NIH RADx Executive Committee Required Common Data Elements (CDEs)

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.

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

Concept	Question Text	Allowable Responses
1. Identity		*Project-specific identifier*
2A. Race		
	What is your race? Mark one or more boxes.	☐ American Indian or Alaska Native ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Some other race
2B. Ethnicity		
	Are you of Hispanic or Latino origin?	☐ Yes, of Hispanic or Latino origin ☐ No, not of Hispanic or Latino origin
3. Age		
	What is your age?	*Age in years. For babies less than 1 year old, write 0 as the age*
4. Sex		
	What is your biological sex assigned at birth?	☐ Male ☐ Female ☐ Intersex ☐ None of these describe me
5. Education		
	How many years of education have you completed?	*Years of education from 0 – 20+*
6. Domicile		
	What is your zip code?	*5-digit zip code*
7. Employment		
	Are you employed?	☐ Employed in a permanent position ☐ Employed in a temporary position ☐ Not currently employed

8. Insurance status		
	What kind of health insurance do you have?	☐ Private insurance ☐ Public insurance ☐ None
9. Disability status		
	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
10. 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 pregnant
11. Symptoms		
	Cough	☐ Yes ☐ No
	Fever	☐ Yes ☐ No
	Shortness of breath or difficulty breathing	☐ Yes ☐ No
	Headache	☐ Yes ☐ No
	Muscle ache	☐ Yes ☐ No
	New loss of taste or smell	☐ Yes ☐ No
	Chills	☐ Yes ☐ No
	Excessive fatigue	☐ Yes ☐ No
	Nausea/vomiting	☐ Yes ☐ No
	Diarrhea	☐ Yes ☐ No
	Abdominal pain	☐ Yes ☐ No
	Skin rash	☐ Yes ☐ No
	Conjunctivitis	☐ Yes ☐ No
12. Health status		
	What is your height?	*Height in feet and inches*
	What is your weight?	*Weight in pounds*
	Would you say that (your) health in general is excellent, very good, good, fair or poor?	☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor