

Core data elements version 2 (Feb 24, 2021): Cross-sectional survey

CITF Domain	Number	Label	Type	Cardinality	Value constraints	Question
-	00	Unique participant's identifier	string	single	Guidelines will be provided	-
DEMOGRAPHIC	01	Date of interview	date	single	"YYYY-MM-DD"	Date of interview
DEMOGRAPHIC	02.a	Age of participant (years)	numerical	single	[0, 120]	What is your age
DEMOGRAPHIC	02.b	Age of participant (months)	numerical	single	[0, 11]	What is your age
DEMOGRAPHIC	02.c	Age of participant PNA				What is your age
DEMOGRAPHIC	03	Sex at birth of participant	categorical	single	{01-MALE, 02-FEMALE, 03-PREFER TO SELF-DESCRIBE, 99-PREFER NOT TO ANSWER}	What was your assigned sex at birth
DEMOGRAPHIC	03.a	Sex at birth self-description	string	single		(specify)
DEMOGRAPHIC	04	Current sex of participant	categorical	single	{01-MALE, 02-FEMALE, 03-PREFER TO SELF-DESCRIBE, 99-PREFER NOT TO ANSWER}	What is your sex now
DEMOGRAPHIC	04.a	Current sex self-description	string	single		(specify)
DEMOGRAPHIC	05	Gender of participant	categorical	single	{01-MAN, 02-WOMAN, "03-NON-BINARY, GENDERQUEER, AGENDER OR A SIMILAR IDENTITY", 04-TWO-SPIRIT, 05-PREFER TO SELF-DESCRIBE, 99-PREFER NOT TO ANSWER}	What is your gender (How do you currently self-identify)
DEMOGRAPHIC	05.a	Gender self-description	string	single		(specify)
DEMOGRAPHIC	06	Indigenous identity of participant	categorical	single	{00-NO, 01-YES, 99-PREFER NOT TO ANSWER}	Are you an Indigenous person originating from North America
DEMOGRAPHIC	07	Indigenous group	categorical	multiple	{01-FIRST NATIONS, 02-INUIT, 03-MÉTIS, 04-NON-STATUS FIRST NATIONS, 05-OTHER INDIGENOUS, 99-PREFER NOT TO ANSWER}	Which of the following groups do you belong to [SELECT ALL THAT APPLY]
DEMOGRAPHIC	07.a	Other indigenous group specification	string	single		(specify)
DEMOGRAPHIC	08	Reserve occupation	categorical	single	{01-YES, 02-NO, 99-PREFER NOT TO ANSWER}	Do you live on reserve

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DEMOGRAPHIC	09	Ethnicity of participant	categorical	multiple	{01-WHITE, 02-SOUTH ASIAN, 03-CHINESE, 04-BLACK, 05-FILIPINO, 06-LATIN AMERICAN, 07-ARAB, 08-SOUTHEAST ASIAN, 09-WEST ASIAN, 10-KOREAN, 11-JAPANESE, 12-PREFER TO SELF-DESCRIBE, 99-PREFER NOT TO ANSWER}	How would you describe your ethnicity or race [SELECT ALL THAT APPLY] If you are an Indigenous person and answered YES to question 6, select any other that apply.
DEMOGRAPHIC	09.a	Other ethnicity specification	string	single		(specify)
DEMOGRAPHIC	10	Postal code of participant's address	string	single	"\w\d\w" (three-character pattern: letter-digit-letter)	What are the first three digits of your postal code
DEMOGRAPHIC	10.a	Postal code PNA	categorical	single	99-PREFER NOT TO ANSWER	What are the first three digits of your postal code
DEMOGRAPHIC	11	Level of education of participant	categorical	single	{01-LESS THAN HIGH SCHOOL GRADUATION, 02-HIGH SCHOOL GRADUATION, "03-TRADE CERTIFICATE, VOCATIONAL SCHOOL, OR APPRENTICESHIP TRAINING", "04-NON-UNIVERSITY CERTIFICATE OR DIPLOMA FROM A COMMUNITY COLLEGE, CEGEP", 05-UNIVERSITY BACHELOR'S DEGREE, 06-UNIVERSITY GRADUATE DEGREE (SUCH AS A MASTERS OR DOCTORATE), 99-PREFER NOT TO ANSWER}	What is the highest level of education you have completed
DEMOGRAPHIC	12	Number of residents in household	numerical	single	[1, 20]	How many people live in your household, including yourself
DEMOGRAPHIC	12.a	Number of residents in household PNA	categorical	single	99-PREFER NOT TO ANSWER	How many people live in your household, including yourself
DEMOGRAPHIC	13	Number of bedrooms in household	numerical	single	[0, 20]	How many bedrooms in your household
DEMOGRAPHIC	13.a	Number of bedrooms in household PNA	categorical	single	99-PREFER NOT TO ANSWER	How many bedrooms in your household
DEMOGRAPHIC	14	Number of bathrooms in household	numerical	single	[0, 20]	How many bathrooms in your household
DEMOGRAPHIC	14.a	Number of bathrooms in household PNA	categorical	single	99-PREFER NOT TO ANSWER	How many bathrooms in your household
COVID-19	15	Participant's COVID-19 self-assessment	categorical	single	{00-NO, 01-YES, 99-PREFER NOT TO ANSWER}	Do you think you have had COVID-19
COVID-19	16	Participant's COVID-19 self-assessment: reason for suspect COVID	categorical	multiple	{01-SYMPTOM REVIEW ONLINE, 02-SYMPTOM PROFILE, "03-NASAL/THROAT TEST RESULT", 04-HEALTH CARE PROVIDER, 05-CONTACT WITH CASE, 06-OTHER (SPECIFY), 99-PREFER NOT TO ANSWER}	Why do you think you have had COVID-19 [SELECT ALL THAT APPLY]

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COVID-19	16.a	Other reason for COVID self-assessment specification	string	single		(specify)
COVID-19	17	Participant's hospitalization due to COVID-19	categorical	single	{00-NO, 01-YES, 99-PREFER NOT TO ANSWER}	Were you hospitalized due to COVID-19
COVID-19	18	Participant's previous COVID-19 testing	categorical	single	{00-NO, 01-YES, 99-PREFER NOT TO ANSWER}	Have you ever been tested for an active COVID-19 infection (using nasopharyngeal, throat swab, saliva or gargle test)
COVID-19	19	Participant's number of previous COVID-19 tests	numerical	single	[1, 1000]	If Yes, how many times have you been tested
COVID-19	19.a	Participant's number of previous COVID-19 tests PNA	categorical	single	99-PREFER NOT TO ANSWER	If Yes, how many times have you been tested
COVID-19	20.1					Answer the following questions about the first test (if applicable):
COVID-19	20.1.a	Date of 1st COVID-19 test	date	single	"YYYY-MM"	What was the date of the first test
COVID-19	20.1.b	Result of 1st COVID test	categorical	single	{01-POSITIVE, 00-NEGATIVE, 98-UNKNOWN}	What was the result of the first test
COVID-19	20.1.c	Participant's COVID-19 symptom status (1st test)	categorical	single	{00-NO, 01-YES, 98-DON'T KNOW}	Did you have any symptoms of COVID when you had this test
COVID-19	20.1.d	Participant's COVID-19 symptoms (1st test)	categorical	multiple	{01-COUGH, 02-FEVER, 03-SHORTNESS OF BREATH, 04-SORE MUSCLES, 05-HEADACHE, 06-SORE THROAT, 07-DIARRHEA, 08-DECREASED SENSE OF SMELL OR TASTE, 09-OTHER (SPECIFY), 99-PREFER NOT TO ANSWER}	(specify)
COVID-19	20.1.e	Participant's COVID-19 other symptoms (1st test)	string	single		If yes, what symptoms did you have: OTHER [SPECIFY]
COVID-19	20.2					Answer the following questions about the second test (if applicable):
COVID-19	20.2.a	Date of 2nd COVID-19 test	date	single	"YYYY-MM"	What was the date of the second test? [IF APPLICABLE]
COVID-19	20.2.b	Result of 2nd COVID test	categorical	single	{01-POSITIVE, 00-NEGATIVE, 98-UNKNOWN}	What was the result of the second test? [IF APPLICABLE]

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COVID-19	20.2.c	Participant's COVID-19 symptom status (1st test)	categorical	single	{00-NO, 01-YES, 98-DON'T KNOW}	Did you have any symptoms of COVID when you had this test
COVID-19	20.2.d	Participant's COVID-19 symptoms (1st test)	categorical	multiple	{01-COUGH, 02-FEVER, 03-SHORTNESS OF BREATH, 04-SORE MUSCLES, 05-HEADACHE, 06-SORE THROAT, 07-DIARRHEA, 08-DECREASED SENSE OF SMELL OR TASTE, 09-OTHER (SPECIFY), 99-PREFER NOT TO ANSWER}	If yes, what symptoms did you have [SELECT ALL THAT APPLY]
COVID-19	20.2.e	Participant's COVID-19 other symptoms (1st test)	string	single		(specify)
COVID-19	20.3					Answer the following questions about the third test (if applicable):
COVID-19	20.3.a	Date of 3rd COVID-19 test	date	single	"YYYY-MM"	What was the date of the third test? [IF APPLICABLE]
COVID-19	20.3.b	Result of 3rd COVID test	categorical	single	{01-POSITIVE, 00-NEGATIVE, 98-UNKNOWN}	What was the result of the third test? [IF APPLICABLE]
COVID-19	20.3.c	Participant's COVID-19 symptom status (1st test)	categorical	single	{00-NO, 01-YES, 98-DON'T KNOW}	Did you have any symptoms of COVID when you had this test
COVID-19	20.3.d	Participant's COVID-19 symptoms (1st test)	categorical	multiple	{01-COUGH, 02-FEVER, 03-SHORTNESS OF BREATH, 04-SORE MUSCLES, 05-HEADACHE, 06-SORE THROAT, 07-DIARRHEA, 08-DECREASED SENSE OF SMELL OR TASTE, 09-OTHER (SPECIFY), 99-PREFER NOT TO ANSWER}	If yes, what symptoms did you have [SELECT ALL THAT APPLY]
COVID-19	20.3.e	Participant's COVID-19 other symptoms (1st test)	string	single		(specify)
COVID-19	20.4.a	Participant's other test positive status	categorical	single	{NO, YES}	Have you tested positive for COVID-19 (using nasopharyngeal, throat swab, saliva or gargle test) on a test that wasn't included in the questions above (that is, on the 4th or later test)
COVID-19	20.4.b	Other positive test date	date	single	"YYYY-MM"	If yes, what was the date the first time you tested positive?
EXPOSURE	22	Participant's travel history outside province before January 2020	categorical	single	{01-YES, 02-NO, 99-PREFER NOT TO ANSWER}	Have you travelled outside of your home province since January 2020

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EXPOSURE	22.a	Participant's travel history outside province before symptoms	categorical	single	{01-YES, 02-NO, 99-PREFER NOT TO ANSWER}	If you think you have had COVID, did you travel in the 6 months before your symptoms began?
EXPOSURE	23	Participant's travel history by geographic location	categorical	multiple	Provinces: {02-BRITISH COLUMBIA, 01-ALBERTA, 12-SASKATCHEWAN, 03-MANITOBA, 09-ONTARIO, 11-QUEBEC, 04-NEW BRUNSWICK, 07-NOVA SCOTIA, 10-PRINCE EDWARD ISLAND, 05-NEWFOUNDLAND AND LABRADOR, 08-NUNAVUT, 06-NORTHWEST TERRITORIES, 13-YUKON}	What province or country did you travel to [SELECT ALL THAT APPLY]
EXPOSURE	23.a	Participant's travel history by geographic location	categorical	multiple	Countries: ISO 3166-1 (https://www.iso.org/obp/ui/#search/code/)	What province or country did you travel to [LIST COUNTRIES YOU TRAVELLED TO (separated by a comma)]
EXPOSURE	24.a	Participant's work history	categorical	single	{00-NO, 01-YES, 99-PREFER NOT TO ANSWER}	Do you do either paid or unpaid work in an environment where you work in close proximity to other people
EXPOSURE	24.b	Participant's occupation	categorical	multiple	{01-HOSPITAL OR HEALTH CARE FACILITY WORKER, "02-FIRST RESPONDER (PARAMEDIC, FIREFIGHTER, POLICE OFFICER)", 03-CHILDCARE WORKER, 04-CORRECTIONAL OFFICER, 05-TEACHER OR OTHER SCHOOL STAFF, 06-TRANSIT DRIVER, 07-FOOD SERVICE INDUSTRY, 08-GROCERY STORE, 09-PHARMACY, 10-HAIRDRESSER OR BARBER, 11-AESTHETICIAN, 12-FLIGHT ATTENDANT, 13-FACTORY WORKER, 14-OTHER [SPECIFY], 99-PREFER NOT TO ANSWER}	Have you been working in any of the following occupations or worksites in the past year [SELECT ALL THAT APPLY]
EXPOSURE	24.c	Other occupation specification	string	single		(specify)
EXPOSURE	25.a	Participant's COVID-19 exposures before March 2020	numerical	single	[0, 1000]	How many times have you been in gatherings of more than 10 people since March 2020
EXPOSURE	25.b	Participant's COVID-19 exposures before March 2020 PNA	categorical	single	99-PREFER NOT TO ANSWER	How many times have you been in gatherings of more than 10 people since March 2020
EXPOSURE	25.c	Participant's COVID-19 exposures before symptoms	numerical	single	[0, 1000]	If you think you have had COVID, how many times were you in gatherings of more than 10 people in the 6 months before your symptoms began

