COVID-19 Research

📖 Data Dictionary Codebook

04-13-2020 6:27pm

⌃ Collapse all instruments

	#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: **Covid19 Questionnaire** (covid19_questionnaire)				⌃ Collapse
	1	record_id	Record ID	text
	2	covid_que_eng_intro	Section Header: *COVID-19 Questionnaire - Columbia Patient Cases* COVID-19 infection is a major challenge around the world. You are participating in this research because you were infected by the COVID-19 virus. By answering these questions about your experience with the viral disease, you will be part of timely research to understand why some people get severe disease, whereas others get mild disease or none at all. This survey takes approximately 15 minutes to complete. We are working to gather this information quickly, share information without identifying who you are to researchers around the world, and learning quickly to help others.	descriptive
	3	covid_que_eng_intro1	Patient's name : [first_name] [last_name] Phone Number : [phone_number] Email Address: [email]	descriptive
	4	covid_que_eng_symp	Section Header: Please describe your symptoms	checkbox 1 covid_que_eng_symp___1 Cough 2 covid_que_eng_symp___2 Fever 3 covid_que_eng_symp___3 Shortness of breath 4 covid_que_eng_symp___4 Fatigue/Lethargy 5 covid_que_eng_symp___5 Muscle pain 6 covid_que_eng_symp___6 Runny nose 7 covid_que_eng_symp___7 Diarrhea, vomiting 8 covid_que_eng_symp___8 Foamy urine 9 covid_que_eng_symp___9 Partial or complete loss of smell 10 covid_que_eng_symp___10 Partial or complete loss of taste
	5	covid_que_eng_cough Show the field ONLY if: [covid_que_eng_symp(1)] = '1'	How many days have you had a cough?	text (number)
	6	covid_que_eng_fever Show the field ONLY if: [covid_que_eng_symp(2)] = '1'	How many days have you had a fever?	text (number)
	7	covid_que_eng_fever_temp Show the field ONLY if: [covid_que_eng_symp(2)] = '1'	What is the highest temperature you had during your fever? *in degrees Fahrenheit*	text (number)
	8	covid_que_eng_short_bre Show the field ONLY if: [covid_que_eng_symp(3)] = '1'	How many days did you have shortness of breath?	text (number)
	9	covid_que_eng_smell Show the field ONLY if: [covid_que_eng_symp(9)] = '1'	How many days did you have partial or complete loss of smell?	text (number)

	10	covid_que_eng_taste Show the field ONLY if: [covid_que_eng_symp(10)] = '1'	How many days did you have partial or complete loss of taste?	text (number)			
	11	covid_que_eng_meds	Do you know if doctors used any of the following medications to treat your COVID-19 illness?	checkbox			
					1	covid_que_eng_meds___1	Tylenol (acetaminophen)
					2	covid_que_eng_meds___2	NSAIDs (ibuprofen, aspirin, naproxen, celecoxib, diclofenac, indomethacin, piroxicam)
					3	covid_que_eng_meds___3	Hydroxychloroquine (Plaquenil) or Chloroquine.
					4	covid_que_eng_meds___4	Corticosteroids (prednisone, methylprednisolone, dexamethasone, hydrocortisone)
					5	covid_que_eng_meds___5	IL-6 pathway blockers (sarilumab, tocilizumab, siltuximab)
					6	covid_que_eng_meds___6	JAK inhibitors (baricitinib, ruxolitinib, fedratinib, tofacitinib)
					7	covid_que_eng_meds___7	Remdesivir (GS-5735) or another protease inhibitor
					8	covid_que_eng_meds___8	Tamiflu (oseltamivir) or Xofluza (baloxavir marboxil)
					9	covid_que_eng_meds___9	Sofosbuvir
					10	covid_que_eng_meds___10	Ribavirin
					11	covid_que_eng_meds___11	Interferon Alpha
					99	covid_que_eng_meds___99	Don't know
					999	covid_que_eng_meds___999	Prefer not to answer
	12	covid_que_eng_health	How would you rate your general health?	radio			
					1	Excellent	
					2	Good	
					3	Fair	
					4	Bad	
	13	covid_que_eng_long	Section Header: Do you have a long-term illness or a long-term health problem?	yesno			
					1	Yes	
					0	No	

