

<b>LEGEND: [1]</b>		<b>Collection Forms Field Counts &amp; Category Comparison</b>							
<b>Term(s) in Multiple Categories</b>		<b>Last Updated: 2020-07-16</b>							
<b>[check]</b> Term Counted Multiple Categories		<b>Interm Report</b>	<b>BC</b>	<b>MA</b>	<b>NB</b>	<b>NWT</b>	<b>ON</b>	<b>QC</b>	<b>WHO</b>
Term Not in Category or Repeated within Category (listed for o									
Overlap with Exposures									
Collection Form Version Information →		<a href="#">PHAC - Coronavirus Disease (COVID-19) Case Report Form [version 2. Last updated March 3, 2020]</a>	<a href="#">BC CDC - COVID-19 Case Report Form [Version Date: April 20, 2020]</a>	<a href="#">MHSU-6683 COVID-19 Case Investigation Form [2020-05-05]</a>	<a href="#">NB - COVID-19 Combined Referral and Lab Requisition Form [V5 2020-04-09]</a>	<a href="#">NWT - COVID-19 Report Form (Suspect Case/Person Under Investigation) Part A [Updated: April 27, 2020]</a> <a href="#">NWT COVID-19 Report Form (For All Cases) Part B [Updated: April 27, 2020]</a>	<a href="#">ON - (Appendix 1) Ontario's SARI Case Report Form [April 15, 2020 version 7.0]</a>	<a href="#">QC - Questionnaire d'enquete des cas de Coronavirus COVID-10 [version du: 2 avril 2020]</a> <a href="#">QC - Declaration des cas confirmes et des cas cliniques de COVID-19 20-210-103W [2020]</a>	<a href="#">WHO - Revised case report form for confirmed Novel Coronavirus COVID-10 [WHO/2019-nCoV/SurveillanceCRF/2020.2]</a>
<b>Signs &amp; Symptoms (SS)</b>	Symptoms (S)	Signs and Symptoms (SS)	Signs and Symptoms (SS)	Symptoms (S) [Assessment Details]	Signs & Symptoms (SS) / Symptom (S) [Clinical Information (CI)]	Symptom (S) [Clinical Information (CI)]	Symptoms (S)	-	
<b>Abnormal lung auscultation</b>	(CECD)	(CECD)			<input checked="" type="checkbox"/>		(PERF)		
<b>Altered Mental Status</b>	(CECD)	(CECD)	-		<input checked="" type="checkbox"/>		(PERF)		
Confusion, <b>Altered Mental State</b>	-	-	<input checked="" type="checkbox"/>		-				
Confusion		<input checked="" type="checkbox"/>	-						
Irritability/Confusion	<input checked="" type="checkbox"/>	-	-				<input checked="" type="checkbox"/>		
Confusion		<input checked="" type="checkbox"/>	-						
Irritability		<input checked="" type="checkbox"/>							
Anorexia/decreased appetite						<input checked="" type="checkbox"/>			
Diagnosed with Acute Respiratory Distress Syndrome	(CECD)	-	-		-	(CECD)	(PERF)		
<b>Acute Respiratory Distress Syndrome [2]</b>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
<b>Anosmia</b>					<input checked="" type="checkbox"/>				
Brutal anosmia without nasal obstruction, with or without ageusia							<input checked="" type="checkbox"/>		
Clinical or radiological evidence of <b>pneumonia</b>	(CECD)		-		<input checked="" type="checkbox"/>	(CECD)	(PERF)		
<b>Pneumonia [4]</b>	-		(CECD)		-	<input checked="" type="checkbox"/>			
<b>Coma</b>	(CECD)	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		(PERF)		
Conjunctivitis	-	<input checked="" type="checkbox"/>			-	<input checked="" type="checkbox"/>			
<b>Conjunctival injection [5]</b>	(CECD)				<input checked="" type="checkbox"/>		(PERF)		
Coryza				<input checked="" type="checkbox"/>					
Cough	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Cough, Dry			<input checked="" type="checkbox"/>						
Cough, Productive			<input checked="" type="checkbox"/>						
New onset/exacerbation of chronic cough				<input checked="" type="checkbox"/>					
Diarrhea/Nausea/Vomiting	-	-	-		-		-		

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Term Not in Category or Repeated within Category (listed for o								
Overlap with Exposures	<b>Interm Report</b>	<b>BC</b>	<b>MA</b>	<b>NB</b>	<b>NWT</b>	<b>ON</b>	<b>QC</b>	<b>WHO</b>
Diarrhea	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Diarrhea/Vomiting					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Nausea/Vomiting	<input checked="" type="checkbox"/>	-	-			-	<input checked="" type="checkbox"/>	
Nausea		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Vomiting		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Dizziness						<input checked="" type="checkbox"/>		
<b>Dyspnea [8]</b>	-	-	-		<input checked="" type="checkbox"/>	-	-	
Shortness of breath/difficulty breathing [10]	<input checked="" type="checkbox"/>	-	-		-	<input checked="" type="checkbox"/>	-	
Shortness of breath / breathing difficulty [11]	-	<input checked="" type="checkbox"/>	-		-	-	<input checked="" type="checkbox"/>	
Shortness of breath [12]	-	-	<input checked="" type="checkbox"/>		-	-	-	
<b>Encephalitis</b>	<b>(CECD)</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<b>(CE)</b>	<b>(PERF)</b>	
<b>Fatigue</b>					<input checked="" type="checkbox"/>	-		
Fatigue/prostration						<input checked="" type="checkbox"/>		
Fever	-	-	-	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-	
Fever (≥38°C)	<input checked="" type="checkbox"/>	/ [15]	-			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fever (>38°C)		/ [16]	<input checked="" type="checkbox"/>					
Fever (if yes, specify the highest temperature recorded)		<input checked="" type="checkbox"/>			-	-		
Fever (temperature if known) or (temperature not taken) [17]		-			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Chills	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-		- [18]		
Feverish/chills (temperature not taken)	<input checked="" type="checkbox"/>			-			<input checked="" type="checkbox"/>	
Fever/chills [19]				<input checked="" type="checkbox"/>				
General weakness	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	
Headache	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>(CI)</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Hypotension</b>	<b>(CECD)</b>	-			<input checked="" type="checkbox"/>	<b>(CE)</b>	<b>(PERF)</b>	
Hypotension (low blood pressure)	-	<input checked="" type="checkbox"/>			-	-		
<b>Malaise</b>					<input checked="" type="checkbox"/>	-		
Malaise/chills						<input checked="" type="checkbox"/>		
Nose bleed						<input checked="" type="checkbox"/>		
Otitis						<input checked="" type="checkbox"/>		
Pain (muscular, chest, abdominal, joint, etc.)	<input checked="" type="checkbox"/>	-	-		-	-	<input checked="" type="checkbox"/>	
Abdominal pain/cramping			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Arthralgia (painful joints) /joint pain		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Chest pain						<input checked="" type="checkbox"/>		

