common Field)	Key
Intensive Care Unit (ICU)	6	Updated 2020-07-20	
ICU Start Date	6	Updated 2020-07-20	
Current Disposition <small>*Definition: resolution of symptoms followed by two negative tests at least 24 hours apart</small>	6	Updated 2020-07-20	
EXPOSURES (add additional details in the comments section as necessary)			
In the 14 days prior to symptom onset, did the case travel outside of their province/territory of residence or outside of Canada?	6	Updated 2020-07-20	
If yes, specify the following (REPEATABLE)			
Destination Country	6	(Includes Ontario and National, which have "city" field, and NB which has	
End Date	6	Updated 2020-07-20	
		Includes Ontario which gave general option of travel dates	
Was the case in close contact* with a symptomatic confirmed or probable case in the 14 days prior to symptom onset?	6		
LABORATORY INFORMATION (microbiology / virology / serology) (complete if applicable) (REPEATABLE)			
Specimen Collection Date	6		
Case Protected Information 5 Occurrences			
Main Form			
Administrative Information			
(Report Status)	5	(Includes NWT) Need a review, its bit unclear to me	
Contact information for P/T person reporting			
Case Details			
Does the case identify as Indigenous?	5	(Have excluded Quebec, as it says Vulnerable, which is already added in	
If yes, indicate which group	5	Updated 2020-07-20	
Healthcare worker	5	Updated 2020-07-20	
Symptoms			
Asymptomatic	5	Updated 2020-07-20	
Symptom			
Other, specify	5		
Feverish/chills (temperature not taken)	5	Updated 2020-07-20	
General weakness	5	Updated 2020-07-20	
PRE-EXISTING CONDITIONS and RISK FACTORS			
Post-partum (≤6 weeks)	5	Updated 2020-07-20	
CLINICAL EVALUATIONS, COMPLICATIONS, and DIAGNOSES			
Clinical or radiological evidence of pneumonia	5	Updated 2020-07-20	
O2 saturation <95%	5	Updated 2020-07-20	
Hypotension	5	Updated 2020-07-20	
Tachypnea (accelerated respiratory rate)	5	Updated 2020-07-20	
Other, specify	5	Updated 2020-07-20	
CLINICAL COURSE and OUTCOMES (complete if applicable) (Page 4)			
H. Discharge date	5	Updated 2020-07-20	
ICU End Date	5	Updated 2020-07-20	
Isolation (e.g. negative pressure)	5	Updated 2020-07-20	

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Mechanical ventilation	5	Updated 2020-07-20	
Disposition date	5	(Includes British Columbia) Updated 2020-07-20	
EXPOSURES (add additional details in the comments section as necessary)			
If yes, specify the following (REPEATABLE)			
Departure Country	5	(Includes Ontario and National, which have city field) Updated 2020-07-20	
If yes, complete the following (REPEATABLE)			
Case ID(s)	5	(Includes Ontario & BC, which n Updated 2020-07-20	Updated 2020-20-07
LABORATORY INFORMATION (microbiology / virology / serology) (complete if applicable) (REPEATABLE)			
Specimen Type & Source	5		
Case Protected Information 4 Occurrences			
CASE Information			
Province/Territory	4		
Phone number #2	4	Updated 2020-07-20	
Proxy Information			
First name	4		
Relationship to case	4		
Main Form			
Case Details			
Age	4		
Does the case reside on a First Nations Reserve most of the time?	4		
Case is (professional role)	4	Updated 2020-07-20	
if yes,	4		
Symptoms			
Symptom			
Pain (muscular, chest, abdominal, joint, etc.)	4		
Myalgia (muscle pain)	4		
Irritability/confusion	4	Updated 2020-07-20	
PRE-EXISTING CONDITIONS and RISK FACTORS			
Malignancy	4		
If yes, trimester	4		
CLINICAL EVALUATIONS, COMPLICATIONS, and DIAGNOSES			
Abnormal lung auscultation	4	Updated 2020-07-20	
Coma	4	Updated 2020-07-20	
Seizure	4	Updated 2020-07-20	
CLINICAL COURSE and OUTCOMES (complete if applicable) (Page 4)			
If deceased			
Death attributed/linked to respiratory illness?	4	Updated 2020-07-20	
Cause of death (as listed on death certificate)	4	Updated 2020-07-20	
Date of Death	4	Updated 2020-07-20	
EXPOSURES (add additional details in the comments section as necessary)			

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Field Name	Number of Common Fields	Comments (For Number of Common Field)	Key
If yes, specify the following (REPEATABLE)			
Start Date	4		
Hotel/Residence	4	Updated 2020-07-20	
Flight/Carrier Details (carrier name, flight #, seat #)	4	Updated 2020-07-20	
If yes, complete the following (REPEATABLE)			
Date of Last Contact	4	Updated 2020-07-20	
Contact Setting Comments	4	Updated 2020-07-20	
LABORATORY INFORMATION (microbiology / virology / serology) (complete if applicable) (REPEATABLE)			
Lab ID	4	Updated 2020-07-20	
Test Result	4		