14	covid_que_eng_disease Show the field ONLY if: [covid_que_eng_long] = '1'	Have you ever had any of the following diseases diagnosed or treated?	checkbox		
			1	covid_que_eng_disease___1	Heart failure
			2	covid_que_eng_disease___2	Coronary artery diseases
			3	covid_que_eng_disease___3	Neurological disorder (e.g., ALS, multiple sclerosis, Parkinson's, Huntington's)
			4	covid_que_eng_disease___4	Dementia
			5	covid_que_eng_disease___5	Cancer
			6	covid_que_eng_disease___6	Rheumatoid arthritis
			7	covid_que_eng_disease___7	Hypertension
			8	covid_que_eng_disease___8	Pneumonia
			9	covid_que_eng_disease___9	Recurrent ear infections/sinusitis
			10	covid_que_eng_disease___10	Asthma
			11	covid_que_eng_disease___11	Chronic obstructive pulmonary disease (COPD)
			12	covid_que_eng_disease___12	Another lung disorder
			13	covid_que_eng_disease___13	Influenza
			14	covid_que_eng_disease___14	Renal insufficiency / chronic kidney disease
			15	covid_que_eng_disease___15	Sleep apnea
			16	covid_que_eng_disease___16	HIV
			17	covid_que_eng_disease___17	Viral skin infections such as cold sores, herpes, warts, or molluscum
			18	covid_que_eng_disease___18	Serious or recurrent bacterial infections of the skin, bones or other organs
			19	covid_que_eng_disease___19	Anemia
			20	covid_que_eng_disease___20	Osteoarthritis or joint disease
			21	covid_que_eng_disease___21	Organ or bone marrow transplant recipient
15	covid_que_eng_lung Show the field ONLY if: [covid_que_eng_disease(12)] = '1'	What type of other lung disorder?	text		

16	covid_que_eng_immu	Have you ever been diagnosed with an immune related condition?	checkbox		
			1	covid_que_eng_immu___1	Autoimmune condition
			2	covid_que_eng_immu___2	Inflammatory condition
			3	covid_que_eng_immu___3	Periodic/Frequent fevers
			4	covid_que_eng_immu___4	Immune deficiency
			5	covid_que_eng_immu___5	Recurrent warts or viral skin infections
			6	covid_que_eng_immu___6	Allergy/Allergies
			7	covid_que_eng_immu___7	Cold sores
			8	covid_que_eng_immu___8	Shingles
			9	covid_que_eng_immu___9	Eczema
			10	covid_que_eng_immu___10	Hives
			11	covid_que_eng_immu___11	Hay Fever
17	covid_que_eng_immu_auto Show the field ONLY if: [covid_que_eng_immu(1)] = '1'	Please select all of the autoimmune conditions that apply:	checkbox		
			1	covid_que_eng_immu_auto___1	Thyroid
			2	covid_que_eng_immu_auto___2	Lupus
			3	covid_que_eng_immu_auto___3	Multiple Sclerosis
			4	covid_que_eng_immu_auto___4	Cytopenia
			5	covid_que_eng_immu_auto___5	Colitis/inflammatory bowel disease
			6	covid_que_eng_immu_auto___6	Other
18	covid_que_eng_immu_auto1 Show the field ONLY if: [covid_que_eng_immu_auto (6)] = '1'	Please define other:	text		
19	covid_que_eng_immu_infla Show the field ONLY if: [covid_que_eng_immu(2)] = '1'	Please define the type of inflammatory condition:	text		
20	covid_que_eng_diab	Have you been diagnosed with diabetes?	radio		
			0	No	
			1	No, high blood sugar	
			2	Yes, type 1 diabetes	
			3	Yes, type 2 diabetes	
			4	Yes, but I don't know the type	
			5	Yes, gestational diabetes	
21	covid_que_eng_diab_tx Show the field ONLY if: [covid_que_eng_diab] = "1" or [covid_que_eng_diab] = "2" or [covid_que_eng_diab] = "3" or [covid_que_eng_diab] = "4" or [covid_que_eng_diab] = "5"	What drugs prescribed by a physician do you use for diabetes?	radio		
			0	No drugs	
			1	Insulin	
			2	Pills	
			3	Insulin and pills	
22	covid_que_eng_hyper	Have you ever been diagnosed with hypertension or high blood pressure?	yesno		
			1	Yes	
			0	No	
23	covid_que_eng_hyper_med Show the field ONLY if: [covid_que_eng_hyper] = "1"	Have you ever used blood pressure medication?	yesno		
			1	Yes	
			0	No	
24	covid_que_eng_hyper_med1 Show the field ONLY if: [covid_que_eng_hyper_med] = "1"	Please specify the medication(s):	text		