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Myalgia (Muscle pain)		<input checked="" type="checkbox"/>	-		-				
<i>Muscle pain (Myalgia) [21]</i>		-	<input checked="" type="checkbox"/>		-				
<b>Myalgia [22]</b>		-	-		<input checked="" type="checkbox"/>				
<b>Pregnancy</b>	(PCRF)	(RF)	-		-	(RF)	(PERF)		
<b>Pregnant [24]</b>	-	-	-		(PCRF)	<input checked="" type="checkbox"/>	-		
<b>Pregnant at time of diagnosis [26]</b>	-	-	(RFI)		-	-	-		
<b>In labour</b>						<input checked="" type="checkbox"/>			
Rash						<input checked="" type="checkbox"/>			
<b>Renal failure</b>	(CECD)	(CECD)	<input checked="" type="checkbox"/>				(PERF)		
Rhinorrhea/nasal congestion	-	-	-		-	<input checked="" type="checkbox"/>	(S) / (PERF)		
Runny Nose	<input checked="" type="checkbox"/>	-			-		<input checked="" type="checkbox"/>		
<b>Rhinorrhea [28]</b>		-			<input checked="" type="checkbox"/>		-		
<i>Rhinorrhea (runny nose) [30]</i>		<input checked="" type="checkbox"/>			-		-		
Seizure		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			
<b>Sepsis</b>	(CECD)	(CECD)	-			(CI)(CE)	(PERF)		
Septicemia or Sepsis	-	-	<input checked="" type="checkbox"/>						
Sneezing						<input checked="" type="checkbox"/>			
<b>Sore Throat</b>	<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Pharyngitis (sore throat) [33]</i>	-	<input checked="" type="checkbox"/>	-	-	-	-			
<b>Pharyngeal exudate</b>	(CECD)	(CECD)			<input checked="" type="checkbox"/>				
Sputum production						<input checked="" type="checkbox"/>			
Swollen lymph nodes						<input checked="" type="checkbox"/>			
<b>Tachypnea (rapid breathing)</b>	-	<input checked="" type="checkbox"/>			-	-	-		
<b>Tachypnea (accelerated respiratory rate) [34]</b>	(CECD)	-			<input checked="" type="checkbox"/>	(CI)(CE)	(PERF)		
Other, specify	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Pre-Existing Conditions &amp; Risk Factors (PCRF)</b>	Pre-existing Conditions and Risk Factors (PCRF)	Risk Factors (RF)	Risk Factor Information (RFI) [Exposure Overlap]	Risk Factors (RF) [Assessment Details]	Pre-existing Conditions & Risk Factors	-	-	Clinical Status - Underlying Conditions and Comorbidity (CS/UCC)	
<b>Abnormal lung auscultation</b>	(CECD)	(CECD)			(SS)		<input checked="" type="checkbox"/>		
<b>Altered mental status</b>	(CECD)	(CECD)	-		(SS)	(CI)(CE)	<input checked="" type="checkbox"/>		
Age 60+				<input checked="" type="checkbox"/>					
Animal or Animal Waste Contact (live animal mark	?	?	<input checked="" type="checkbox"/>						

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Cardiac disease	<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/>	-		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-
<i>Cardio-vascular disease [35]</i>	-	-	-	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Chronic cardiac disease	-	<input checked="" type="checkbox"/>	-	-				
Chronic neurological or neuromuscular disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			-	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Neurological disorder					-	<input checked="" type="checkbox"/>		
Chronic neurological					<input checked="" type="checkbox"/>	-		
Epilepsy						<input checked="" type="checkbox"/>		
Neuromuscular disorder					<input checked="" type="checkbox"/>			
Clinical or radiological evidence of <b>pneumonia</b>	(CECD)		(SS)		(SS) / (CI)(CE)	(CI)(CE)	<input checked="" type="checkbox"/>	
<b>Coma</b>	(CECD)	(SS)			(SS)		<input checked="" type="checkbox"/>	
Conjunctivitis	-	(SS)			-	(SS)	-	
<b>Conjunctival injection [36]</b>	(CECD)				(SS)		<input checked="" type="checkbox"/>	
Contact of a new or previously diagnosed case (cc	?	?	<input checked="" type="checkbox"/>					
Contact with someone with similar illness (within 1-	?	?	<input checked="" type="checkbox"/>					
Convulsions							<input checked="" type="checkbox"/>	
<b>Diagnosed with Acute Respiratory Distress Syr</b>	(CECD)	-	-		-	(CI)(CE)	<input checked="" type="checkbox"/>	
Metabolic Disease	-	-	-	-	-	<input checked="" type="checkbox"/>	-	
Diabetes	<input checked="" type="checkbox"/>							
Severe Obesity							<input checked="" type="checkbox"/>	
Obese (BMI > 30)						<input checked="" type="checkbox"/>		
<b>Encephalitis</b>	(CECD)	(SS)	(SS)		(SS)	(CI)(CE)	<input checked="" type="checkbox"/>	
Exposure setting location: other province in Canad	?	?	<input checked="" type="checkbox"/>					
Exposure setting location: outside Canada (within	?	?	<input checked="" type="checkbox"/>					
Hemoglobinopathy/Anemia						<input checked="" type="checkbox"/>		
Hypertension			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
<b>Hypotension</b>	(CECD)	(SS)			(SS)	(CI)(CE)	<input checked="" type="checkbox"/>	
Immunocompromised	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	-	-	
Immunodeficiency disease/condition	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Immunodeficiency, including HIV								<input checked="" type="checkbox"/>
Receiving immunosuppressing medications						<input checked="" type="checkbox"/>		
Kidney Disease		<input checked="" type="checkbox"/>	-		-	-		-
<i>Renal Disease [37]</i>			-		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Chronic Kidney Disease			<input checked="" type="checkbox"/>					

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<b>Overlap with Exposures</b>	<b>Interm Report</b>	<b>BC</b>	<b>MA</b>	<b>NB</b>	<b>NWT</b>	<b>ON</b>	<b>QC</b>	<b>WHO</b>
Liver Disease	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-		<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Hepatic Disease [38]</i>	-	-	-		-	<input checked="" type="checkbox"/>		
Chronic Liver Disease			<input checked="" type="checkbox"/>					
Malignancy/Cancer	-	<input checked="" type="checkbox"/>		-	-	-	<input checked="" type="checkbox"/>	-
Cancer [39]	-	-		<input checked="" type="checkbox"/>	-	-	-	-
Malignancy	<input checked="" type="checkbox"/>	-		-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/>
Neonatal complications							<input checked="" type="checkbox"/>	
<b>O2 saturation &lt;95%</b>	<b>(CECD)</b>	<b>(CECD)</b>				<b>(CI)(CE)</b>	<input checked="" type="checkbox"/>	
Outbreak Associated	?	?	<input checked="" type="checkbox"/>					
Post-partum (≤6 weeks)	<input checked="" type="checkbox"/>	-				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Post-partum (≤6 weeks) at time of symptom onset		<input checked="" type="checkbox"/>						
<b>Pregnancy</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-		-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Pregnant at time of diagnosis [40]</b>	-	-	<input checked="" type="checkbox"/>		-	-	-	
<b>Pregnant [41]</b>	-	-	-		<input checked="" type="checkbox"/>	<b>(S) / (CI)(CE)</b>	-	-
If yes, trimester	<input checked="" type="checkbox"/>	- [42]				- [43]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
if yes, gestation age (weeks) <i>week of gestation</i>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
In labour						<b>(S) / (CI)(CE)</b>		
Estimated Date of Conception			<input checked="" type="checkbox"/>					
Pregnancy Complications and unfavorable issues							<input checked="" type="checkbox"/>	
<b>Renal failure</b>	<b>(CECD)</b>	<b>(CECD)</b>	<b>(SS)</b>			<b>(CI)(CE)</b>	<input checked="" type="checkbox"/>	
Rhinorrhea/nasal congestion	-	-	-		-	<b>(S)</b>	<b>(S) / (PERF)</b>	
Respiratory disease		-	-	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Chronic respiratory/pulmonary condition		<input checked="" type="checkbox"/>	-	-	-	-		-
Chronic lung disease								<input checked="" type="checkbox"/>
<i>Chronic pulmonary disease [44]</i>		-	<input checked="" type="checkbox"/>	-		-		
<i>Chronic respiratory disease [45]</i>		-	-	<input checked="" type="checkbox"/>		-		
Asthma						<input checked="" type="checkbox"/>		
Tuberculosis						<input checked="" type="checkbox"/>		
<b>Sepsis</b>	<b>(CECD)</b>	<b>(CECD)</b>	<b>(SS)</b>			<b>(CI)(CE)</b>	<input checked="" type="checkbox"/>	
Substance use			-			-	<input checked="" type="checkbox"/>	
Alcohol abuse						<input checked="" type="checkbox"/>		
Injection drug use						<input checked="" type="checkbox"/>		
Smoker (current) / <i>Smoking</i>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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Vaping			<input checked="" type="checkbox"/>					
<b>Tachypnea (accelerated respiratory rate)</b>	(CECD)	(SS)			(SS)	(CI)(CE)	<input checked="" type="checkbox"/>	
Other Chronic Conditions						<input checked="" type="checkbox"/>		
Other, specify	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Clinical Evaluations, Complications, and Diagnoses (CECD)	Clinical Evaluations, Complications, and Diagnoses (CECD)	Clinical Evaluations, Complications and Diagnoses (CECD)	-	-	Clinical Information (CI) [Symptom (S)] [Signs & Symptoms]	Clinical Information (CI) [Symptom (S)], Clinical Evaluations (CE)	-	-
<b>Abnormal lung auscultation</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			(SS)		(PERF)	
<b>Altered mental status</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-		(SS)	<input checked="" type="checkbox"/>	(PERF)	
Confusion, <b>Altered Mental State</b>			(SS)		-			
<b>Anosmia</b>					<input checked="" type="checkbox"/>			
Arrhythmia						<input checked="" type="checkbox"/>		
Clinical or radiological evidence of <b>pneumonia</b>	<input checked="" type="checkbox"/>		-		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(PERF)	
<b>Pneumonia [48]</b>	-		(SS)		-	<input checked="" type="checkbox"/>		
<b>Coma</b>	<input checked="" type="checkbox"/>	(SS)			(SS)		(PERF)	
Conjunctivitis	-	(SS)			-	(SS)	-	
<b>Conjunctival injection [50]</b>	<input checked="" type="checkbox"/>				(SS)		(PERF)	
Cough	(SS)	(SS)	-	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(S)	
<b>Diagnosed with Acute Respiratory Distress Syr</b>	<input checked="" type="checkbox"/>	-	-		-	<input checked="" type="checkbox"/>	(PERF)	
<b>Acute Respiratory Distress Syndrome [52]</b>		(SS)	(SS)		(SS)			
Diarrhea/Nausea/Vomiting	-	-	-		-			
Diarrhea/Vomiting					<input checked="" type="checkbox"/>			
<b>Dyspnea [54]</b>	-	-	-		<input checked="" type="checkbox"/>			
<b>Encephalitis</b>	<input checked="" type="checkbox"/>	(SS)	(SS)		(SS)	<input checked="" type="checkbox"/>	(PERF)	
<b>Fatigue</b>					<input checked="" type="checkbox"/>	-		
Fatigue/prostration						(S)		
<b>Hypotension</b>	<input checked="" type="checkbox"/>	-			(SS)	<input checked="" type="checkbox"/>	(PERF)	
<b>Hypotension (low blood pressure) [57]</b>	-	(SS)			-	-		
Myalgia (Muscle pain)		(SS)	-		-			
<i>Muscle pain (Myalgia) [58]</i>		-	(SS)		-			
<b>Myalgia [59]</b>		-	-		<input checked="" type="checkbox"/>			
<b>Malaise</b>					<input checked="" type="checkbox"/>	-		
Malaise/chills						(S)		

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Meningismus/nuchal rigidity						☑			
O2 saturation <95%	☑	☑				-	(PERF)		
O2 saturation <=95%	-	-				☑			
<b>Pregnancy</b>	(PCRF)	(RF)	-		-	-	(PERF)		
<i>Pregnant at time of diagnosis [62]</i>	-	-	(RFI)		-	-	-		
<i>Pregnant [63]</i>	-	-	-		(PCRF)	☑	-		
<b>In labour</b>						☑			
<b>Renal failure</b>	☑	☑	(SS)			☑	(PERF)		
Rhinorrhea/nasal congestion	-	-	-	-	-		(S) / (PERF)		
<b>Rhinorrhea</b>		-			☑				
Seizure	☑								
<b>Sepsis</b>	☑	☑	(SS)			☑	(PERF)		
<b>Sore Throat</b>	(S)	-	(SS)	(S)(SS)	☑	☑	(S)		
<i>Pharyngitis (sore throat) [69]</i>	-	(SS)	-	-	-	-			
<b>Pharyngeal exudate</b>	☑	☑			(SS)				
<b>Tachypnea (accelerated respiratory rate)</b>	☑	(SS)			(SS)	☑	(PERF)		
Other, specify	☑	☑			☑	☑			

[1] DO NOT RECOMMEND This overall layout, simplify to reduce likelihood of user error.

[2] Is synonymous with previous term, not a subclass of it.

[3] Also in 'Clinical Information' category.

[4] Is synonymous with previous term, not a subclass of it.

[5] Not synonymous, might denote conjunctivitis.

[6] Also in 'Clinical Information' category.

[7] Also in 'Clinical Information' category.

[8] Is synonymous with previous term, not a subclass of it.

[9] Also in 'Clinical Information' category.

[10] Is synonymous with previous term, not a subclass of it.

[11] Is synonymous with previous term, not a subclass of it.

[12] Is synonymous with previous term, not a subclass of it.

[13] Also in 'Clinical Information' category.

[14] Also in 'Clinical Information' category.

[15] Temperature may fall in this category

[16] Temperature may fall in this category

[17] Is basically synonymous with previous term, not a subclass of it.

[18] From 'Malaise/chills'

[19] Is synonymous with previous term, not a subclass of it.

[20] Also in 'Clinical Information' category.

[21] Is synonymous with previous term, not a subclass of it.

[22] Is synonymous with previous term, not a subclass of it.

[23] Also in 'Clinical Information' category.

[24] Is synonymous with previous term, not a subclass of it.

[25] Also in 'Clinical Information' category.

[26] Is synonymous with previous term, not a subclass of it.

[27] Also in 'Clinical Information' category.

[28] Is synonymous with previous term, not a subclass of it.

[29] Also in 'Clinical Information' category.

[30] Is synonymous with previous term, not a subclass of it.

[31] Also in 'Clinical Information' category.

[32] Also in 'Clinical Information' category.

[33] Is synonymous with previous term, not a subclass of it.

[34] Is synonymous with previous term, not a subclass of it.

[35] Is synonymous with previous term, not a subclass of it.

[36] Not synonymous, might denote conjunctivitis.

[37] Is synonymous with previous term, not a subclass of it.

[38] Is synonymous with previous term, not a subclass of it.

[39] May include malignant and non-malignant tumors.

[40] Is synonymous with previous term, not a subclass of it.

[41] Is synonymous with previous term, not a subclass of it.

[42] Trimester inferrable from gestation weeks.

[43] Trimester inferrable from gestation weeks.

[44] Is synonymous with previous term, not a subclass of it.

[45] Is synonymous with previous term, not a subclass of it.

[46] Also in 'Symptoms' category.

[47] Also in 'Symptoms' category.

[48] Is synonymous with previous term, not a subclass of it.

[49] Also in 'Symptoms' category.

[50] Not synonymous, might denote conjunctivitis.

[51] Also in 'Symptom' category.

[52] Is synonymous with previous term, not a subclass of it.

[53] Also in 'Symptom' category.

[54] Is synonymous with previous term, not a subclass of it.

[55] Also in 'Symptom' category.

[56] Also in 'Symptom' category.

[57] Is synonymous with previous term, not a subclass of it.

[58] Is synonymous with previous term, not a subclass of it.

[59] Is synonymous with previous term, not a subclass of it.

[60] Also in 'Symptom' category.

[61] Also in 'Symptom' category.

[62] Is synonymous with previous term, not a subclass of it.

[63] Is synonymous with previous term, not a subclass of it.

[64] Also in 'Symptoms' category.

[65] Also in 'Symptoms' category.

[66] Also in 'Symptom' category.

[67] Also in 'Symptom' category.

[68] Also in 'Symptoms' category.

[69] Is synonymous with previous term, not a subclass of it.

[70] Also in 'Symptom' category.