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EXPOSURE		Participant's COVID-19 exposures before symptoms PNA	categorical	single	99-PREFER NOT TO ANSWER	If you think you have had COVID, how many times were you in gatherings of more than 10 people in the 6 months before your symptoms began
HEALTH, HEALTH BEHAVIOURS	26	Participant's smoking status	categorical	single	{00-NO, 01-YES, 99-PREFER NOT TO ANSWER}	Do you currently smoke tobacco
HEALTH, HEALTH BEHAVIOURS	27	Frequency of smoking by participant	categorical	single	{01-LESS THAN DAILY, 02-DAILY, 00-NOT APPLICABLE}	How often do you smoke tobacco
HEALTH, HEALTH BEHAVIOURS	28	Participants current vaping status	categorical	single	{00-NO, 01-YES, 99-PREFER NOT TO ANSWER}	Do you currently use e-cigarettes (vape)
HEALTH, HEALTH BEHAVIOURS	29	Frequency of vaping by participant	categorical	single	{01-LESS THAN DAILY, 02-DAILY, 00-NOT APPLICABLE}	How often do you use e-cigarettes (vape)
HEALTH, HEALTH BEHAVIOURS	30	Participant's Comorbidities				Have you been diagnosed by a physician with any of the following chronic medical conditions [SELECT ALL THAT APPLY]
HEALTH, HEALTH BEHAVIOURS	30.a	Participant's Comorbidities: HYPERTENSION	categorical	single	{00-NO, 01-YES, 98-DON'T KNOW, 99-PREFER NOT TO ANSWER}	Hypertension
HEALTH, HEALTH BEHAVIOURS	30.b	Participant's Comorbidities: DIABETES	categorical	single	{00-NO, 01-YES, 98-DON'T KNOW, 99-PREFER NOT TO ANSWER}	Diabetes
HEALTH, HEALTH BEHAVIOURS	30.c	Participant's Comorbidities: ASTHMA	categorical	single	{00-NO, 01-YES, 98-DON'T KNOW, 99-PREFER NOT TO ANSWER}	Asthma
HEALTH, HEALTH BEHAVIOURS	30.d	Participant's Comorbidities: CHRONIC LUNG DISEASE	categorical	single	{00-NO, 01-YES, 98-DON'T KNOW, 99-PREFER NOT TO ANSWER}	Chronic lung disease
HEALTH, HEALTH BEHAVIOURS	30.e	Participant's Comorbidities: CHRONIC HEART DISEASE HYPERTENSION	categorical	single	{00-NO, 01-YES, 98-DON'T KNOW, 99-PREFER NOT TO ANSWER}	Chronic heart disease
HEALTH, HEALTH BEHAVIOURS	30.f	Participant's Comorbidities: CHRONIC KIDNEY DISEASE	categorical	single	{00-NO, 01-YES, 98-DON'T KNOW, 99-PREFER NOT TO ANSWER}	Chronic kidney disease
HEALTH, HEALTH BEHAVIOURS	30.g	Participant's Comorbidities: LIVER DISEASE	categorical	single	{00-NO, 01-YES, 98-DON'T KNOW, 99-PREFER NOT TO ANSWER}	Liver disease

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HEALTH, HEALTH BEHAVIOURS	30.h	Participant's Comorbidities: CANCER	categorical	single	{00-NO, 01-YES, 98-DON'T KNOW, 99-PREFER NOT TO ANSWER}	Cancer
HEALTH, HEALTH BEHAVIOURS	30.i	Participant's Comorbidities: CHRONIC BLOOD DISORDER	categorical	single	{00-NO, 01-YES, 98-DON'T KNOW, 99-PREFER NOT TO ANSWER}	Chronic blood disorder
HEALTH, HEALTH BEHAVIOURS	30.j	Participant's Comorbidities: IMMUNE SUPPRESSED	categorical	single	{00-NO, 01-YES, 98-DON'T KNOW, 99-PREFER NOT TO ANSWER}	Chronic kidney disease
HEALTH, HEALTH BEHAVIOURS	30.k	Participant's Comorbidities: CHRONIC NEUROLOGICAL DISORDER	categorical	single	{00-NO, 01-YES, 98-DON'T KNOW, 99-PREFER NOT TO ANSWER}	Chronic neurological disorder
HEALTH, HEALTH BEHAVIOURS	31.a	Participant's weight	numerical	single	[1, 300]	What is your current weight
HEALTH, HEALTH BEHAVIOURS	31.b	Participant's weight units	categorical	single	{01-KG, 02-LBS}	(circle units)
HEALTH, HEALTH BEHAVIOURS	31.c	Participant's weight PNA	categorical	single	99-PREFER NOT TO ANSWER	What is your current weight
HEALTH, HEALTH BEHAVIOURS	32.a	Participant's height (m)	numerical	single	[0.5, 2.5]	What is your current height [in metres]
HEALTH, HEALTH BEHAVIOURS	32.b	Participant's height (feet)	numerical	single	[2, 8]	What is your current height [in feet and inches]
HEALTH, HEALTH BEHAVIOURS	32.c	Participant's height (inches)	numerical	single	[0, 11]	What is your current height [in feet and inches]
HEALTH, HEALTH BEHAVIOURS	32.d	Participant's height PNA	categorical	single	99-PREFER NOT TO ANSWER	What is your current height
HEALTH, HEALTH BEHAVIOURS	39	Participant's access to primary care provider or physician	categorical	single	{00-NO, 01-YES, 98-DON'T KNOW, 99-PREFER NOT TO ANSWER}	Do you have a family physician, primary care provider
HEALTH, HEALTH BEHAVIOURS	34.a	Participant's flu shot	categorical	single	{00-NO, 01-YES, 99-PREFER NOT TO ANSWER}	Do you usually get a flu shot

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HEALTH, HEALTH BEHAVIOURS	35	Participant's COVID-19 Protective Behaviours				How often have done the following since March 2020
HEALTH, HEALTH BEHAVIOURS	35.a	Participant's COVID-19 Protective Behaviours: use of mask	categorical	single	{00-NEVER, 02-RARELY, 03-OCCASSIONALLY, 04- OFTEN, 05-ALWAYS, 99-PREFER NOT TO ANSWER}	Worn a mask in public places
HEALTH, HEALTH BEHAVIOURS	35.b	Participant's COVID-19 Protective Behaviours: physical distancing	categorical	single	{00-NEVER, 02-RARELY, 03-OCCASSIONALLY, 04- OFTEN, 05-ALWAYS, 99-PREFER NOT TO ANSWER}	Practiced physical distancing in public places
HEALTH, HEALTH BEHAVIOURS	35.c	Participant's COVID-19 Protective Behaviours: crowd avoidance	categorical	single	{00-NEVER, 02-RARELY, 03-OCCASSIONALLY, 04- OFTEN, 05-ALWAYS, 99-PREFER NOT TO ANSWER}	Avoided crowded places, gatherings
HEALTH, HEALTH BEHAVIOURS	35.d	Participant's COVID-19 Protective Behaviours: greeting avoidance	categorical	single	{00-NEVER, 02-RARELY, 03-OCCASSIONALLY, 04- OFTEN, 05-ALWAYS, 99-PREFER NOT TO ANSWER}	Avoided common greetings (such as handshake or hug)
HEALTH, HEALTH BEHAVIOURS	35.e	Participant's COVID-19 Protective Behaviours: contact limit with vulnerable population	categorical	single	{00-NEVER, 02-RARELY, 03-OCCASSIONALLY, 04- OFTEN, 05-ALWAYS, 97-NOT APPLICABLE, 99- PREFER NOT TO ANSWER}	Limited contact with people at higher risk (e.g., an elderly relative)
HEALTH, HEALTH BEHAVIOURS	35.f	Participant's COVID-19 Protective Behaviours: self isolation due to symptoms	categorical	single	{01-YES, 00-NO, 97-NOT APPLICABLE}	Self-isolated because you thought you were infected with COVID-19
HEALTH, HEALTH BEHAVIOURS	35.g	Participant's COVID-19 Protective Behaviours: preventative self quarantine	categorical	single	{01-YES, 00-NO, 97-NOT APPLICABLE}	Self-quarantined because you may have been exposed to COVID-19, but did not show symptoms

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HEALTH, HEALTH BEHAVIOURS	36	Participant's COVID-19 Protective Behaviours before having COVID				If you think you have had COVID, how often have you done the following in the 6 months before your symptoms began?
HEALTH, HEALTH BEHAVIOURS	36.a	Participant's COVID-19 Protective Behaviours before having COVID: use of mask	categorical	single	{00-NEVER, 02-RARELY, 03-OCCASSIONALLY, 04-OFTEN, 05-ALWAYS, 97-NOT APPLICABLE, 99-PREFER NOT TO ANSWER}	Worn a mask in public places
HEALTH, HEALTH BEHAVIOURS	36.b	Participant's COVID-19 Protective Behaviours before having COVID: physical distancing	categorical	single	{00-NEVER, 02-RARELY, 03-OCCASSIONALLY, 04-OFTEN, 05-ALWAYS, 97-NOT APPLICABLE, 99-PREFER NOT TO ANSWER}	Practiced physical distancing in public places
HEALTH, HEALTH BEHAVIOURS	36.c	Participant's COVID-19 Protective Behaviours before having COVID: crowd avoidance	categorical	single	{00-NEVER, 02-RARELY, 03-OCCASSIONALLY, 04-OFTEN, 05-ALWAYS, 97-NOT APPLICABLE, 99-PREFER NOT TO ANSWER}	Avoided crowded places, gatherings
HEALTH, HEALTH BEHAVIOURS	36.d	Participant's COVID-19 Protective Behaviours before having COVID: greeting avoidance	categorical	single	{00-NEVER, 02-RARELY, 03-OCCASSIONALLY, 04-OFTEN, 05-ALWAYS, 97-NOT APPLICABLE, 99-PREFER NOT TO ANSWER}	Avoided common greetings
HEALTH, HEALTH BEHAVIOURS	36.e	Participant's COVID-19 Protective Behaviours before having COVID: contact limit with vulnerable population	categorical	single	{00-NEVER, 02-RARELY, 03-OCCASSIONALLY, 04-OFTEN, 05-ALWAYS, 97-NOT APPLICABLE, 99-PREFER NOT TO ANSWER}	Limited contact with people at higher risk (e.g., an elderly relative)

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HEALTH, HEALTH BEHAVIOURS	36.f	Participant's COVID-19 Protective Behaviours before having COVID: self isolation due to symptoms	categorical	single	{01-YES, 00-NO, 97-NOT APPLICABLE}	Self-isolated because you thought you were infected with COVID-19
HEALTH, HEALTH BEHAVIOURS	36.g	Participant's COVID-19 Protective Behaviours before having COVID: preventative self quarantine	categorical	single	{01-YES, 00-NO, 97-NOT APPLICABLE}	Self-quarantined because you may have been exposed to COVID-19, but did not show symptoms
VACCINE	40	Participant's COVID-19 Vaccine Exposure	categorical	single	{00-NO, 01-YES, 99-PREFER NOT TO ANSWER}	Have you been vaccinated against COVID-19?
VACCINE	41	Participant's COVID-19 Vaccine Exposure: dosage	categorical	single	{00-NOT APPLICABLE, 01-1, 02-2, 03-MORE THAN TWO}	How many doses of the COVID-19 vaccine have you received so far?
VACCINE	42	Participant's COVID-19 Vaccine Exposure: date of first dose	date	single	"YYYY-MM-DD"	When did you receive the first dose of the COVID-19 vaccine?
VACCINE	43	Participant's COVID-19 Vaccine Exposure: date of second dose	date	single	"YYYY-MM-DD"	When did you receive the second dose of the COVID-19 vaccine?
VACCINE	44	Participant's COVID-19 Vaccine Exposure: vaccine type	categorical	single	{01-Pfizer and BioNTech mRNA vaccine, 02- Moderna mRNA vaccine, 03-AstraZeneca Oxford Vaccine, 04-Other [Specify the vaccine], 98-Don't Know, 99-PREFER NOT TO ANSWER}	Which vaccine did you receive?
VACCINE	44.a	Other vaccine specification	string	single		(specify vaccine)