25	covid_que_eng_dx	Have you ever been diagnosed any of the following:	checkbox		
			1	covid_que_eng_dx___1	Myocardial infarction
			2	covid_que_eng_dx___2	Stroke, cerebral haemorrhage, or cerebral infarction
			3	covid_que_eng_dx___3	Coronary artery bypass surgery
			4	covid_que_eng_dx___4	Percutaneous coronary intervention or balloon angioplasy
26	covid_que_eng_med	Section Header: When did you last used the following medications?	descriptive		
27	covid_que_eng_meds_nsaid	Conventional nonsteroidal anti-inflammatory agents) NSAIDS (aspirin, celecoxib, diclofenac (Cambia, Cataflam, Voltaren), diflunisal, etodolac, ibuprofen (Motrin, Advil), indomethacin (Indocin), ketoprofen, ketorolac, nambumetone, naproxen (Aleve, Anaprox, Naprelan, Naprosyn), oxaprozin (Daypro), piroxicam (Feldene), salsalate (Disalate), sulidnac, tolmetin)	radio (Matrix) 1 Today or Yesterday 2 2-7 days ago 3 1-4 weeks ago 4 1-12 months ago 5 Over a year ago 0 Never		
28	covid_que_eng_meds_ace	Acetaminophen (Tylenol, DaBeyquil, Nyquil, Excedrin, Sinutab, and others)	radio (Matrix) 1 Today or Yesterday 2 2-7 days ago 3 1-4 weeks ago 4 1-12 months ago 5 Over a year ago 0 Never		
29	covid_que_eng_meds_asth	Asthma Meds (bronchodilator Ventolin, albuterol)	radio (Matrix) 1 Today or Yesterday 2 2-7 days ago 3 1-4 weeks ago 4 1-12 months ago 5 Over a year ago 0 Never		
30	covid_que_eng_meds_cort	Corticosteroids (cream, oral, inhaled, injections)	radio (Matrix) 1 Today or Yesterday 2 2-7 days ago 3 1-4 weeks ago 4 1-12 months ago 5 Over a year ago 0 Never		
31	covid_que_eng_meds_his	Antihistamines	radio (Matrix) 1 Today or Yesterday 2 2-7 days ago 3 1-4 weeks ago 4 1-12 months ago 5 Over a year ago 0 Never		

32	covid_que_eng_meds_bio	Antibiotics	radio (Matrix)
			1 Today or Yesterday
			2 2-7 days ago
			3 1-4 weeks ago
			4 1-12 months ago
			5 Over a year ago
			0 Never
33	covid_que_eng_meds_asp	Aspirin for the prevention of myocardial or cerebral infarction	radio (Matrix)
			1 Today or Yesterday
			2 2-7 days ago
			3 1-4 weeks ago
			4 1-12 months ago
			5 Over a year ago
			0 Never
34	covid_que_eng_meds_thin	Blood Thinning Medications (Eliquis, Xarelto, Coumadin, Warfarin, etc.)	radio (Matrix)
			1 Today or Yesterday
			2 2-7 days ago
			3 1-4 weeks ago
			4 1-12 months ago
			5 Over a year ago
			0 Never
35	covid_que_eng_meds_acei	ACE inhibitors for the treatment of hypertension (Benazepril, Captopril, Fosinopril, Lisinpril, etc.)	radio (Matrix)
			1 Today or Yesterday
			2 2-7 days ago
			3 1-4 weeks ago
			4 1-12 months ago
			5 Over a year ago
			0 Never
36	covid_meds_statin	A statin to lower cholesterol (such as atorvastatin or simvastatin)	radio (Matrix)
			1 Today or Yesterday
			2 2-7 days ago
			3 1-4 weeks ago
			4 1-12 months ago
			5 Over a year ago
			0 Never
37	covid_que_eng_meds_ang	Angiotensin Receptor Blockers for hypertension (Edarbi, Atacand, Eprosartan, Avapro, etc.)	radio (Matrix)
			1 Today or Yesterday
			2 2-7 days ago
			3 1-4 weeks ago
			4 1-12 months ago
			5 Over a year ago
			0 Never
38	covid_que_eng_meds_tac	Tacrolimus	radio (Matrix)
			1 Today or Yesterday
			2 2-7 days ago
			3 1-4 weeks ago
			4 1-12 months ago
			5 Over a year ago
			0 Never

39	covid_que_eng_meds_cyc	Cyclosporine	radio (Matrix)
			1 Today or Yesterday
			2 2-7 days ago
			3 1-4 weeks ago
			4 1-12 months ago
			5 Over a year ago
			0 Never
40	covid_que_eng_meds_aza	Azathioprine	radio (Matrix)
			1 Today or Yesterday
			2 2-7 days ago
			3 1-4 weeks ago
			4 1-12 months ago
			5 Over a year ago
			0 Never
41	covid_que_eng_meds_can	Cytotoxic/ Cancer drugs/chemotherapy	radio (Matrix)
			1 Today or Yesterday
			2 2-7 days ago
			3 1-4 weeks ago
			4 1-12 months ago
			5 Over a year ago
			0 Never
42	covid_que_eng_meds_myc	Mycophenolate	radio (Matrix)
			1 Today or Yesterday
			2 2-7 days ago
			3 1-4 weeks ago
			4 1-12 months ago
			5 Over a year ago
			0 Never
43	covid_que_eng_meds_biol	Biologic injections such as Enbrel, humira, actemra, anakinra, Xolair, dupixent	radio (Matrix)
			1 Today or Yesterday
			2 2-7 days ago
			3 1-4 weeks ago
			4 1-12 months ago
			5 Over a year ago
			0 Never
44	covid_que_eng_meds_lev	The thyroid medication levothryroxyne	radio (Matrix)
			1 Today or Yesterday
			2 2-7 days ago
			3 1-4 weeks ago
			4 1-12 months ago
			5 Over a year ago
			0 Never
45	covid_que_eng_meds_met	Diabetic medication metformin	radio (Matrix)
			1 Today or Yesterday
			2 2-7 days ago
			3 1-4 weeks ago
			4 1-12 months ago
			5 Over a year ago
			0 Never

46	covid_que_eng_meds_ome	The proton-pump inhibitor omeprazole	radio (Matrix)

1	Today or Yesterday
2	2-7 days ago
3	1-4 weeks ago
4	1-12 months ago
5	Over a year ago
0	Never

47	covid_que_eng_meds_beta	A beta-blocker to lower blood pressure (metoprolol, atenolol, tramadol, ...)	radio (Matrix)

1	Today or Yesterday
2	2-7 days ago
3	1-4 weeks ago
4	1-12 months ago
5	Over a year ago
0	Never

48	covid_que_eng_meds_ssri	An SSRI anti-depressant (sertraline, fluoxetine, citalopram, trazodone, escitalopram, ...)	radio (Matrix)

1	Today or Yesterday
2	2-7 days ago
3	1-4 weeks ago
4	1-12 months ago
5	Over a year ago
0	Never

49	covid_que_eng_meds_opi	An opioid for pain relief (hydrocodone, ...)	radio (Matrix)

1	Today or Yesterday
2	2-7 days ago
3	1-4 weeks ago
4	1-12 months ago
5	Over a year ago
0	Never

50	covid_que_eng_antibio	Section Header: For what purpose, were you prescribed antibiotics the last time you took antibiotics?	radio

1	Respiratory infection (e.g. strep throat, sinusitis, bronchitis, pneumonia)
2	Gastroenteritis, which caused diarrhea and/or vomiting
3	Urinary tract infection
4	Infection of the skin or a wound
5	Other purpose
99	I don't know
0	I have never had antibiotics

51	covid_que_eng_antibio_sp Show the field ONLY if: [covid_que_eng_antibio] = "5"	Please define other:	text

52	covid_que_eng_colds	How often do you usually get a cold?	radio

0	Never
1	Once every 2 years
2	Once a year
3	Twice a year or more

53	covid_que_eng_flushot	Did you get the flu shot this past winter?	radio

1	Yes
0	No
99	Don't know
999	Prefer not to answer

54	covid_que_eng_blood	What is your blood type?	radio
			1 — A (Rh-positive)
			2 — A (Rh- negative)
			3 — B (Rh-positive)
			4 — B (Rh- negative)
			5 — AB (Rh-positive)
			6 — AB (Rh- negative)
			7 — O (Rh-positive)
			8 — O (Rh- negative)
55	covid_que_eng_travel	Were you abroad just before getting sick / being exposed to or being suspected for COVID-19 infection?	yesno 1 — Yes 0 — No
56	covid_que_eng_travel_loc Show the field ONLY if: [covid_que_eng_travel] = "1"	Which country were you visiting abroad?	text
57	covid_que_eng_travel_tim Show the field ONLY if: [covid_que_eng_travel] = "1"	What were the exact dates of travel?	text
58	covid_que_eng_home0to3	Section Header: *How many persons does your household include? Please include yourself. (Fill in 0 if none are)* Under three years old:	text (number)
59	covid_que_eng_home3to6	3-6 years old	text (number)
60	covid_que_eng_home7to17	7-17 years old:	text (number)
61	covid_que_eng_home18to64	8-64 years old:	text (number)
62	covid_que_eng_home65to79	65-79 years old:	text (number)
63	covid_que_eng_home80plus	80 years old or older:	text (number)
64	covid_que_eng_home_num	How many people in your household have been infected with COVID-19	text (number)
65	covid_que_eng_dx_yn	Section Header: Have any of your family members been diagnosed with COVID-19?	yesno 1 — Yes 0 — No
66	covid_que_eng_dx_num Show the field ONLY if: [covid_que_eng_dx_yn] = '1'	Who has been diagnosed with COVID-19?	text
67	covid_que_eng_hosp_yn Show the field ONLY if: [covid_que_eng_dx_yn] = '1'	Have any of your family members been hospitalized with COVID-19?	yesno 1 — Yes 0 — No
68	covid_que_eng_hosp_num Show the field ONLY if: [covid_que_eng_hosp_yn] = '1'	Who has been hospitalized with COVID-19?	text
69	covid_que_eng_died_yn Show the field ONLY if: [covid_que_eng_dx_yn] = '1'	Have any of your family members died due to COVID-19?	yesno 1 — Yes 0 — No
70	covid_que_eng_died_num Show the field ONLY if: [covid_que_eng_died_yn] = '1'	Who has died due to COVID-19?	text
71	covid_que_eng_home_dx Show the field ONLY if: [covid_que_eng_dx_yn] = '1'	Thinking about the people who live with you at home, how many people also had COVID-19?	text (number)
72	covid_que_eng_home_imm	Do any of your family members have an immune deficiency or immune-related condition?	yesno 1 — Yes 0 — No

73	weight_from_demographics	Section Header: *Please note: the purpose of the following set of questions is to describe your situation before starting your current treatment. If you have changed your lifestyle considerably just now due to your illness, please answer the questions from the time before your illness* Is your weight [weight] kgs?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>
74	covid_que_eng_weight Show the field ONLY if: [weight_from_demographics] = '0'	How much do you weigh? *In kgs*	text (number)
75	height_from_demographics	Is your height [height]?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>
76	covid_que_eng_height Show the field ONLY if: [height_from_demographics] = '0'	How tall are you? For example: If you are 5 feet 8 inches, enter 5' 10". *In feet and inches*	text
77	ethnicity_demographics	Is your ethnicity [ethnicity2]?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>

78	covid_que_eng_ethnicity	What is your ethnicity/ancestry?	checkbox

checkbox options for #78:

1	covid_que_eng_ethnicity___1	Hispanic or latino
2	covid_que_eng_ethnicity___2	White - European
3	covid_que_eng_ethnicity___3	Asian
4	covid_que_eng_ethnicity___4	Black
5	covid_que_eng_ethnicity___5	Native American
6	covid_que_eng_ethnicity___6	Pacific Islander
99	covid_que_eng_ethnicity___99	Don't know
999	covid_que_eng_ethnicity___999	Prefer not to answer

Show the field ONLY if: [ethnicity_demographics] = '0'

79	covid_que_eng_exercise	What is the level of your usual physical activity?	radio

radio options for #79:

1	I read, watch TV, and perform chores that are not physically taxing
2	I walk, bike, or are otherwise physically active for many days a week. Including among other activities: walking, fishing, hunting, and light gardening work
3	I do endurance sports for many hours a week. Including jogging, skiing, weight lifting, calisthenics, swimming, ball games and physically taxing gardening work.
4	I train for competitive sports for regularly, many times a week.

80	covid_que_eng_smoke_yn	Do you smoke?	radio

radio options for #80:

0	I have never smoked regularly.
1	I used to smoke, but I quit.
2	I smoke only rarely.
3	I smoke every day.

81	covid_que_eng_smoke_num Show the field ONLY if: [covid_que_eng_smoke_yn] = "2" or [covid_que_eng_smoke_yn] = "3"	How many cigarettes on average per day do you smoke?	text (number)

82	covid_que_eng_vape_yn	Do you vape?	radio
			1 | I have never vaped regularly
			2 | I used to vape, but I quit.
			3 | I vape only rarely.
			4 | I vape every day.
83	covid_que_eng_drink_yn	How often do you consume alcoholic beverages?	radio
			0 | never
			1 | once a month or less often
			2 | 2-4 times a month
			3 | 2-3 times per week
			4 | 4 times a week or more often
84	covid_alcohol_number Show the field ONLY if: [covid_que_eng_drink_yn] = "1" or [covid_que_eng_drink_yn] = "2" or [covid_que_eng_drink_yn] = "3" or [covid_que_eng_drink_yn] = "4"	What is your average number of alcoholic drinks per week?	text (number)
85	covid_que_eng_education	What is your education level?	radio
			1 | Primary/elementary school
			2 | Vocational school
			3 | High School
			4 | College / Bachelors degree
			5 | Masters degree or higher
86	covid_que_eng_job	What is your job title?	text
87	covid_que_eng_women Show the field ONLY if: [gender2] = "2" or [gender2] = "3" or [gender2] = "999"	Section Header: Women/pregnancy specific:	descriptive
88	covid_que_eng_women_preg Show the field ONLY if: [gender2] = "2" or [gender2] = "3" or [gender2] = "999"	Are you pregnant or have you delivered in the last month?	radio
			1 | I am currently pregnant
			2 | I delivered within the last month
			0 | No, I am not currently pregnant and have not recently delivered a baby
89	covid_que_eng_women_gest Show the field ONLY if: [covid_que_eng_women_preg] = "1"	My current gestation in pregnancy is:	radio
			1 | 6 to 14 weeks
			2 | 14 to 24 weeks
			3 | 24 to 32 weeks
			4 | 32 to 36 weeks
			5 | Over 36 weeks
90	covid_que_eng_women_com Show the field ONLY if: ([covid_que_eng_women_preg] = "1" or [covid_que_eng_women_preg] = "2") and ([gender2] = "2" or [gender2] = "3" or [gender2] = "999")	Have you had any complications with the pregnancy since having the COVID-19 infection?	yesno
			1 | Yes
			0 | No
91	covid_que_eng_women_com1 Show the field ONLY if: [covid_que_eng_women_com] = "1"	Which of the following complications did you have?	radio
			1 | Miscarriage
			2 | Premature labor
			3 | Pre-eclampsia
			4 | Other

92	covid_que_eng_women_fed Show the field ONLY if: [covid_que_eng_women_preg] = "2" and ([gender2] = "2" or [gender2] = "3" or [gender2] = "999")	Are you currently breastfeeding?	yesno 1 Yes 0 No
93	covid_que_eng_name1	Section Header: *If there are members of your family who you believe have been infected with COVID-19 who you would like to be part of this study, please provide their name(s) and contact information below.* Name:	text
94	covid_que_eng_email1	Email address:	text (email)
95	covid_que_eng_telephone1	Phone number:	text (phone)
96	covid_que_eng_more1	Any additional members of your family who you believe have been infected with COVID-19 who you would like to be part of this study?	yesno 1 Yes 0 No
97	covid_que_eng_name2 Show the field ONLY if: [covid_que_eng_more1] = "1"	Name:	text
98	covid_que_eng_email2 Show the field ONLY if: [covid_que_eng_more1] = "1"	Email address:	text (email)
99	covid_que_eng_telephone2 Show the field ONLY if: [covid_que_eng_more1] = "1"	Phone number:	text (phone)
100	covid_que_eng_more2 Show the field ONLY if: [covid_que_eng_more1] = "1"	Any additional members of your family who you believe have been infected with COVID-19 who you would like to be part of this study?	yesno 1 Yes 0 No
101	covid_que_eng_name3 Show the field ONLY if: [covid_que_eng_more2] = "1"	Name:	text
102	covid_que_eng_email3 Show the field ONLY if: [covid_que_eng_more2] = "1"	Email address:	text (email)
103	covid_que_eng_telephone3 Show the field ONLY if: [covid_que_eng_more2] = "1"	Phone number:	text (phone)
104	covid_que_eng_more3 Show the field ONLY if: [covid_que_eng_more2] = "1"	Any additional members of your family who you believe have been infected with COVID-19 who you would like to be part of this study?	yesno 1 Yes 0 No
105	covid_que_eng_name4 Show the field ONLY if: [covid_que_eng_more3] = "1"	Name:	text
106	covid_que_eng_email4 Show the field ONLY if: [covid_que_eng_more3] = "1"	Email address:	text (email)
107	covid_que_eng_telephone4 Show the field ONLY if: [covid_que_eng_more3] = "1"	Phone number:	text (phone)
108	covid19_questionnaire_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete