

RADx Exec Comm Required CDEs2

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 (pattibrennan@nih.gov) with any questions.

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
- (Check all that apply)

2B. Ethnicity

Are you of Hispanic or Latino origin?

- Yes, of Hispanic or Latino origin
- No, not of Hispanic or Latino origin

3. Age

Age

For babies less than 1 year old, write 0 as the age.

_____ (Years)

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?

- 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 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 (CVD or heart disease)

Yes No

Chronic kidney disease (CKD)

Yes No

Chronic lung disease

Yes No

Diabetes

Yes No

Hypertension (HTN, high blood pressure)

Yes No

Immunosuppressive condition

Yes No

Serious mental illness

Yes No

Sickle Cell Anemia

Yes No

Pregnancy status

Yes No

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 in feet and inches?

Feet

(feet)

Inches

(inches)

What is your weight in pounds?

(lbs)

Would you say that (your) health in general is excellent, very good, good, fair, or poor?

- Excellent
- Very good
- Good
- Fair
- Poor