Canadian National, Provincial, and Territorial COVID-19 Case Report Forms - Field and Data Structure Comparisons

LAST UPDATE: 2020-07-20

Field Name	Interim National	Quebec	Ontario	British Columbia	Manitoba	New Brunswick	North West Territories (Forms A/B)
Form Information	PHAC - Coronavirus Disease (COVID-19) Case Report Form [version 2 Last updated March 3, 2020]	QC - Declaration des cas confirmes et des cas cliniques de COVID-19 20-210-103W [2020] QC - Questionnaire d'enquete des cas de Coronavirus COVID-10 [version du: 2 avril 2020]	ON - (Appendix 1) Ontario's SARI Case Report Form [April 15, 2020 version 7.0]	BC CDC - COVID-19 Case Report Form [Version Date: April 20, 2020]	MHSU-6683 COVID-19 Case Investigation Form [2020-05-05]	NB - COVID-19 Combined Referral and Lab Requisition Form [V5 2020-04-09]	NWT - COVID-19 Report Form (Suspect Case/Person Under Investigation) Part A [Updated: April 27, 2020] NWT COVID-19 Report Form (For All Cases) Part B [Updated: April 27, 2020]
Case Protected Information							
CASE Information							
First name	☑	☑	☑	☑	☑	☑	Name (doesn't specify first)
Middle name				☑			Name (doesn't specify middle)
Last name	☑	☑	☑	☑	☑	☑	Name (doesn't specify last)
Alternate name(s)				☑	☑		
Usual residential address	☑	Indicates whether address is residential or not.	☑	☑	☑	☑	
City	☑	☑	☑	☑	☑	☑	
Province/Territory	☑		☑	☑	☑		
Canada							☑
Postal code	☑	☑	☑	☑	☑	☑	
Local Health Region	☑				☐ WRHA ☐ NRHA ☐ PMH ☐ SH-SS ☐ IERHA ☐ FNIHB ☐ CSC		Community
Phone number #1	☑	Landline	☑	☑	☑	☑	☑
Phone number #2	☑	Cellular	☑	☑			
Phone number #3		Work number and extension					
Email		☑				☑	Could enter under "best contact me
Date of Birth	dd/mm/yyyy	YYYY-MM-DD	(dd/mm/yyyy)	yyyy/mm/dd	YYYY-MM-DD	☑	YYYY/MMM/DD
Racial/Ethnic Identity (Voluntary/Self-Reported)					☐ AFRICAN ☐ FILIPINO ☐ LATIN AMERICAN ☐ CHINESE ☐ NORTH AMERICAN INDIGENOUS ☐ SOUTH ASIAN ☐ WHITE ☐ BLACK ☐ SOUTHEAST ASIAN ☐ DECLINED ☐ OTHER (SPECIFY):		
Health Insurance Number		☑					
Health Card Number				☑	☑	☑	
Alternate ID (Spcify Type)					☑		
Registration Number					☑	☐	
Preferred Language						☐ English ☐ French ☐ Other	
Local Case ID	☑			Primary Access Regional Information System (PARIS) Client ID	☑		
P/T Case ID	☑			Panorama Investigation ID	☑		
Primary Care Provider					☑	☑	☑
PCP Phone						☑	
PCP Location						☑	
Immediate Family Members		(First and last name, Date of Birth) x4					
iPHIS Case ID:			☑				
Responsible Health Unit			☑				

Canadian National, Provincial, and Territorial COVID-19 Case Report Forms - Field and Data Structure Comparisons							
LAST UPDATE: 2020-07-20							
Field Name	**Interim National**	**Quebec**	**Ontario**	**British Columbia**	**Manitoba**	**New Brunswick**	**North West Territories (Forms A/B)**
Branch office:			☑				
Diagnosing Health Unit			☑				
14 day follow-up		☑					
CASE DETAILS: DISEASE / AETIOLOGIC AGENT / SUBTYPE			▫ Severe Acute Respiratory Infection ▫ Middle East respiratory syndrome coronavirus (MERS-CoV) ▫ COVID-19, Wuhan,China ▫ Other Novel Respiratory Pathogen Specify:_____ ▫ Novel Influenza A ▫ H1__ ▫ H3__ ▫ H5__ ▫ H7__ ▫ Other: __ ▫ Novel Influenza B _____				
Proxy Information							
Is respondent a proxy?	☐ No ☐ Yes	☐ The patient answered for themself	☐ No ☐ Yes	*Infer from "sources of information"*			
Last name	☑	☑	☑				
First name	☑	☑	☑			☑	
Relationship to case	☑	☐ Mother ☐ Father ☐ Guardian ☐ Other/someone else answered for the patient --- ☐ Mom ☐ Father ☐ Guardian	☑			☑	
Phone number #1	☑		☑				
Phone number #2	☑		☑				
Phone number (Residential)		☑					
Phone number (Mobile)		☑					
Phone number (Work, Ext.)		☑					
Email address		☑					
Source(s) of information				☐ Patient/family interview ☐ Attending clinician ☐ Hospital record ☐ Other, specify:			
Contact information for person reporting							
Declarant Type		☐ Doctor/Physician --- ☐ Laboratory ☐ Doctor ☐ Identified by public DSP investigation					
First and Last Names	☑	☑	Name	☑	Name	Name of individual completing form	Name
Telephone #	☑	Establishment/Clinic Telephone #	☑	☑	☑	☑	
Email	☑		☑	☑			
Fax #				☑			
Health Authority				☐ FHA ☐ FNHA ☐ IHA ☐ NHA ☐ VCH ☐ VIHA	☑		
Establishment/Clinic Name where patient consulted		☑			☑		☑
Establishment/Clinic City		☑			☑		

Canadian National, Provincial, and Territorial COVID-19 Case Report Forms - Field and Data Structure Comparisons

LAST UPDATE: 2020-07-20

Field Name	Interim National	Quebec	Ontario	British Columbia	Manitoba	New Brunswick	North West Territories (Forms A/B)
Referral Date		☑			☑	☑	
Referral Request Details						☐ 811 ☐ Ambulance NB ☐ ICU ☐ Vitalité Zone 1 (Moncton) ☐ Horizon Zone 1 (Moncton) ☐ Hospital/ED ☐ Zone 4 (Edmundston) ☐ Zone 2 (Saint John) ☐ Clinic/CHC ☐ Zone 5 (Campbellton) ☐ Zone 3 (Fredericton) ☐ Correctional facility ☐ Zone 6 (Bathurst) ☐ Zone 7 (Miramichi) ☐ Nursing Home ☐ Public Health ☐ DH-Call Centre ☐ Other: ☐ EMP ☐ Provider Office	
RSS Survey Code		☑					
Main Form							
P/T Case ID	(duplicate of above field)				☑		
Reported Date	dd/mm/yyyy	☑	(dd/mm/yyyy)	☑	☑		YYYY/MMM/DD
Date Report Received by health authority		YYYY-MM-DD		☑	☑		
License number of person reporting		☑					
Assessed in-person							☑
Assessed in virtual care							☑
Other Codes/IDS		V10 Code DSP Folder Code (Director of Professional Services)					
Administrative Information							
(Report Status)	☐ INITIAL REPORT ☐ UPDATED REPORT	☐ In progress ☐ Finished ☐ Lost in Follow-Up	☐ INITIAL REPORT ☐ UPDATED REPORT		☐ FOLLOW-UP COMPLETE ☐ UNABLE TO COMPLETE INTERVIEW ☐ PENDING		*Infered from forms:* Part A: To be completed for all COV Part B: To be complete for all COVI
Status Validation Date		YYYY-MM-DD					
Reporting Province / Territory	BC / AB / SK / MB ...	*No field to declare, can only infer it is from Quebec from the form.* --- ☐ Outside Quebec					*Infered from form:* NWT
Outbreak or cluster related?			☐ Yes ☐ No		☐ Yes ☐ No ☐ Unknown ☐ Declined To Answer ☐ Not Asked		
If yes, local Outbreak #:			☑		☑		
Number of ill persons associated with the outbreak:			☑				
For Provincial Use Only Has the outbreak been declared and made public?			☐Yes ☐ No				
If case is related to a provincial /territorial outbreak, P/T Outbreak ID			☑				
Contact information for P/T person reporting							
First Name	☑				☑		Name (doesn't specify first) *duplicat*
Last Name	☑				☑		Name (doesn't specify last) *duplicat*
Email	☑						
Telephone #	☑				☑		

Canadian National, Provincial, and Territorial COVID-19 Case Report Forms - Field and Data Structure Comparisons

LAST UPDATE: 2020-07-20

Field Name	Interim National	Quebec	Ontario	British Columbia	Manitoba	New Brunswick	North West Territories (Forms A/B)
Reason for testing	☐ Individual sought healthcare ☐ Contact of a case ☐ Routine respiratory disease surveillance ☐ Other, specify:						☐ Individual sought health care ☐ Routine respiratory disease surv ☐ Contact of a case ☐ Other, Specify:
Surveillance Case Classification	☐ Confirmed ☐ Probable ☐ Person Under Investigation ☐ Does not meet	☐ Confirmed Case ☐ Clincal Case --- ☐ Confirmed Case ☐ Case Confirmed by Epidemiological link ☐ Probable Case ☐ Contact	☐ Confirmed ☐ Presumptive Confirmed ☐ Probable	☐ Confirmed ☐ Probable ☐ Person Under Investigation ☐ Not a Case	☐ Lab Confirmed ☐ Probable ☐ Not A Case		
Most Likely Acquisition Type (Staging)					☐ Travel Acquired ☐ Close Contact of Known Case ☐ Unknown		
Case Details							
Residency	☐ Canadian resident ☐ Non-Canadian Resident, Country	Quebec resident, if not will be required to depart before isolation period is up.		☑			
Detected at point of entry?	☐ No ☐ Yes						
Location of entry	☑						
Date of entry	dd/mm/yyyy						
Gender	☐ Male ☐ Female ☐ Other ☐ Unknown	☐ Male ☐ Female ☐ Other --- ☐ Male ☐ Female	☐ Male ☐ Female ☐ Unk ☐ Other	☐ Male ☐ Female ☐ Undifferentiated ☐ Unknown	☐ FEMALE ☐ MALE ☐ INTERSEX ☐ UNKNOWN	☐ Male ☐ Female	☐ M ☐ F ☐ X
Age	integer	☑	☑	*Would have to infer from DOB*		☑	
Guardian Name if age<16						☑	
If under 2 Years			_____months ☐ Unk				
Age unit	☐ years ☐ months						
Received current season's flu vaccine (self-reported)?					☑		☐ Yes ☐ No ☐ Unknown
Does the case identify as Indigenous?	☐ Yes ☐ No ☐ Refused to Answer ☐ Unknown	☐ Yes ☐ No ☐ Unknown	Aborignal: ☐ Yes ☐ No ☐ Refused to Answer ☐ Unk	☐ Yes ☐ No ☐ Asked, not provided ☐ Non-BC Resident ☐ Not asked	☑		
If yes, indicate which group	☐ First Nations ☐ Metis ☐ Inuit ☐ Refused to Answer ☐ Unknown	☐ First Nations ☐ Inuit ☐ Unknown	☐ First Nations ☐ Metis ☐ Inuit	☐ Asked, but unknown ☐ Asked, not provided ☐ First Nations ☐ First Nations and Inuit ☐ First Nations and Métis ☐ First Nations, Inuit and Métis ☐ Inuit ☐ Inuit and Métis ☐ Métis ☐ Not asked	☐ FIRST NATIONS ☐ INUIT ☐ MÉTIS ☐ DECLINED		
First Nations Status					☐ STATUS ☐ NON-STATUS ☐ DECLINED		
Indigenous organization				☑			
Does the case reside on a First Nations Reserve most of the time?	☐ Yes ☐ No ☐ Refused to Answer ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Refused to Answer ☐ Unknown		☑	☑	

Canadian National, Provincial, and Territorial COVID-19 Case Report Forms - Field and Data Structure Comparisons

LAST UPDATE: 2020-07-20

Field Name	Interim National	Quebec	Ontario	British Columbia	Manitoba	New Brunswick	North West Territories (Forms A/B)
Vulnerable group		☐ Native ☐ Member of a religious community ☐ Homeless ☐ Other Specify: ___					☐ Resident of LTC/Institution: ☐ Experiencing Homelessness ☐ Other, specify:
Patient lives at home		☑			☑		
Is the patient a resident of a long-term care facility?		☑		☐ Yes ☐ No ☐ Asked but Unknown ☐ Declined to Answer ☐ Not Assessed	☑		
Patient lives in closed environment		☐ Hospital centre ☐ Residential and long-term care centre ☐ Private seniors' residence ☐ Intermediate resource (IR) ☐ Family-type intermediate resource (FTR) ☐ Community accommodation ☐ Rehab center ☐ Prison ☐ Religious congregation ☐ Other Contact: ____					
Environment Information		Name, Address, City, Postal Code, Professional Contact, Telephone, Extension, Email Address			☐ ANIMAL HANDLER (FARMER,VET,ABBATOIR,ETC.) ☐ CHILD CARE (WORK/VOLUNTEER/ATTENDEE) ☐ CORRECTIONAL CENTER (RESIDENT) ☐ CORRECTIONAL CENTER (WORK/VOLUNTEER) ☐ HEALTH CARE FACILITY (RESIDENT/PATIENT) ☐ HEALTH CARE FACILITY (WORK/VOLUNTEER) ☐ PERSONAL CARE HOME (RESIDENT) ☐ PERSONAL CARE HOME (WORK/VOLUNTEER) ☐ SHELTER (RESIDENT) ☐ SHELTER (WORK/VOLUNTEER) ☐ LABORATORY WORKER ☐ OTHER CONGREGATE SETTING (WORK/VOLUNTEER/RESIDENT, SPECIFY)		
Case is (professional role)	☐ Healthcare worker/volunteer with direct patient contact ☐ Laboratory worker handling biological specimens ☐ Veterinary/animal worker ☐ School or daycare worker/attendee ☐ Farm worker ☐ Resident of long-term care facility/institutional facility ☐ Other, specify: _____		▫ Resident in an institutional facility (dormitory, shelter/group home, prisor ▫ Laboratory worker handling biological specimens ▫ Veterinary worker ▫ School or daycare worker/ attendee ▫ Farm worker ▫ Resident of a retirement residence or long-term care facility ▫ Other:		(Reference 'Environment Information')		☐ Health Care Worker ☐ School/daycare worker OR atten ☐ Lab worker/handles biological sp
Did the patient work outside the home in the two weeks before symptoms started?		☐ Yes ☐ No ☐ Unknown			☑		
In the 48 hours before the onset of symptoms, did the patient have close and prolonged contact during work? **if yes, identify occupation**		☐ Yes ☐ No ☐ Unknown			☑		
Healthcare worker		☐ Yes ☐ No ☐ Unknown	▫ Health care worker or health care volunteer	☐ Yes ☐ No ☐ Asked but Unknown ☐ Declined to Answer ☐ Not Assessed	☑		☐ Health Care Worker

Canadian National, Provincial, and Territorial COVID-19 Case Report Forms - Field and Data Structure Comparisons							
LAST UPDATE: 2020-07-20							
Field Name	**Interim National**	**Quebec**	**Ontario**	**British Columbia**	**Manitoba**	**New Brunswick**	**North West Territories (Forms A/B)**
if yes,		☐ Hospital centre ☐ Residential and long-term care centre ☐ Local Community Service Centre - Routine service ☐ Local Community Service Centre - Home Support ☐ Private seniors' residence ☐ Intermediate resource ☐ Family-type intermediate resource ☐ First responder ☐ Laboratory ☐ Unknown	If yes, with direct patient contact? ▫ Yes ▫ No ▫ Unk	☐ Nurse ☐ Physician ☐ Laboratory technician ☐ Emergency medical personnel ☐ Housekeeping ☐ Administrative ☐ Dental professional ☐ Licensed practical nurse (LPN) ☐ Care aide ☐ Kitchen staff ☐ Volunteer ☐ Student (medical, dental, nursing, lab) ☐ Other, specify:		☐ EM/ANB ☐ First Responder ☐ NH/LTC/ARF ☐ Physician Office ☐ Childcare centre ☐ Horizon ☐ Vitalité ☐ Hospital ☐ Lab ☐ Clinic ☐ Community Health Centre ☐ Community Pharmacy ☐ Other	
Worksite(s)		☑		☑			
School or daycare worker		☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Asked but Unknown ☐ Declined to Answer ☐ Not Assessed			☐ School/daycare worker OR atten
School or daycare attendee				☐ Yes ☐ No ☐ Asked but Unknown ☐ Declined to Answer ☐ Not Assessed			(duplicate of above)
Other worker		☐ Yes ☐ No ☐ Unknown			(Reference 'Environment Information')		
Worker providing essential services		☐ Yes ☐ No ☐ Unknown			(Reference 'Environment Information')		
Worker at risk of outbreak		☐ Yes ☐ No ☐ Unknown					
if yes		☐ Private seniors' residence ☐ Prison ☐ Hospital centre ☐ Residential and long-term care centre ☐ Trade with customer service ☐ Other					
Description of the job or main task (e.g. nurse, cook, police)		☑					
Worker in direct contact with customers?		☐ Yes ☐ No ☐ Unknown					
Workplace name		☑					
Workplace address		☑					
Workplace contact name		☑					
Workplace contact phone #		☑					
Risk Level		☐ High ☐ Moderate ☐ Low					
Symptoms							
Symptom Onset Date	mm/dd/yyyy BREAKS PATTERN!	YYYY-MM-DD	(dd/mm/yyyy)	yyyy/mm/dd	YYYY/MMM/DD	☑	YYYY/MMM/DD
Symptom Onset Time (if applicable)					HH:MM		
Estimated					☑		
Asymptomatic	☐ Asymptomatic	☑	▫ No Symptoms	☑	☑		☐ Asymptomatic
Contagious Period		From (Date of Symptom Onset) ___ + 14 days To YYYY-MM-DD					

Canadian National, Provincial, and Territorial COVID-19 Case Report Forms - Field and Data Structure Comparisons

LAST UPDATE: 2020-07-20

Field Name	Interim National	Quebec	Ontario	British Columbia	Manitoba	New Brunswick	North West Territories (Forms A/B)
Symptom							
Cough	☐ Yes ☐ No ☐ Unknown ☐ Not asked/assessed	☐ Yes ☐ No ☐ Unknown	☑	☐ Yes ☐ No ☐ Asked but Unknown ☐ Declined to Answer ☐ Not Assessed	☐ Cough, Dry ☐ Cough, Productive	☐ New onset/exacerbation of chronic cough	☐ Cough
Fever (≥38°C)	"	"	☑	☐ Yes if yes, specify the highest temperature recorded: _____ ºC ☐ No ☐ Asked but Unknown ☐ Declined to Answer ☐ Not Assessed	☐ Fever (>38°C)	☑	☐ Fever (Temperature, if known:)
Feverish/chills (temperature not taken)	"	"	☑	☐ Yes ☐ No ☐ Asked but Unknown ☐ Declined to Answer ☐ Not Assessed	☐ Chills		
Sore throat	"	"	☑	"	☑	☑	☐ Sore Throat
Runny nose	"	"	Rhinorrhea/nasal congestion	"	☑		☐ Rhinorrhea
Shortness of breath/difficulty breathing	"	"	☑	"	☑		☐ Dyspnea
Nausea/vomiting	"	"	☐ Nausea ☐ Vomiting	"	☐ Vomiting		
Headache	"	"	☑	"	☑	☑	☐ Headache
General weakness	"	"		"	☑		
Pain (muscular, chest, abdominal, joint, etc.)	"	"	☐ Abdominal pain ☐ Chest pain	"	☑		
Arthralgia (painful joints)			☑	"			
Myalgia (muscle pain)			☑	"	☑		☐ Myalgia
Irritability/confusion	" (page 3)	"		"	☐ Confusion, Altered Mental State		
Diarrhea	"	"	☑	"	☑		☐ Diarrhea/vomiting
Other, specify	"	☑	☑	"	☑		☐ Other, specify:
Brutal anosmia without nasal obstruction, with or without ageusia		☐ Yes ☐ No ☐ Unknown			☑		☐ Ansomia
Fatigue			☐ Fatigue/prostration		☑		☐ Fatigue
Malaise			☐ Malaise/chills		☑		☐ Malaise
Sputum production			☑				
Swollen lymph nodes			☑				
Sneezing			☑				
Conjunctivitis			☑				
Otitis			☑				
Anorexia/decreased appetite			☑				
Nose bleed			☑				
Rash			☑				
Seizures			☑		☑		
Dizziness			☑				
Coryza						☑	
PRE-EXISTING CONDITIONS and RISK FACTORS							
Cardiac disease	☐ Yes ☐ No ☐ Unknown ☐ Not asked	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unk If yes, please specify:	☐ Yes ☐ No ☐ Asked but Unknown ☐ Declined to Answer ☐ Not Assessed	☐ Yes ☐ No ☐ Unknown ☐ Decline	☑	☐ Yes ☐ No ☐ Not asked

Canadian National, Provincial, and Territorial COVID-19 Case Report Forms - Field and Data Structure Comparisons							
LAST UPDATE: 2020-07-20							
Field Name	**Interim National**	**Quebec**	**Ontario**	**British Columbia**	**Manitoba**	**New Brunswick**	**North West Territories (Forms A/B)**
Chronic neurological or neuromuscular disorder	"	"	Neurologic Disorder If yes, please specify: ▫Neuromuscular Disorder ▫Epilepsy ▫Other:_____	"	☑		☐ Yes ☐ No ☐ Not asked
Diabetes	"	"	Metabolic Disease If yes, please specify: ▫ Yes ▫ No ▫ Unk ▫ Diabetes ▫ Obese (BMI > 30) ▫ Other:_____	"	☐ Yes ☐ No ☐ Unknown ☐ Decline	☑	☐ Yes ☐ No ☐ Not asked
Immunodeficiency disease/condition	"	Immunosuppressed	☐ Yes ☐ No ☐ Unk If yes, please specify:	"	☐ Yes ☐ No ☐ Unknown ☐ Declined	To Answer ☐ Not Asked	☐ Yes ☐ No ☐ Not asked
Liver Disease	"	☐ Yes ☐ No ☐ Unknown	Hepatic Disease "☐ Yes ☐ No ☐ Unk If yes, please specify:"	"	☐ Yes ☐ No ☐ Unknown ☐ Declined	To Answer ☐ Not Asked	☐ Yes ☐ No ☐ Not asked
Malignancy	"		☐ Yes ☐ No ☐ Unk If yes, please specify:	"			☐ Yes ☐ No ☐ Not asked
Post-partum (≤6 weeks)	"	"	☐ Yes ☐ No ☐ Unk	"			☐ Yes ☐ No ☐ Not asked
Pregnancy	"	"	☐ Yes ☐ No ☐ Unk	"	☑	☐ Yes ☐ No	☐ Yes ☐ No ☐ Not asked
If yes, trimester	1st / 2nd / 3rd		If yes, week gestation:	☑			☑
Specify EDC					YYYY-MM-DD		
Renal Disease	"	"	☐ Yes ☐ No ☐ Unk If yes, please specify:	"	☐ Yes ☐ No ☐ Unknown ☐ Declined	To Answer ☐ Not Asked	☐ Yes ☐ No ☐ Not asked
Age 60+						☑	
Respiratory Disease	"	Respiratory illness (e.g. emphysema, chronic bronchitis)	Respiratory Disease If yes, please specify: ▫Asthma ▫Tuberculosis ▫Other:_____	"	☐ Yes ☐ No ☐ Unknown ☐ Decline	☑	☐ Yes ☐ No ☐ Not asked
Hypertension		☐ Yes ☐ No ☐ Unknown			☐ Yes ☐ No ☐ Unknown ☐ Decline	☑	
Cancer		"		"		☑	
Other, specify		☑			☐ Yes ☐ No ☐ Unknown ☐ Decline	☑	
Additional Information						☑	
Chronic health condition			☐ Yes ☐ No ☐ Unk If yes, please specify:		☑		☐ Yes ☐ No ☐ Not asked If yes, specify:
Hemoglobinopathy/Anemia			☐ Yes ☐ No ☐ Unk If yes, please specify:				
Receiving immunosuppressing medications			☐ Yes ☐ No ☐ Unk If yes, please specify:				
Substance use		☑	☑		☑		
Smoking		☑	☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Asked but Unknown ☐ Declined to Answer ☐ Not Assessed		
Vaping					☐ Yes ☐ No ☐ Asked but Unknown ☐ Declined to Answer ☐ Not Assessed		
Other (specify					☐ Yes ☐ No ☐ Asked but Unknown ☐ Declined to Answer ☐ Not Assessed		
None Identified			☑				
Severe obesity		☐ Yes ☐ No ☐ Unknown					
CLINICAL EVALUATIONS, COMPLICATIONS, and DIAGNOSES							

Canadian National, Provincial, and Territorial COVID-19 Case Report Forms - Field and Data Structure Comparisons

LAST UPDATE: 2020-07-20

Field Name	Interim National	Quebec	Ontario	British Columbia	Manitoba	New Brunswick	North West Territories (Forms A/B)
Date of first presentation to medical care			(dd/mm/yyyy)				
Meningismus/nuchal rigidity			☑				
Arrhythmia			☑				
Abnormal lung auscultation	☐ Yes ☐ No ☐ Unknown ☐ Not assessed	☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Asked but Unknown ☐ Declined to Answer ☐ Not Assessed			☐ Yes ☐ No ☐ Not asked
Altered mental status	"	"	☑	"	☐ *Confusion, Altered Mental State [3]*		☐ Yes ☐ No ☐ Not asked
Clinical or radiological evidence of pneumonia	"	"	☑		☐ Pneumonia		☐ Yes ☐ No ☐ Not asked
Coma	"	"		"			☐ Yes ☐ No ☐ Not asked
Conjunctival injection	"			"			☐ Yes ☐ No ☐ Not asked
Diagnosed with Acute Respiratory Distress Syndrome	"	"	☑	"	☐ Acute Respiratory Distress Syndrome		☐ Yes ☐ No ☐ Not asked
O2 saturation <95%	"	"	☑	"			
Encephalitis	"	"	☑	"	☑		☐ Yes ☐ No ☐ Not asked
Hypotension	"	"	☑	"			☐ Yes ☐ No ☐ Not asked
Neonatal complications		"					
Pharyngeal exudate	"			"			☐ Yes ☐ No ☐ Not asked
Pregancy Complications and unfavorable issues		"					
Renal failure	"	"	☑	"	☐ Renal Failure		☐ Yes ☐ No ☐ Not asked
Seizure	"			"	☐ Seizure		☐ Yes ☐ No ☐ Not asked
Sepsis	"	"	☑	"	☐ Septicemia or Sepsis		☐ Yes ☐ No ☐ Not asked
Tachypnea (accelerated respiratory rate)	"	"	☑	"			☐ Yes ☐ No ☐ Not asked
Other, specify	☑	"	☑	"			☐ Yes ☐ No ☐ Not asked
Convulsions		"					
CLINICAL COURSE and OUTCOMES (complete if applicable) (Page 4)							
Patient Setting							☐ Physician office/clinic ☐ ED (not admitted) ☐ Inpatient (ward) admission date ☐ Inpatient (ICU) admission date ☐ Home visit ☐ Self-Isolation ☐ Facility (LTC, Corrections) Specify: ☐ Experiencing Homelessness
Hospitalization	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unk	☐ Yes ☐ No ☐ Unknown	☑		☐ Inpatient (ward) *duplicate of abo*
H. Admission date	☑	YYYY-MM-DD	(dd/mm/yyyy)	yyyy/mm/dd	☑		YYYY/MMM/DD
H. Discharge date	☑	YYYY-MM-DD	(dd/mm/yyyy)	yyyy/mm/dd	☑		
Discharge date 2			(dd/mm/yyyy)				
Case Discharged from Hospital			☐ Yes ☐ No ☐ Unk				
Case Transferred to another hospital			☐ Yes ☐ No ☐ Unk				
Re Admission Date			(dd/mm/yyyy)				
Diagnosis at time of admission:			☑				
Intensive Care Unit (ICU)	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unk	☐ Yes ☐ No ☐ Unknown	☑		☐ Inpatient (ICU) *duplicate of abov*
ICU Start Date	☑	YYYY-MM-DD	(dd/mm/yyyy)	yyyy/mm/dd	☑		YYYY/MMM/DD
ICU End Date	☑	YYYY-MM-DD	(dd/mm/yyyy)	yyyy/mm/dd	☑		
Isolation (e.g. negative pressure)	☐ Yes ☐ No ☐ Unknown	**Home** Isolation: ☐ Yes ☐ No ☐ Unknown	Patient isolated in hospital? ☐ Yes ☐ No ☐ Unk If yes, specify type of isolation (e.g., respiratory droplet precaution, negative pressure):_____		☐ Facility Isolation ☐ Home Isolation ☐ Self Isolation (Other Location)		Self-isolation advice given ☐ Yes ☐ No --- ☐ Self-Isolation
Isolation Start Date	☑	YYYY-MM-DD			☑		

Canadian National, Provincial, and Territorial COVID-19 Case Report Forms - Field and Data Structure Comparisons

LAST UPDATE: 2020-07-20

Field Name	Interim National	Quebec	Ontario	British Columbia	Manitoba	New Brunswick	North West Territories (Forms A/B)
Isolation End Date	☑	YYYY-MM-DD			☑		
Location if isolation is at different address than home					☑		
Supplemental oxygen therapy			☐ Yes ☐ No ☐ Unk				
Mechanical ventilation	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unk	☐ Yes ☐ No ☐ Unknown	☑		
If yes, number of days on ventilation			☑				
MV. Start Date	☑	YYYY-MM-DD			☑		
MV. End Date	☑	YYYY-MM-DD			☑		
Chest X-ray				☐ Yes ☐ No ☐ Unknown			YYYY/MMM/DD
Chest X-ray summary				☑			☐ Not Applicable ☐ No abnormalities suggestive of C ☐ Evidence of lower respiratory trac
Physician diagnosis at time of this report				☐ Pneumonia / bronchitis ☐ Other, Specify:			
Current Disposition *Definition: resolution of symptoms followed by two negative tests at least 24 hours apart	☐ Recovered* ☐ Stable ☐ Deteriorating ☐ Deceased	☐ Recovered ☐ Stable ☐ Deteriorated ☐ Deceased	"☐ Recovered* ☐ Stable ☐ Deteriorating ☐ Deceased"	☐ Fully Recovered ☐ Not yet recovered/recovering ☐ Fatal *if died, date of death* ☐ Permanent disability ☐ Unknown ☐ Other, specify:	☐ Fatal ☐ Home Isolation ☐ Hospitalization ☐ ICU ☐ Mechanical Ventilation ☐ Recovered ☐ Unknown ---------- ☐ Follow-Up Performed by Region ☐ Follow Up Performed by Call Centre ☐ Follow Up Complete		☐ Stable ☐ Deceased ☐ Deteriorating
Disposition date	mm/dd/yyyy BREAKS PATTERN!	YYYY-MM-DD	(dd/mm/yyyy)	(duplicate of report date)	YYYY-MM-DD to YYYY-MM-DD (if applicable)		
Location / Address (if Applicable)					☑		
If deceased							
post-mortem:			▫ Performed ▫ Pending ▫ None ▫ Unk				
Death attributed/linked to respiratory illness?	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	Respiratory illness contributed to the cause of death? ☐ Yes ☐ No ☐ Unk	☐ Contributed but wasn't underlying cause ☐ Did not contribute to death/incidental ☐ Underlying cause of death ☐ Unknown ☐ Other, specify:			
Respiratory illness was the underlying cause of death?			☐ Yes ☐ No ☐ Unk				
Cause of death (as listed on death certificate)	☑	☑	☑				☑
Date of Death	mm/dd/yyyy BREAKS PATTERN!	YYYY-MM-DD		yyyy/mm/dd			YYYY/MMM/DD
Notes		☑					
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?	☐ Yes ☐ No ☐ Refused to Answer ☐ Unknown	☐ Yes ☐ No	☐Yes ☐No ☐ Unk	☐ Yes ☐ No ☐ Asked but Unknown ☐ Declined to Answer ☐ Not Assessed	☐ Yes ☐ No ☐ Unknown ☐ Declined To Answer ☐ Not Asked	☐ Travelled outside of New Brunswick within past 14 days	
If yes, specify the following (REPEATABLE)							
Departure Country	(city/country)	☑	country/city, City of Origin		☑		☑
Destination Country	(city/country)	☑	Country/City Visited (For trips 1 and 2)	☑	☑	(Location)	
Start Date	(mm/dd/yyyy)	Date of departure from Quebec (YYYY-MM-DD)	Dates of travel		☑		YYYY/MMM/DD
End Date	(mm/dd/yyyy)	Date of arrival in Quebec (YYYY-MM-DD)	Dates of travel	☑	☑	☑	YYYY/MMM/DD

Canadian National, Provincial, and Territorial COVID-19 Case Report Forms - Field and Data Structure Comparisons

LAST UPDATE: 2020-07-20

Field Name	Interim National	Quebec	Ontario	British Columbia	Manitoba	New Brunswick	North West Territories (Forms A/B)
Date of Arrival in Province		Date of arrival in Quebec (YYYY-MM-DD)					
Date of Departure from Province		Date of departure from Quebec (YYYY-MM-DD)					
Hotel/Residence	☑	☑	☑		☑		
In the 14 days prior to symptom onset, did the case travel on a plane or other public carrier(s)?		☑	☐Yes ☐No ☐ Unk		Cruise, Plane, Other mode of transportation		
Flight/Carrier Details (carrier name, flight #, seat #)	☑	For any trip outside the region, province, country, involving a public transport (bus, boat, plane): transport company, flight no., route no., seat no., etc.	Flight /Carrier #, Carrier Name, Seat #, Travel type		☑		
Was the case in close contact* with a symptomatic confirmed or probable case in the 14 days prior to symptom onset?	☐ Yes ☐ No ☐ Unknown	Symptom onset irrelevant ☐ Yes ☐ No ☐ Unknown *(within 2 meters or 6 feet, more than 15 mins in total)*	☑	☐ Yes ☐ No ☐ Asked but Unknown ☐ Declined to Answer ☐ Not Assessed	☐ Yes ☐ No ☐ Unknown ☐ Declined To Answer ☐ Not Asked If yes, provide brief description	☑	
If yes, complete the following (REPEATABLE)							
Case ID(s)	☑	☑	A confirmed case of the same disease? ▫ Yes ▫ No ▫ Unk If yes, specify the Case ID:_____ A probable case of the same disease? ▫ Yes ▫ No ▫ Unk If yes, specify disease:_____ a Case ID:_____	Panorama Investigation ID or Case identifiers (e.g., name, PHN)	☑		
V10 number		☑					
Date of First Contact	(mm/dd/yyyy)			yyyy/mm/dd	YYYY-MM-DD		
Sustained contact	☐ Y ☐ N ☐ DK			☐ Yes ☐ No ☐ UK	☑		
Date of Last Contact	(mm/dd/yyyy)	☑		yyyy/mm/dd	YYYY-MM-DD		
Contact Setting Comments	☐ Healthcare setting ☐ Family Setting ☐ Work place ☐ Unknown ☐ Other, specify _____	☐ Not investigated ☐ Family ☐ Residential and long-term care centre ☐ Private seniors' residence ☐ Hospital centre ☐ Other healthcare setting ☐ Prison ☐ School ☐ Nursery ☐ Workplace ☐ Transport ☐ Other		☐ Household ☐ Workplace ☐ Health care ☐ Unknown ☐ Other, specify:	☑		
Name of Environment/Location		☑					
Name of contact		☑					
comments				☑			
Case known to have traveled outside Canada		☐ Yes ☐ No ☐ Unknown					

Canadian National, Provincial, and Territorial COVID-19 Case Report Forms - Field and Data Structure Comparisons

LAST UPDATE: 2020-07-20

Field Name	Interim National	Quebec	Ontario	British Columbia	Manitoba	New Brunswick	North West Territories (Forms A/B)
Was the case in close contact* with a person with fever and/or cough who has been to an affected area** in the 14 days prior to their illness onset? * close contact is defined as a person who provided care for the patient, including healthcare workers, family members or other caregivers, or who had other similar close physical contact OR who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill. (REPEATABLE)	☐ Yes ☐ No ☐ Unknown (page 5)		A person who had fever, respiratory symptoms like cough or sore throat, or respiratory illness like pneumonia □ Yes □ No □ Unk		Contact with someone with similar illness within 14 days of symptom onset: ☐ Yes ☐ No ☐ Unknown ☐ Declined To Answer ☐ Not Asked		
Date of last contact	(mm/dd/yyyy)				YYYY-MM-DD to YYYY-MM-DD		
If yes, specify the type of contact:			□ Household member □ Person who works in a healthcare setting □ Works with Patients □ Person who works with animals □ Person who travelled outside of Canada □ Person who works in a laboratory □ Other (specify):_____				
If yes, specify contact setting	☐ Healthcare setting ☐ Family Setting ☐ Work place ☐ Unknown ☐ Other, specify		□ In a household setting □ School/daycare □ Farm □ Other (please specify) □ In a health care setting (e.g., hospital, long-term care home, community provider's office) □ Other institutional setting (dormitory, shelter/group home, prison, etc.) □ In means of travel (place, train, etc.)		☑		
Exposure occurred in Canada	☐ Yes ☐ No , specify _____ ☐ Unknown				☑		
In the 14 days prior to symptom onset, was this client exposed to a known cluster or outbreak (e.g. communal setting with cases, community cluster.)?		☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Asked but Unknown ☐ Declined to Answer ☐ Not Assessed			
Setting type:		☑		☐ Acute care facility ☐ Long term care facility ☐ Assisted living ☐ Independent living ☐ Group home (community living) ☐ Other residential facility type, specify: ☐ Correctional facility ☐ School or daycare ☐ Shelter ☐ Conference ☐ Workplace not otherwise specified ☐ Other, specify:			
Location Name		☑					
Role/group				☐ Staff ☐ Resident / patient ☐ Inmate ☐ Student ☐ Other, specify:			
Cluster/outbreak name		☑		☑			
Start date				yyyy/mm/dd			
End date				yyyy/mm/dd			

Canadian National, Provincial, and Territorial COVID-19 Case Report Forms - Field and Data Structure Comparisons

LAST UPDATE: 2020-07-20

Field Name	Interim National	Quebec	Ontario	British Columbia	Manitoba	New Brunswick	North West Territories (Forms A/B)
In the 14 days prior to symptom onset, did the case have contact with live animals (not considered household pets) or animal products in any of the affected areas**? *This includes direct contact with animals, or contact with their feces or urine, soiled bedding/litter, or contact with other animal products (e.g. organs, exotic meats)*	☐ Yes ☐ No ☐ Unknown		□ Yes □ No □ Unk		☐ Yes ☐ No ☐ Unknown ☐ Declined To Answer ☐ Not Asked		
If yes, specify what animals or animal products that you had contact with	☑		□ Cat(s) □ Dogs □ Horses □ Cows □ Poultry □ Sheep / Goat □ Wild Birds □ Rodents □ Swine □ Camel □ Snakes/ reptiles □Wild game (eg. Deer) □ Bats □ Other:_____		☑		
If yes, specify date of last direct contact:			(dd/mm/yyyy)		YYYY-MM-DD to YYYY-MM-DD		
Did the animal display any symptoms of illness or was the animal dead?			□ Yes □ No □ Unk				
If yes, where	☐ Home ☐ Work ☐ During travel ☐ Live animal market		□ Home □ Work (fill in occupational section) □ Agricultural fair or event/petting zoo □ Outdoor work/recreation (camping, hiking, hunting etc.) □ Other:_____				
Specify city	☑						
In the 14 days prior to symptom onset, did the case have indirect contact with animals?			□ Yes □No □ Unk				
If yes, specify date of last indirect contact			(dd/mm/yyyy)				
Where did the indirect contact occur?			□ Home □ Work (fill in occupational section) □ Agricultural fair or event/petting zoo □ Outdoor work / recreation (camping, hiking, hunting, etc.) □ Market where animals, meats and/or animal products are sold □ Other:				
Total number of contacts identified for this case	integer			☑	☑		
unknown	☐ Unknown			☐ Unknown	☑		
In the 14 days prior to symptom onset, did the case have indirect contact with animals?			□ Yes □No □ Unk				
If yes, specify date of last indirect contact			(dd/mm/yyyy)				
Where did the indirect contact occur?			□ Home □ Work (fill in occupational section) □ Agricultural fair or event/petting zoo □ Outdoor work / recreation (camping, hiking, hunting, etc.) □ Market where animals, meats and/or animal products are sold □ Other:				
Was there an event or location at which this client may have exposed 25 or more contacts?				☐ Yes ☐ No ☐ Unknown	☑		
if yes, event name				☑	☑		
Event date				yyyy/mm/dd	☑		
Event Location				☑	☑		
Close contact with a person with acute respiratory illness/group exposure in last 14 days				*Yes? Does have equivalent for confirmed covid-19 case and for group exposure event.*	☑	☑	
Lab exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID (SARS-CoV-2)				☐ Yes ☐ No ☐ Asked but Unknown ☐ Declined to Answer ☐ Not Assessed		☑	
If the case has not traveled, has not had contact with a confirmed case, is not associated with an outbreak							
During the 14 days preceding the symptoms, the case frequented environments where he would have been in contact with symptomatic people		☐ Yes (Suspected circles) ☐ No (No source of acquisition suspected)					

Canadian National, Provincial, and Territorial COVID-19 Case Report Forms - Field and Data Structure Comparisons							
LAST UPDATE: 2020-07-20							
Field Name	**Interim National**	**Quebec**	**Ontario**	**British Columbia**	**Manitoba**	**New Brunswick**	**North West Territories (Forms A/B)**
if yes, Social Circles		☐ Care environment, Hospital centre ☐ Care environment, Residential and long-term care centre ☐ Care environment, ☐ Work environment ☐ School environment ☐ Childcare ☐ Public transport ☐ Other In Response to each: ☐ Yes, ☐ No, ☐ Unknown, Details (middle name)					
Further information on suspected cases		☑					
LABORATORY INFORMATION (microbiology / virology / serology) (complete if applicable) (REPEATABLE)							
Lab ID	☑	Analysis Laboratory Name	☑	☑			
Specimen Collection Date	(mm/dd/yyyy)	☑	☑	(yyyy/mm/dd)		(yyyy/mo/dd)	YYYY/MMM/DD
Time						☑	
Collected By		Sampling Center Name and RSS				☑	
Specimen Type & Source	☑		☑	☐ Upper respiratory (e.g., Nasopharyngeal or oropharyngeal swab) ☐ Lower respiratory (e.g., sputum, tracheal aspirate, BAL, pleural fluid) ☐ Other, Specify:		Sample source: ☐ Throat ☐ Nasopharyngeal ☐ Other	☐ NP swab ☐ Throat swab ☐ Sputum ☐ Other (e.g. BAL), specify:
Sentinal Site						☐ Yes ☐ No Specify: ☐ Admission ☐ ED	
Contact case						☐ Yes ☐ No	
Test of Cure						☐ Yes ☐ No	
Test Method	☑		☑				
Test Result	☐ positive ☐ negative ☐ inconclusive ☐ pending	☐ Confirmed Case* *Is it's own field, not the answer to a specified "test result" field* ---------- ☐ Positive ☐ Ambiguous	☑	☐ Positive ☐ Negative ☐ Indeterminate ☐ Pending			
Has another respiratory organism been identified?				☐ Yes ☐ No ☐ Unknown			
if yes, specify the organism				☑			
Test Date	(mm/dd/yyyy)		☑				
Result Date		YYYY-MM-DD					
Results of National Microbiology Laboratory confirmatory testing:	☐ Not submitted ☐ Positive ☐ Negative ☐ Inconclusive ☐ Pending						
Date of NML confirmation:	(mm/dd/yyyy)						
ADDITIONAL DETAILS/COMMENTS	☑			☑			
Ordering Provider						☑	

Canadian National, Provincial, and Territorial COVID-19 Case Report Forms - Field and Data Structure Comparisons							
LAST UPDATE: 2020-07-20							
Field Name	**Interim National**	**Quebec**	**Ontario**	**British Columbia**	**Manitoba**	**New Brunswick**	**North West Territories (Forms A/B)**
Label specimen as follows						• PHPR - PH Priority Referral • HCP - Direct Care Healthcare Professional • HCW - Healthcare Worker/Staff • LTC/CORR/SHELTER/DAYCARE • HOSP - Hospitalized patient • INDIGENOUS – Member from Indigenous community	
Specimen Type & Source							
Name of Antimicrobial			☑				
Specimen Type & Source			☑				
Test Method			☑				
Test Result			☑				
Test Date			☑				
TO BE COMPLETED BY: The Public Health Agency of Canada							
Date Received	(mm/dd/yyyy)						
PHAC Case ID	☑						
If applicable, national outbreak ID	☑						
***Check Priority Group if Applicable**						☐ 1. Person Under Investigation by Public Health ☐ 2. Symptomatic healthcare professional with direct patient care/contact (MD, NP, nurse, pharmacist etc.) ☐ 3. Symptomatic staff in hospitals, nursing homes, childcare centres and other institutional or group living settings with direct patient care/contact ☐ 4. Symptomatic patients/residents in institutional and group living settings with vulnerable populations (NH, corrections, shelter, etc.) ☐ 5. Hospitalized patients with respiratory symptoms (new or exacerbated) and no alternative laboratory-based diagnosis ☐ 6. Symptomatic members of Indigenous Communities	
TREATMENT							
Did the case receive prescribed prophylaxis prior to symptom onset?			□ Yes □ No □ Unk				
Specify name			☑				
date of first dose			(dd/mm/yyyy)				
date of last dose			(dd/mm/yyyy)				
In the treatment of this infection, is the case taking:			□ Antiviral medication □ Antibiotic/antifungal medication □ Immunosuppressant/immunomodulating medication □ Unknown □ None □ Other				
Specify Name (1)			☑				
date of first dose (1)			(dd/mm/yyyy)				
date of last dose (1)			(dd/mm/yyyy)				
Specify name (2)			☑				
date of first dose (2)			(dd/mm/yyyy)				
date of last dose (2)			(dd/mm/yyyy)				
INTERVENTIONS: IMMUNIZATIONS							
Did the case receive the current year's seasonal influenza vaccine?			□ Yes □ No □ Unk □ Vaccine not yet available				
If yes, date of vaccination:			(dd/mm/yyyy)				
Did the case receive the previous year's seasonal influenza vaccine?			□ Yes □ No □ Unk				

Canadian National, Provincial, and Territorial COVID-19 Case Report Forms - Field and Data Structure Comparisons							
LAST UPDATE: 2020-07-20							
Field Name	**Interim National**	**Quebec**	**Ontario**	**British Columbia**	**Manitoba**	**New Brunswick**	**North West Territories (Forms A/B)**
Did the case receive pneumococcal vaccine in the past?			□ Yes □ No □ Unk				
If yes, year of most recent dose:			(dd/mm/yyyy)				
If yes, type			☐ polysaccharide or ☐ conjugate: 7 or 13				
ADDITIONAL DETAILS/COMMENTS (add as necessary			☑				
Routine Activities Prompt Worksheet-Case11 When interviewing a case, ensure that the following activity prompts are considered to identify a possible source of infection within the 14 days prior to the onset of symptoms: work; school; visitors at home; volunteer activities; daycare; religious activities; social activities (restaurants, shopping); sports; visits to acute care settings, long-term care homes, retirement homes, medical labs, dentists, and other health care providers; contact with ill persons; and contact with birds/swine or other animals.							
Date of Onset			(Create an acquisition exposure for each activity)				
Case Last Name			☑				
Case First Name			☑				
Date of Birth			☑				
Gender			☑				
PHU representative			☑				
Date/Time (Start and End) ***(Repeatable)***			☑				
Activities/Contacts **(Repeatable)**			☑				
Location of Activity ***(Repeatable)***			☑				
Contact Person (Name & Tel) ***(Repeatable)***			☑				
Comments ***(Repeatable)***			☑				

[1] Asks if resides on first nations community which is not synonymous with a first nations reserve.

[2] Asks if resides on first nations community which is not synonymous with a first nations reserve.

[3] repeat field