**NIH RADx Executive Committee Required Common Data Elements (CDEs) (3.25.21)**

Contact Patti Brennan (pattifbrennan@nih.gov) with any questions.

It is expected that all research involving human subjects funded in the RADx program will collect information on these 12 concepts using these questions and specified response options.

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| --- | --- | --- |
| **Concept** | **Stimulus** | **Response**  |
| Identity | None | Project-specific identifier |
| Race [[1]](#footnote-1) | What race do you identify with? | AI/AN; Asian Black or African American; Native Hawaiian or other Pacific Islander; White  |
| Ethnicity 1 | What ethnicity do you identify with?  | Hispanic or Latino; not Hispanic or Latino |
| Sex | What was your assigned sex at birth?  | Male, Female, Intersex |
| Age | What is your age?  | Age in years |
| Education  | How many years of education have you completed?  | 0 - +20 |
| Domicile | Where do you live?  | Zip Code  |
| Employment  | Are you employed?  | Permanent, temporary or not |
| Insurance Status | What kind of insurance do you have?  | Private, Public, none |
| Disability status [[2]](#footnote-2) | Are you deaf or do you have serious difficulty hearing? | Yes, no |
|  | Are you blind or do you have serious difficulty seeing, even when wearing glasses? | Yes, no |
|  | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | Yes, no |
|  | Do you have serious difficulty walking or climbing stairs? | Yes, no |
|  | Do you have difficulty dressing or bathing ? | Yes, no |
|  | Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping? | Yes, no |
| Medical History | Vaping use | Yes, no |
|  | Nicotine use | Yes, no |
|  | Alcohol use | Yes, no |
|  | Asthma | Yes, no |
|  | Cancer | Yes, no |
|  | Cardiovascular disease | Yes, no |
|  | Chronic kidney disease | Yes, no |
|  | Chronic lung disease | Yes, no |
|  | Diabetes | Yes, no |
|  | Hypertension | Yes, no |
|  | Immunosuppressive condition | Yes, no |
|  | Serious mental illness | Yes, no |
|  | Sickle cell disease | Yes, no |
|  | Pregnancy status | Currently pregnant, not |
| Symptoms | Cough[[3]](#footnote-3) | Yes, no |
|  | Fever2 | Yes, no |
|  | SoB or Difficulty breathing2 | Yes, no |
|  | Headache2 | Yes, no |
|  | Muscle ache2 | Yes, no |
|  | New Loss of taste or smell2 | Yes, no |
|  | Chills2 | Yes, no |
|  | Excessive fatigue2 | Yes, no |
|  | Nausea/vomiting2 | Yes, no |
|  | Diarrhea2 | Yes, no |
|  | Abdominal pain[[4]](#footnote-4) | Yes, no |
|  | Skin rash3 | Yes, no |
|  | conjunctivitis3 | Yes, no |
| Health Status  | BMI | Weight & height |
|  | Would you say that (your) health in general is excellent, very good, good, fair or poor? [[5]](#footnote-5)  | Excellent, very good, good, fair, poor |

For all items:

1. Participants have the right to refuse to respond to any item
2. Various RADx programs or groups of projects may add required items specific to their project (e.g., wastewater assessment, greater specification of education or gender)
3. Researchers are encouraged to consult the [Phenx Tool Kit](http://www.phenxtoolkit.org/), the [NIH Public Health Emergency and Disaster Research Response (DR2) resource](https://dr2.nlm.nih.gov/) or the CDC to identify valid and reliable items and instruments
4. Program officer approval required for modifications that make significant changes in response.
1. https://grants.nih.gov/policy/inclusion/women-and-minorities/guidelines.htm [↑](#footnote-ref-1)
2. Reported as disabled if the response to any one of the six items is yes. <https://www.cdc.gov/brfss/data_documentation/pdf/BRFSS_Data_Users_Guide_on_Disability_Questions_2018-508.pdf> [↑](#footnote-ref-2)
3. https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html [↑](#footnote-ref-3)
4. Added by RADx Executive Committee [↑](#footnote-ref-4)
5. https://www.phenxtoolkit.org/protocols/view/770101?origin=search [↑](#footnote-ref-5)