




Penn Biobank COVID-19 Patient Survey

Codebook ▾

Data Dictionary Codebook

04/27/2020 5:47pm

[^ Collapse all instruments](#)

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)								
Instrument: COVID-19 Patient Survey (covid19_patient_survey)  Enabled as survey ^ Collapse											
1	record_id	Record ID	text								
2	page1of4	Section Header: <i>Personal Profile</i> Page 1 of 4	descriptive								
3	fname_txt1	Type your first name below:	descriptive Question number: 1								
4	fname		text, Required, Identifier Custom alignment: LV								
5	lname_txt1	Type your last name below:	descriptive								
6	lname		text, Required, Identifier Custom alignment: LV								
7	dob	What is your date of birth?	text (date_mdy), Required, Identifier Custom alignment: LV Question number: 2 Field Annotation: @HIDEBUTTON								
8	email	What is your email address?	text (email), Required, Identifier Question number: 3								
9	mobile_phone_number	What is your mobile phone number? <i>if you do not have a mobile telephone, enter your best daytime phone number.</i>	text (phone), Required, Identifier Question number: 4								
10	assigned_sex	What sex were you assigned at birth?	radio, Required <table><tr><td>Male</td><td>Male</td></tr><tr><td>Female</td><td>Female</td></tr><tr><td>Other</td><td>Other</td></tr><tr><td>Prefer_not_to_answer</td><td>Prefer not to answer</td></tr></table> Question number: 5	Male	Male	Female	Female	Other	Other	Prefer_not_to_answer	Prefer not to answer
Male	Male										
Female	Female										
Other	Other										
Prefer_not_to_answer	Prefer not to answer										
11	pregnancy_status Show the field ONLY if: [assigned_sex] = 'Female'	Are you currently pregnant or is there a chance you could be pregnant during the next month?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No				
1	Yes										
0	No										
12	gender_sex_match	Does your current gender identity match your sex assigned at birth?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Prefer not to answer</td></tr></table> Question number: 6	1	Yes	0	No	2	Prefer not to answer		
1	Yes										
0	No										
2	Prefer not to answer										

13	gender_identity Show the field ONLY if: [gender_sex_match] = '0'	What is your current gender identity?	radio, Required <table><tr><td>1</td><td>Transgender female (male to female)</td></tr><tr><td>2</td><td>Transgender male (female to male)</td></tr><tr><td>3</td><td>Gender queer</td></tr><tr><td>4</td><td>Gender variant or gender non-conforming</td></tr><tr><td>5</td><td>Female</td></tr><tr><td>6</td><td>Male</td></tr><tr><td>7</td><td>Self-identify</td></tr><tr><td>8</td><td>Prefer not to answer</td></tr></table> Field Annotation: @NONEOFTHEABOVE=8	1	Transgender female (male to female)	2	Transgender male (female to male)	3	Gender queer	4	Gender variant or gender non-conforming	5	Female	6	Male	7	Self-identify	8	Prefer not to answer								
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5	Female																										
6	Male																										
7	Self-identify																										
8	Prefer not to answer																										
14	gender_self_identity Show the field ONLY if: [gender_identity] = '7'	Please specify gender self-identity	text, Required																								
15	age	How old are you (in years)?	text (integer, Min: 0, Max: 130), Required Question number: 7																								
16	weight	How much do you weigh (in pounds)?	text (integer, Min: 1, Max: 1000), Required Question number: 8																								
17	height_header	How tall are you?	descriptive Question number: 9																								
18	height_feet	Feet	text (integer, Min: 0, Max: 8), Required																								
19	height_inches	Inches	text (integer, Min: 0, Max: 11), Required Custom alignment: RH																								
20	ancestry_ethnicity	What is your ethnicity/ancestry?	checkbox, Required <table><tr><td>1</td><td>ancestry_ethnicity__1</td><td>Hispanic or latino</td></tr><tr><td>2</td><td>ancestry_ethnicity__2</td><td>White - European</td></tr><tr><td>3</td><td>ancestry_ethnicity__3</td><td>Asian</td></tr><tr><td>4</td><td>ancestry_ethnicity__4</td><td>Black - African</td></tr><tr><td>5</td><td>ancestry_ethnicity__5</td><td>Native American</td></tr><tr><td>6</td><td>ancestry_ethnicity__6</td><td>Pacific Islander</td></tr><tr><td>7</td><td>ancestry_ethnicity__7</td><td>Don't know</td></tr><tr><td>8</td><td>ancestry_ethnicity__8</td><td>Prefer not to answer</td></tr></table> Question number: 10	1	ancestry_ethnicity__1	Hispanic or latino	2	ancestry_ethnicity__2	White - European	3	ancestry_ethnicity__3	Asian	4	ancestry_ethnicity__4	Black - African	5	ancestry_ethnicity__5	Native American	6	ancestry_ethnicity__6	Pacific Islander	7	ancestry_ethnicity__7	Don't know	8	ancestry_ethnicity__8	Prefer not to answer
1	ancestry_ethnicity__1	Hispanic or latino																									
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5	ancestry_ethnicity__5	Native American																									
6	ancestry_ethnicity__6	Pacific Islander																									
7	ancestry_ethnicity__7	Don't know																									
8	ancestry_ethnicity__8	Prefer not to answer																									
21	live_alone	Do you live alone?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Question number: 11	1	Yes	0	No																				
1	Yes																										
0	No																										
22	household_interaction_ages Show the field ONLY if: [live_alone] = '0'	Please indicate ages for people who interact in your household? (including yourself, any caregivers or roomates - check all that apply)	checkbox, Required <table><tr><td>1</td><td>household_interaction_ages__1</td><td>under 3 years old</td></tr><tr><td>2</td><td>household_interaction_ages__2</td><td>3-6 years old</td></tr><tr><td>3</td><td>household_interaction_ages__3</td><td>7-17 years old</td></tr><tr><td>4</td><td>household_interaction_ages__4</td><td>18-25 years old</td></tr><tr><td>5</td><td>household_interaction_ages__5</td><td>26-40 years old</td></tr><tr><td>6</td><td>household_interaction_ages__6</td><td>41-64 years old</td></tr><tr><td>7</td><td>household_interaction_ages__7</td><td>65-79 years old</td></tr><tr><td>8</td><td>household_interaction_ages__8</td><td>80 years old or older</td></tr></table>	1	household_interaction_ages__1	under 3 years old	2	household_interaction_ages__2	3-6 years old	3	household_interaction_ages__3	7-17 years old	4	household_interaction_ages__4	18-25 years old	5	household_interaction_ages__5	26-40 years old	6	household_interaction_ages__6	41-64 years old	7	household_interaction_ages__7	65-79 years old	8	household_interaction_ages__8	80 years old or older
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7	household_interaction_ages__7	65-79 years old																									
8	household_interaction_ages__8	80 years old or older																									
23	household_under_3 Show the field ONLY if: [household_interaction_ages (1)] = '1'	Number of people in household under 3 years old	text (integer, Min: 0, Max: 100), Required																								

	24	household_between_3_6 Show the field ONLY if: [household_interaction_ages (2)] = '1'	Number of 3-6 years old people interacting in household	text (integer, Min: 0, Max: 100), Required										
	25	household_between_7_17 Show the field ONLY if: [household_interaction_ages (3)] = '1'	Number of 7-17 years old people interacting in household	text (integer, Min: 0, Max: 100), Required										
	26	household_between_18_25 Show the field ONLY if: [household_interaction_ages (4)] = '1'	Number of 18-25 years old people interacting in household	text (integer, Min: 0, Max: 100), Required										
	27	household_between_26_40 Show the field ONLY if: [household_interaction_ages (5)] = '1'	Number of 26-40 years old people interacting in household	text (integer, Min: 0, Max: 100), Required										
	28	household_between_41_64 Show the field ONLY if: [household_interaction_ages (6)] = '1'	Number of 41-64 years old people interacting in household	text (integer, Min: 0, Max: 100), Required										
	29	household_between_65_79 Show the field ONLY if: [household_interaction_ages (7)] = '1'	Number of 65-79 years old people interacting in household	text (integer, Min: 0, Max: 100), Required										
	30	household_over_80 Show the field ONLY if: [household_interaction_ages (8)] = '1'	Number of 80 years old or older people interacting in household	text (integer, Min: 0, Max: 100), Required										
	31	residence_type	What type of residence do you live in?	radio, Required <table><tr><td>1</td><td>Dormitory</td></tr><tr><td>2</td><td>Nursing home</td></tr><tr><td>3</td><td>Apartment</td></tr><tr><td>4</td><td>Single family home</td></tr><tr><td>5</td><td>Other</td></tr></table> Question number: 12	1	Dormitory	2	Nursing home	3	Apartment	4	Single family home	5	Other
1	Dormitory													
2	Nursing home													
3	Apartment													
4	Single family home													
5	Other													
	32	residence_other Show the field ONLY if: [residence_type] = '5'	Please describe "Other" residence type	text, Required										
	33	patient_address	What is your address? (For geocoding purposes only)	notes, Required Question number: 13										
	34	page2of4	Section Header: COVID-19 related questions Page 2 of 4	descriptive										
	35	diagnosed	Have you been diagnosed with COVID-19?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Question number: 14	1	Yes	0	No						
1	Yes													
0	No													
	36	testing_done	Were you tested for COVID-19?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Question number: 15	1	Yes	0	No						
1	Yes													
0	No													

37	testing_location Show the field ONLY if: [testing_done] = '1'	Where were you tested for COVID-19?	radio, Required <table border="1"> <tr> <td>1</td> <td>Outpatient office or lab / drive-through</td> </tr> <tr> <td>2</td> <td>Emergency Department</td> </tr> <tr> <td>3</td> <td>Other</td> </tr> </table>	1	Outpatient office or lab / drive-through	2	Emergency Department	3	Other																																																									
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2	Emergency Department																																																																	
3	Other																																																																	
38	other_test_location Show the field ONLY if: [testing_location] = '3'	What is the "other" testing location indicated above?	text																																																															
39	symptoms_tested Show the field ONLY if: [testing_done] = '1'	Did you have symptoms when you were tested?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																																											
1	Yes																																																																	
0	No																																																																	
40	no_symptom_testing Show the field ONLY if: [symptoms_tested] = '0'	Why were you tested?	radio, Required <table border="1"> <tr> <td>1</td> <td>Healthcare worker / first responder</td> </tr> <tr> <td>2</td> <td>Susceptible family member at home</td> </tr> <tr> <td>3</td> <td>Other</td> </tr> </table>	1	Healthcare worker / first responder	2	Susceptible family member at home	3	Other																																																									
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41	other_testing_reason Show the field ONLY if: [no_symptom_testing] = '3'	What "other" reason did you have for testing?	text, Required																																																															
42	symptoms	Please describe your COVID-19 symptoms (check all that apply)	checkbox, Required <table border="1"> <tr> <td>0</td> <td>symptoms__0</td> <td>none</td> </tr> <tr> <td>1</td> <td>symptoms__1</td> <td>cough</td> </tr> <tr> <td>2</td> <td>symptoms__2</td> <td>sore throat</td> </tr> <tr> <td>3</td> <td>symptoms__3</td> <td>fever > 100.4</td> </tr> <tr> <td>4</td> <td>symptoms__4</td> <td>chills</td> </tr> <tr> <td>5</td> <td>symptoms__5</td> <td>headache</td> </tr> <tr> <td>6</td> <td>symptoms__6</td> <td>partial loss of smell (partial anosmia)</td> </tr> <tr> <td>7</td> <td>symptoms__7</td> <td>complete loss of smell (anosmia)</td> </tr> <tr> <td>8</td> <td>symptoms__8</td> <td>partial loss of taste (partial ageusia)</td> </tr> <tr> <td>9</td> <td>symptoms__9</td> <td>complete loss of taste (ageusia)</td> </tr> <tr> <td>10</td> <td>symptoms__10</td> <td>breathing problems</td> </tr> <tr> <td>11</td> <td>symptoms__11</td> <td>fatigue / lethargy</td> </tr> <tr> <td>12</td> <td>symptoms__12</td> <td>muscle pain</td> </tr> <tr> <td>13</td> <td>symptoms__13</td> <td>runny nose</td> </tr> <tr> <td>14</td> <td>symptoms__14</td> <td>diarrhea (>= 3 loose/looser than normal stools in 24 hr period)</td> </tr> <tr> <td>15</td> <td>symptoms__15</td> <td>nausea or vomiting</td> </tr> <tr> <td>16</td> <td>symptoms__16</td> <td>bluish lips/face</td> </tr> <tr> <td>17</td> <td>symptoms__17</td> <td>confusion or inability to arouse</td> </tr> <tr> <td>18</td> <td>symptoms__18</td> <td>chest pressure / chest pain</td> </tr> <tr> <td>19</td> <td>symptoms__19</td> <td>mild conjunctivitis or red eye</td> </tr> <tr> <td>20</td> <td>symptoms__20</td> <td>other</td> </tr> </table> Question number: 16 Field Annotation: @NONEOFTHEABOVE=0	0	symptoms__0	none	1	symptoms__1	cough	2	symptoms__2	sore throat	3	symptoms__3	fever > 100.4	4	symptoms__4	chills	5	symptoms__5	headache	6	symptoms__6	partial loss of smell (partial anosmia)	7	symptoms__7	complete loss of smell (anosmia)	8	symptoms__8	partial loss of taste (partial ageusia)	9	symptoms__9	complete loss of taste (ageusia)	10	symptoms__10	breathing problems	11	symptoms__11	fatigue / lethargy	12	symptoms__12	muscle pain	13	symptoms__13	runny nose	14	symptoms__14	diarrhea (>= 3 loose/looser than normal stools in 24 hr period)	15	symptoms__15	nausea or vomiting	16	symptoms__16	bluish lips/face	17	symptoms__17	confusion or inability to arouse	18	symptoms__18	chest pressure / chest pain	19	symptoms__19	mild conjunctivitis or red eye	20	symptoms__20	other
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20	symptoms__20	other																																																																
43	symptoms_cough Show the field ONLY if: [symptoms(1)] = '1'	How many days of coughing? (If you remember)	text (integer, Min: 0, Max: 100)																																																															

	44	<div>symptoms_cough_type</div> <div>Show the field ONLY if: [symptoms(1)] = '1'</div>	Please describe type of cough	<div>radio, Required</div> <table><tr><td>1</td><td>Dry</td></tr><tr><td>2</td><td>Wet</td></tr></table>	1	Dry	2	Wet
1	Dry							
2	Wet							
	45	<div>symptoms_sore_throat</div> <div>Show the field ONLY if: [symptoms(2)] = '1'</div>	How many days with a sore throat? (If you remember)	text (integer, Min: 1, Max: 100)				
	46	<div>symptoms_fever_days</div> <div>Show the field ONLY if: [symptoms(3)] = '1'</div>	How many days with fever > 100.4? (If you remember)	text (integer, Min: 1, Max: 100)				
	47	<div>symptoms_fever_max</div> <div>Show the field ONLY if: [symptoms(3)] = '1'</div>	What was the maximum fever temperature recorded?	text (number, Min: 100, Max: 110), Required				
	48	<div>symptoms_other</div> <div>Show the field ONLY if: [symptoms(20)] = '1'</div>	Please describe "other" COVID-19 symptoms	notes, Required				
	49	<div>date_first_symptom</div> <div>Show the field ONLY if: [symptoms(1)] = '1' or [symptoms(2)] = '1' or [symptoms(3)] = '1' or [symptoms(4)] = '1' or [symptoms(5)] = '1' or [symptoms(6)] = '1' or [symptoms(7)] = '1' or [symptoms(8)] = '1' or [symptoms(9)] = '1' or [symptoms(10)] = '1' or [symptoms(11)] = '1' or [symptoms(13)] = '1' or [symptoms(14)] = '1' or [symptoms(17)] = '1' or [symptoms(18)] = '1' or [symptoms(19)] = '1' or [symptoms(20)] = '1'</div>	Date of your first symptom	text (date_mdy, Min: 2019-01-12)				
	50	<div>first_symptom_warning</div> <div>Show the field ONLY if: datediff ([date_first_symptom], "today", "d", "mdy", true)<0</div>	Date of your first symptom is set to the future. Please check the date.	descriptive				
	51	<div>date_symptom_resolution</div> <div>Show the field ONLY if: [symptoms(1)] = '1' or [symptoms(2)] = '1' or [symptoms(3)] = '1' or [symptoms(4)] = '1' or [symptoms(5)] = '1' or [symptoms(6)] = '1' or [symptoms(7)] = '1' or [symptoms(8)] = '1' or [symptoms(9)] = '1' or [symptoms(10)] = '1' or [symptoms(11)] = '1' or [symptoms(13)] = '1' or [symptoms(14)] = '1' or [symptoms(17)] = '1' or [symptoms(18)] = '1' or [symptoms(19)] = '1' or [symptoms(20)] = '1'</div>	Date of your symptom resolution (if known)	text (date_mdy, Min: 2019-01-12)				
	52	<div>symptom_resolution_warning</div> <div>Show the field ONLY if: datediff ([date_symptom_resolution], "today", "d", "mdy", true)<0</div>	Date of your symptom resolution is set to the future. Please check the date.	descriptive				
	53	<div>traveled</div>	Were you abroad just before getting sick / being exposed to or being suspected for COVID-19 infection?	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Question number: 17</div>	1	Yes	0	No
1	Yes							
0	No							

	54	travel_country Show the field ONLY if: [traveled] = '1'	Travel to which country?	text, Required								
	55	travel_start_date Show the field ONLY if: [traveled] = '1'	Travel start date	text (date_mdy)								
	56	travel_start_warning Show the field ONLY if: datediff ([travel_start_date], "today", "d","mdy", true)<0	Date for your start of travel is set to the future. Please check the date.	descriptive								
	57	travel_end_date Show the field ONLY if: [traveled] = '1'	Travel end date	text (date_mdy)								
	58	travel_end_warning Show the field ONLY if: datediff ([travel_end_date], "today", "d","mdy", true)<0	Date for your end of travel is set to the future. Please check the date.	descriptive								
	59	exposure_known	Were you exposed to an individual known or suspected to have COVID-19?	radio, Required <table><tr><td>1</td><td>Yes; Known</td></tr><tr><td>2</td><td>Yes; Suspected</td></tr><tr><td>3</td><td>No</td></tr><tr><td>4</td><td>Not sure</td></tr></table> Question number: 18	1	Yes; Known	2	Yes; Suspected	3	No	4	Not sure
1	Yes; Known											
2	Yes; Suspected											
3	No											
4	Not sure											
	60	exposure_location Show the field ONLY if: [exposure_known] = '1' or [exposure_known] = '2'	Was this at home, work, or elsewhere?	radio, Required <table><tr><td>1</td><td>Home</td></tr><tr><td>2</td><td>Work</td></tr><tr><td>3</td><td>Elsewhere</td></tr></table>	1	Home	2	Work	3	Elsewhere		
1	Home											
2	Work											
3	Elsewhere											
	61	medication_treatment Show the field ONLY if: [diagnosed] = '1'	Were you treated with any medications for your COVID-19 illness?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No				
1	Yes											
0	No											

62	medications_used Show the field ONLY if: [medication_treatment] = '1'	Do you know if doctors used any of the following medications to treat your COVID-19 illness (Check all that apply)?	<table><tr><td colspan="3">checkbox, Required</td></tr><tr><td>1</td><td>medications_used___1</td><td>NSAIDs (ibuprofen, aspirin, naproxen, celecoxib, diclofenac, indomethacin, piroxicam)</td></tr><tr><td>2</td><td>medications_used___2</td><td>Acetaminophen (Tylenol)</td></tr><tr><td>3</td><td>medications_used___3</td><td>Corticosteroids (prednisone, methylprednisolone, dexamethasone, hydrocortisone)</td></tr><tr><td>4</td><td>medications_used___4</td><td>IL-6 pathway blockers (sarilumab, tocilizumab, siltuximab)</td></tr><tr><td>5</td><td>medications_used___5</td><td>JAK inhibitors (baricitinib, ruxolitinib, fedratinib, tofacitinib)</td></tr><tr><td>6</td><td>medications_used___6</td><td>Remdesivir (GS-5735) or another protease inhibitor</td></tr><tr><td>7</td><td>medications_used___7</td><td>Tamiflu (oseltamivir) or Xofluza (baloxavir marboxil)</td></tr><tr><td>8</td><td>medications_used___8</td><td>Chloroquine or Hydroxychloroquine</td></tr><tr><td>9</td><td>medications_used___9</td><td>Sofosbuvir</td></tr><tr><td>10</td><td>medications_used___10</td><td>Ribavirin</td></tr><tr><td>11</td><td>medications_used___11</td><td>Interferon Alpha</td></tr><tr><td>12</td><td>medications_used___12</td><td>Other</td></tr><tr><td>13</td><td>medications_used___13</td><td>Don't know</td></tr><tr><td>14</td><td>medications_used___14</td><td>Prefer not to answer</td></tr></table> Field Annotation: @NONEOFTHEABOVE=14	checkbox, Required			1	medications_used___1	NSAIDs (ibuprofen, aspirin, naproxen, celecoxib, diclofenac, indomethacin, piroxicam)	2	medications_used___2	Acetaminophen (Tylenol)	3	medications_used___3	Corticosteroids (prednisone, methylprednisolone, dexamethasone, hydrocortisone)	4	medications_used___4	IL-6 pathway blockers (sarilumab, tocilizumab, siltuximab)	5	medications_used___5	JAK inhibitors (baricitinib, ruxolitinib, fedratinib, tofacitinib)	6	medications_used___6	Remdesivir (GS-5735) or another protease inhibitor	7	medications_used___7	Tamiflu (oseltamivir) or Xofluza (baloxavir marboxil)	8	medications_used___8	Chloroquine or Hydroxychloroquine	9	medications_used___9	Sofosbuvir	10	medications_used___10	Ribavirin	11	medications_used___11	Interferon Alpha	12	medications_used___12	Other	13	medications_used___13	Don't know	14	medications_used___14	Prefer not to answer
checkbox, Required																																																
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12	medications_used___12	Other																																														
13	medications_used___13	Don't know																																														
14	medications_used___14	Prefer not to answer																																														
63	medications_used_other Show the field ONLY if: [medications_used(12)] = '1'	What other medication (s) did doctors use to treat your COVID-19 illness?	notes, Required																																													
64	page3of4	Section Header: <i>General Health questions</i> Page 3 of 4	descriptive																																													
65	rate_general_health	How would you rate your general health?	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>Excellent</td></tr><tr><td>2</td><td>Good</td></tr><tr><td>3</td><td>Fair</td></tr><tr><td>4</td><td>Poor</td></tr></table> Question number: 19	radio, Required		1	Excellent	2	Good	3	Fair	4	Poor																																			
radio, Required																																																
1	Excellent																																															
2	Good																																															
3	Fair																																															
4	Poor																																															
66	social_profile	Describe your usual level of social interactions with other people when not under stay at home and/or social distancing?	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>I go out a lot (4-7 times/week)</td></tr><tr><td>2</td><td>I go out sometimes (2-3 times/week)</td></tr><tr><td>3</td><td>I keep to myself mainly (1 or less times/week)</td></tr></table> Question number: 20	radio, Required		1	I go out a lot (4-7 times/week)	2	I go out sometimes (2-3 times/week)	3	I keep to myself mainly (1 or less times/week)																																					
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67	practicing_distancing	How would you rate your compliance on a scale of 1-5 about social distancing measures as recommended by CDC? (1 being not following guidelines to 5 being following all guidelines)	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr></table> Custom alignment: RH Question number: 21	radio, Required		1	1	2	2	3	3	4	4	5	5																																										
radio, Required																																																									
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2	2																																																								
3	3																																																								
4	4																																																								
5	5																																																								
68	start_distancing Show the field ONLY if: [practicing_distancing] > 1	When did you start social distancing?	text (date_mdy), Required																																																						
69	start_distance_warning Show the field ONLY if: datediff ([start_distancing], "to day", "d","mdy", true)<0	Date for start of social distancing is set to the future. Please check the date.	descriptive																																																						
70	diseases_list	Has your doctor or any medical provider ever told you that you have any of the following diseases? (check all that apply)	<table><tr><td colspan="3">checkbox, Required</td></tr><tr><td>1</td><td>diseases_list__1</td><td>Lung disease</td></tr><tr><td>2</td><td>diseases_list__2</td><td>Heart disease</td></tr><tr><td>3</td><td>diseases_list__3</td><td>Hypertension/ high blood pressure</td></tr><tr><td>4</td><td>diseases_list__4</td><td>Hyperlipidemia/ hypercholestrolemia</td></tr><tr><td>5</td><td>diseases_list__5</td><td>Anemia</td></tr><tr><td>6</td><td>diseases_list__6</td><td>Liver Disease</td></tr><tr><td>7</td><td>diseases_list__7</td><td>Diabetes</td></tr><tr><td>8</td><td>diseases_list__8</td><td>Obesity</td></tr><tr><td>9</td><td>diseases_list__9</td><td>Joint Diseases</td></tr><tr><td>10</td><td>diseases_list__10</td><td>Inflammatory bowel disease</td></tr><tr><td>11</td><td>diseases_list__11</td><td>Cancer</td></tr><tr><td>12</td><td>diseases_list__12</td><td>Cystic Fibrosis</td></tr><tr><td>13</td><td>diseases_list__13</td><td>Chronic Kidney Disease</td></tr><tr><td>14</td><td>diseases_list__14</td><td>Neurological disorder</td></tr><tr><td>15</td><td>diseases_list__15</td><td>Dementia</td></tr><tr><td>16</td><td>diseases_list__16</td><td>Other</td></tr><tr><td>17</td><td>diseases_list__17</td><td>None of the above</td></tr></table> Question number: 22 Field Annotation: @NONEOFTHEABOVE=17	checkbox, Required			1	diseases_list__1	Lung disease	2	diseases_list__2	Heart disease	3	diseases_list__3	Hypertension/ high blood pressure	4	diseases_list__4	Hyperlipidemia/ hypercholestrolemia	5	diseases_list__5	Anemia	6	diseases_list__6	Liver Disease	7	diseases_list__7	Diabetes	8	diseases_list__8	Obesity	9	diseases_list__9	Joint Diseases	10	diseases_list__10	Inflammatory bowel disease	11	diseases_list__11	Cancer	12	diseases_list__12	Cystic Fibrosis	13	diseases_list__13	Chronic Kidney Disease	14	diseases_list__14	Neurological disorder	15	diseases_list__15	Dementia	16	diseases_list__16	Other	17	diseases_list__17	None of the above
checkbox, Required																																																									
1	diseases_list__1	Lung disease																																																							
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16	diseases_list__16	Other																																																							
17	diseases_list__17	None of the above																																																							
71	lung_disease Show the field ONLY if: [diseases_list(1)] = '1'	What type of lung disease?	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>Asthma</td></tr><tr><td>2</td><td>Chronic obstructive pulmonary disease (COPD)</td></tr><tr><td>3</td><td>Idiopathic pulmonary fibrosis</td></tr><tr><td>4</td><td>Bronchtiectasis</td></tr><tr><td>5</td><td>Alpha-1 antitrypsin deficiency</td></tr><tr><td>6</td><td>Other lung disorder</td></tr></table>	radio, Required		1	Asthma	2	Chronic obstructive pulmonary disease (COPD)	3	Idiopathic pulmonary fibrosis	4	Bronchtiectasis	5	Alpha-1 antitrypsin deficiency	6	Other lung disorder																																								
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6	Other lung disorder																																																								
72	another_lung_disease Show the field ONLY if: [lung_disease] = '6'	Please specify which other lung disorder you were diagnosed with	text, Required																																																						

73	heart_disease_type Show the field ONLY if: [diseases_list(2)] = '1'	Which type of heart disease do you have? (check all that apply)	checkbox, Required <table><tr><td>1</td><td>heart_disease_type__1</td><td>Congenital Heart disease</td></tr><tr><td>2</td><td>heart_disease_type__2</td><td>Coronary artery disease/ history of myocardial infarction</td></tr><tr><td>3</td><td>heart_disease_type__3</td><td>Congestive heart failure</td></tr><tr><td>4</td><td>heart_disease_type__4</td><td>Other</td></tr></table>	1	heart_disease_type__1	Congenital Heart disease	2	heart_disease_type__2	Coronary artery disease/ history of myocardial infarction	3	heart_disease_type__3	Congestive heart failure	4	heart_disease_type__4	Other
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3	heart_disease_type__3	Congestive heart failure													
4	heart_disease_type__4	Other													
74	heart_disease_type_other Show the field ONLY if: [heart_disease_type(4)] = '1'	Please list "other" type of heart disease	text												
75	diabetes_type Show the field ONLY if: [diseases_list(7)] = '1'	Diabetes type	radio, Required <table><tr><td>1</td><td>Type 1</td></tr><tr><td>2</td><td>Type 2</td></tr></table>	1	Type 1	2	Type 2								
1	Type 1														
2	Type 2														
76	arthritis_type Show the field ONLY if: [diseases_list(9)] = '1'	What type of joint disease?	radio, Required <table><tr><td>1</td><td>Rheumatoid arthritis</td></tr><tr><td>2</td><td>Osteoarthritis</td></tr><tr><td>3</td><td>Other</td></tr></table>	1	Rheumatoid arthritis	2	Osteoarthritis	3	Other						
1	Rheumatoid arthritis														
2	Osteoarthritis														
3	Other														
77	joint_disease_other Show the field ONLY if: [arthritis_type] = '3'	What "other" type of joint disease?	text, Required												

78	<p>cancer_type</p> <p>Show the field ONLY if: [diseases_list(11)] = '1'</p>	Cancer type	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>cancer_type__1</td><td>Anal cancer</td></tr> <tr><td>2</td><td>cancer_type__2</td><td>Bladder cancer</td></tr> <tr><td>3</td><td>cancer_type__3</td><td>Breast cancer</td></tr> <tr><td>4</td><td>cancer_type__4</td><td>Brain cancer</td></tr> <tr><td>5</td><td>cancer_type__5</td><td>Cervical cancer</td></tr> <tr><td>6</td><td>cancer_type__6</td><td>Colon cancer</td></tr> <tr><td>7</td><td>cancer_type__7</td><td>Esophageal cancer</td></tr> <tr><td>8</td><td>cancer_type__8</td><td>Gallbladder cancer</td></tr> <tr><td>9</td><td>cancer_type__9</td><td>Head and Neck Cancer of any site (Nose, mouth, tongue, throat)</td></tr> <tr><td>10</td><td>cancer_type__10</td><td>Kidney cancer (also known as Renal Cell Carcinoma)</td></tr> <tr><td>11</td><td>cancer_type__11</td><td>Leukemia - Acute Leukemia (AML or ALL)</td></tr> <tr><td>12</td><td>cancer_type__12</td><td>Leukemia - Chronic myeloid leukemia (CML)</td></tr> <tr><td>13</td><td>cancer_type__13</td><td>Liver cancer (also known as Hepatocellular carcinoma)</td></tr> <tr><td>14</td><td>cancer_type__14</td><td>Lung cancer</td></tr> <tr><td>15</td><td>cancer_type__15</td><td>Lymphoma (Hodgkins or non-Hodgkins)</td></tr> <tr><td>16</td><td>cancer_type__16</td><td>Melanoma</td></tr> <tr><td>17</td><td>cancer_type__17</td><td>Non-melanoma skin cancer (Basal or Squamous cell cancers)</td></tr> <tr><td>18</td><td>cancer_type__18</td><td>Multiple myeloma</td></tr> <tr><td>19</td><td>cancer_type__19</td><td>Ovarian cancer</td></tr> <tr><td>20</td><td>cancer_type__20</td><td>Pancreatic cancer</td></tr> <tr><td>21</td><td>cancer_type__21</td><td>Prostate cancer</td></tr> <tr><td>22</td><td>cancer_type__22</td><td>Sarcoma</td></tr> <tr><td>23</td><td>cancer_type__23</td><td>Stomach cancer (also known as Gastric cancer)</td></tr> <tr><td>24</td><td>cancer_type__24</td><td>Testicular cancer</td></tr> <tr><td>25</td><td>cancer_type__25</td><td>Thyroid cancer</td></tr> <tr><td>26</td><td>cancer_type__26</td><td>Uterine cancer (also known as Endometrial cancer)</td></tr> <tr><td>27</td><td>cancer_type__27</td><td>A cancer not listed above</td></tr> </table>	1	cancer_type__1	Anal cancer	2	cancer_type__2	Bladder cancer	3	cancer_type__3	Breast cancer	4	cancer_type__4	Brain cancer	5	cancer_type__5	Cervical cancer	6	cancer_type__6	Colon cancer	7	cancer_type__7	Esophageal cancer	8	cancer_type__8	Gallbladder cancer	9	cancer_type__9	Head and Neck Cancer of any site (Nose, mouth, tongue, throat)	10	cancer_type__10	Kidney cancer (also known as Renal Cell Carcinoma)	11	cancer_type__11	Leukemia - Acute Leukemia (AML or ALL)	12	cancer_type__12	Leukemia - Chronic myeloid leukemia (CML)	13	cancer_type__13	Liver cancer (also known as Hepatocellular carcinoma)	14	cancer_type__14	Lung cancer	15	cancer_type__15	Lymphoma (Hodgkins or non-Hodgkins)	16	cancer_type__16	Melanoma	17	cancer_type__17	Non-melanoma skin cancer (Basal or Squamous cell cancers)	18	cancer_type__18	Multiple myeloma	19	cancer_type__19	Ovarian cancer	20	cancer_type__20	Pancreatic cancer	21	cancer_type__21	Prostate cancer	22	cancer_type__22	Sarcoma	23	cancer_type__23	Stomach cancer (also known as Gastric cancer)	24	cancer_type__24	Testicular cancer	25	cancer_type__25	Thyroid cancer	26	cancer_type__26	Uterine cancer (also known as Endometrial cancer)	27	cancer_type__27	A cancer not listed above
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79	<p>other_cancer_type</p> <p>Show the field ONLY if: [cancer_type(27)] = '1'</p>	Please specify the type of cancer that was not listed above	text																																																																																	
80	<p>cancer_treatment</p> <p>Show the field ONLY if: [diseases_list(11)] = '1'</p>	Cancer treatments received	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>cancer_treatment__1</td><td>Drugs</td></tr> <tr><td>2</td><td>cancer_treatment__2</td><td>Radiation</td></tr> <tr><td>3</td><td>cancer_treatment__3</td><td>Immunotherapy</td></tr> </table>	1	cancer_treatment__1	Drugs	2	cancer_treatment__2	Radiation	3	cancer_treatment__3	Immunotherapy																																																																								
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81	<p>past_cancer_treatment</p> <p>Show the field ONLY if: [cancer_treatment(1)] = '1' or [cancer_treatment(2)] = '1' or [cancer_treatment(3)] = '1'</p>	How long ago was cancer treated?	text, Required																																																																																	
82	<p>dialysis</p> <p>Show the field ONLY if: [diseases_list(13)] = '1'</p>	Are you currently on dialysis for chronic kidney disease?	<p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																																													
1	Yes																																																																																			
0	No																																																																																			

83	neurological_type Show the field ONLY if: [diseases_list(14)] = '1'	What type of neurological disorder?	radio, Required <table border="1"> <tr><td>1</td><td>Amyotrophic lateral sclerosis (ALS)</td></tr> <tr><td>2</td><td>Multiple Sclerosis</td></tr> <tr><td>3</td><td>Parkinson's</td></tr> <tr><td>4</td><td>Huntington's</td></tr> <tr><td>5</td><td>Other</td></tr> </table>		1	Amyotrophic lateral sclerosis (ALS)	2	Multiple Sclerosis	3	Parkinson's	4	Huntington's	5	Other																										
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4	Huntington's																																							
5	Other																																							
84	neurological_type_other Show the field ONLY if: [neurological_type] = '5'	What "other" type of neurological disorder?	text, Required																																					
85	other_disease Show the field ONLY if: [diseases_list(16)] = '1'	Please specify any "other" chronic illness or disease you have been diagnosed with	notes, Required																																					
86	organ_transplant_hx	Have you ever had an organ transplant?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Question number: 23		1	Yes	0	No																																
1	Yes																																							
0	No																																							
87	organ_transplant Show the field ONLY if: [organ_transplant_hx] = '1'	Which organ?	text, Required																																					
88	immune_related_conditions	Have you ever been diagnosed with an immune related condition?	checkbox, Required <table border="1"> <tr><td>1</td><td>immune_related_conditions__1</td><td>Autoimmune condition</td></tr> <tr><td>2</td><td>immune_related_conditions__2</td><td>Inflammatory condition</td></tr> <tr><td>3</td><td>immune_related_conditions__3</td><td>Periodic/Frequent fever</td></tr> <tr><td>4</td><td>immune_related_conditions__4</td><td>Immune deficiency</td></tr> <tr><td>5</td><td>immune_related_conditions__5</td><td>Recurrent warts or viral skin infections</td></tr> <tr><td>6</td><td>immune_related_conditions__6</td><td>Seasonal Allergies/Hay Fever</td></tr> <tr><td>7</td><td>immune_related_conditions__7</td><td>Food allergies</td></tr> <tr><td>8</td><td>immune_related_conditions__8</td><td>Cold sores</td></tr> <tr><td>9</td><td>immune_related_conditions__9</td><td>Shingles</td></tr> <tr><td>10</td><td>immune_related_conditions__10</td><td>Eczema</td></tr> <tr><td>11</td><td>immune_related_conditions__11</td><td>Hives</td></tr> <tr><td>12</td><td>immune_related_conditions__12</td><td>None of the above</td></tr> </table> Question number: 24 Field Annotation: @NONEOFTHEABOVE=12		1	immune_related_conditions__1	Autoimmune condition	2	immune_related_conditions__2	Inflammatory condition	3	immune_related_conditions__3	Periodic/Frequent fever	4	immune_related_conditions__4	Immune deficiency	5	immune_related_conditions__5	Recurrent warts or viral skin infections	6	immune_related_conditions__6	Seasonal Allergies/Hay Fever	7	immune_related_conditions__7	Food allergies	8	immune_related_conditions__8	Cold sores	9	immune_related_conditions__9	Shingles	10	immune_related_conditions__10	Eczema	11	immune_related_conditions__11	Hives	12	immune_related_conditions__12	None of the above
1	immune_related_conditions__1	Autoimmune condition																																						
2	immune_related_conditions__2	Inflammatory condition																																						
3	immune_related_conditions__3	Periodic/Frequent fever																																						
4	immune_related_conditions__4	Immune deficiency																																						
5	immune_related_conditions__5	Recurrent warts or viral skin infections																																						
6	immune_related_conditions__6	Seasonal Allergies/Hay Fever																																						
7	immune_related_conditions__7	Food allergies																																						
8	immune_related_conditions__8	Cold sores																																						
9	immune_related_conditions__9	Shingles																																						
10	immune_related_conditions__10	Eczema																																						
11	immune_related_conditions__11	Hives																																						
12	immune_related_conditions__12	None of the above																																						
89	autoimmune_dx Show the field ONLY if: [immune_related_conditions (1)] = '1'	What autoimmune condition have you been diagnosed with?	checkbox, Required <table border="1"> <tr><td>1</td><td>autoimmune_dx__1</td><td>thyroid</td></tr> <tr><td>2</td><td>autoimmune_dx__2</td><td>lupus</td></tr> <tr><td>3</td><td>autoimmune_dx__3</td><td>multiple sclerosis</td></tr> <tr><td>4</td><td>autoimmune_dx__4</td><td>cytopenia</td></tr> <tr><td>5</td><td>autoimmune_dx__5</td><td>colitis/inflammatory bowel disease</td></tr> <tr><td>6</td><td>autoimmune_dx__6</td><td>other</td></tr> </table>		1	autoimmune_dx__1	thyroid	2	autoimmune_dx__2	lupus	3	autoimmune_dx__3	multiple sclerosis	4	autoimmune_dx__4	cytopenia	5	autoimmune_dx__5	colitis/inflammatory bowel disease	6	autoimmune_dx__6	other																		
1	autoimmune_dx__1	thyroid																																						
2	autoimmune_dx__2	lupus																																						
3	autoimmune_dx__3	multiple sclerosis																																						
4	autoimmune_dx__4	cytopenia																																						
5	autoimmune_dx__5	colitis/inflammatory bowel disease																																						
6	autoimmune_dx__6	other																																						

	90	other_autoimmune_dx Show the field ONLY if: [autoimmune_dx(6)] = '1'	What other autoimmune condition have you been diagnosed with?	text, Required		
	91	inflammatory_dx Show the field ONLY if: [immune_related_conditions (2)] = '1'	What inflammatory condition have you been diagnosed with?	text, Required		
	92	meds_taken	Are you currently taking any of the following (at least once a week) ? (Check all that apply)	checkbox, Required		
				1	meds_taken__1	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)
				2	meds_taken__2	Acetaminophen (Benadryl, Excedrin, Robitussin, Sinutab, Sudafed, Tylenol, Vicks, and others)
				3	meds_taken__3	Asthma Meds (bronchodilator Ventolin,albuterol)
				4	meds_taken__4	Corticosteroids(not inhaled), eg. Prednisone
				5	meds_taken__5	Inhaled corticosteroids
				6	meds_taken__6	Inhaled Bronchodialators
				7	meds_taken__7	Nerve pain medication, Gabapetin
				8	meds_taken__8	Diabetic medication, Metformin
				9	meds_taken__9	Anti-TNF medications (infliximab, adalimumab, certolizumab, golimumab, etanercept, others)
				10	meds_taken__10	Blood Thinning Medications (Eliquis, Xarelto, Coumadin, Warfarin, etc.)
				11	meds_taken__11	ACE inhibitors for the treatment of hypertension (Benazepril, Captopril, Fosinopril, Lisinopril, etc.)
				12	meds_taken__12	A statin to lower cholesterol (such as atorvastatin or simvastatin)
				13	meds_taken__13	Angiotensin Receptor Blockers forhypertension (Edarbi, Atacand, Eprosartan, Avapro, etc.)
				14	meds_taken__14	JAK Inhibitors (Baricitinib, ruxolitinib, fedratinib, tofacitinib)
				15	meds_taken__15	Hydroxychloroquine
				16	meds_taken__16	IL-6 pathway inhibitors (sarilumab,tocilizumab, siltuximab, others)

				<table border="1"> <tr> <td>17</td><td>meds_taken__17</td><td>Thyroid medication levothyroxine</td></tr> <tr> <td>18</td><td>meds_taken__18</td><td>A beta-blocker to lower blood pressure (metoprolol, atenolol, tramadol, ...)</td></tr> <tr> <td>19</td><td>meds_taken__19</td><td>Other (prescribed/non- prescribed/vitamins or supplements)</td></tr> <tr> <td>20</td><td>meds_taken__20</td><td>None of the above</td></tr> </table> <p>Question number: 25 Field Annotation: @NONEOFTHEABOVE=20</p>	17	meds_taken__17	Thyroid medication levothyroxine	18	meds_taken__18	A beta-blocker to lower blood pressure (metoprolol, atenolol, tramadol, ...)	19	meds_taken__19	Other (prescribed/non- prescribed/vitamins or supplements)	20	meds_taken__20	None of the above
17	meds_taken__17	Thyroid medication levothyroxine														
18	meds_taken__18	A beta-blocker to lower blood pressure (metoprolol, atenolol, tramadol, ...)														
19	meds_taken__19	Other (prescribed/non- prescribed/vitamins or supplements)														
20	meds_taken__20	None of the above														
	93	nsaids_daily Show the field ONLY if: [meds_taken(1)] = '1'	Do you take conventional nonsteroidal anti-inflammatory agents (NSAIDS) daily?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes															
0	No															
	94	nsaids_as_prescribed Show the field ONLY if: [meds_taken(1)] = '1'	Do you take conventional nonsteroidal anti-inflammatory agents (NSAIDS) as prescribed?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes															
0	No															
	95	nsaids_num_doses Show the field ONLY if: [meds_taken(1)] = '1'	How many doses of conventional nonsteroidal anti- inflammatory agents (NSAIDS) daily?	text												
	96	acetamin_daily Show the field ONLY if: [meds_taken(2)] = '1'	Do you take acetaminophen (Benadryl, Excedrin, Robitussin, Sinutab, Sudafed, Tylenol, Vicks, and others) daily?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes															
0	No															
	97	acetamin_as_prescribed Show the field ONLY if: [meds_taken(2)] = '1'	Do you take acetaminophen as prescribed?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes															
0	No															
	98	acetamin_num_doses Show the field ONLY if: [meds_taken(2)] = '1'	How many doses of Acetaminophen daily?	text												
	99	asthma_meds_daily Show the field ONLY if: [meds_taken(3)] = '1'	Do you take asthma meds daily?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes															
0	No															
	100	asthma_meds_as_prescribed Show the field ONLY if: [meds_taken(3)] = '1'	Do you take asthma meds as prescribed?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes															
0	No															
	101	asthma_meds_num_doses Show the field ONLY if: [meds_taken(3)] = '1'	How many doses of asthma meds daily?	text												
	102	cortico_daily Show the field ONLY if: [meds_taken(4)] = '1'	Do you take corticosteroids daily?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes															
0	No															
	103	cortico_as_prescribed Show the field ONLY if: [meds_taken(4)] = '1'	Do you take corticosteroids as prescribed?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes															
0	No															
	104	cortico_num_doses Show the field ONLY if: [meds_taken(4)] = '1'	How many doses of corticosteroids daily?	text												
	105	inh_cortico_daily Show the field ONLY if: [meds_taken(5)] = '1'	Do you take inhaled corticosteroids daily?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes															
0	No															

106	inh_cortico_as_prescribed Show the field ONLY if: [meds_taken(5)] = '1'	Do you take inhaled corticosteroids as prescribed?	yesno, Required 1 Yes 0 No
107	inh_cortico_num_doses Show the field ONLY if: [meds_taken(5)] = '1'	How many doses of inhaled corticosteroids daily?	text
108	dilators_daily Show the field ONLY if: [meds_taken(6)] = '1'	Do you take inhaled bronchodilators daily?	yesno, Required 1 Yes 0 No
109	dilators_as_prescribed Show the field ONLY if: [meds_taken(6)] = '1'	Do you take inhaled bronchodilators as prescribed?	yesno, Required 1 Yes 0 No
110	dilators_num_doses Show the field ONLY if: [meds_taken(6)] = '1'	How many doses of inhaled bronchodilators daily?	text
111	nerve_med_daily Show the field ONLY if: [meds_taken(7)] = '1'	Do you take nerve pain medication (Gabapetin) daily?	yesno, Required 1 Yes 0 No
112	nerve_med_as_prescribed Show the field ONLY if: [meds_taken(7)] = '1'	Do you take nerve pain medication (Gabapetin) as prescribed?	yesno, Required 1 Yes 0 No
113	nerve_med_num_doses Show the field ONLY if: [meds_taken(7)] = '1'	How many doses of nerve pain medication (Gabapetin) daily?	text
114	diabetic_daily Show the field ONLY if: [meds_taken(8)] = '1'	Do you take diabetic medication (Metformin) daily?	yesno, Required 1 Yes 0 No
115	diabetic_as_prescribed Show the field ONLY if: [meds_taken(8)] = '1'	Do you take diabetic medication (Metformin) as prescribed?	yesno, Required 1 Yes 0 No
116	diabetic_num_doses Show the field ONLY if: [meds_taken(8)] = '1'	How many doses of diabetic medication (Metformin) daily?	text
117	anti_tnf_daily Show the field ONLY if: [meds_taken(9)] = '1'	Do you take anti-TNF medications (infliximab, adalimumab, certolizumab, golimumab, etanercept, others) daily?	yesno, Required 1 Yes 0 No
118	anti_tnf_as_prescribed Show the field ONLY if: [meds_taken(9)] = '1'	Do you take conventional anti-TNF medications (infliximab, adalimumab, certolizumab, golimumab, etanercept, others) as prescribed?	yesno, Required 1 Yes 0 No
119	anti_tnf_num_doses Show the field ONLY if: [meds_taken(9)] = '1'	How many doses of anti-TNF medications (infliximab, adalimumab, certolizumab, golimumab, etanercept, others) daily?	text
120	thinner_daily Show the field ONLY if: [meds_taken(10)] = '1'	Do you take blood thinning medications (Eliquis, Xarelto, Coumadin, Warfarin, etc.) daily?	yesno, Required 1 Yes 0 No
121	thinner_as_prescribed Show the field ONLY if: [meds_taken(10)] = '1'	Do you take conventional blood thinning medications (Eliquis, Xarelto, Coumadin, Warfarin, etc.) as prescribed?	yesno, Required 1 Yes 0 No

	122	thinner_num_doses Show the field ONLY if: [meds_taken(10)] = '1'	How many doses of blood thinning medications (Eliquis, Xarelto, Coumadin, Warfarin, etc.)daily?	text
	123	ace_inhib_daily Show the field ONLY if: [meds_taken(11)] = '1'	Do you take ACE inhibitors for the treatment of hypertension (Benazepril, Captopril, Fosinopril, Lisinopril, etc.) daily?	yesno, Required 1 Yes 0 No
	124	ace_inhib_as_prescribed Show the field ONLY if: [meds_taken(11)] = '1'	Do you take ACE inhibitors for the treatment of hypertension (Benazepril, Captopril, Fosinopril, Lisinopril, etc.) as prescribed?	yesno, Required 1 Yes 0 No
	125	ace_inhib_num_doses Show the field ONLY if: [meds_taken(11)] = '1'	How many doses of ACE inhibitors for the treatment of hypertension (Benazepril, Captopril, Fosinopril, Lisinopril, etc.) daily?	text
	126	statin_daily Show the field ONLY if: [meds_taken(12)] = '1'	Do you take a statin to lower cholesterol (such as atorvastatin or simvastatin) daily?	yesno, Required 1 Yes 0 No
	127	statin_as_prescribed Show the field ONLY if: [meds_taken(12)] = '1'	Do you take a statin to lower cholesterol (such as atorvastatin or simvastatin) as prescribed?	yesno, Required 1 Yes 0 No
	128	statin_num_doses Show the field ONLY if: [meds_taken(12)] = '1'	How many doses of a statin to lower cholesterol (such as atorvastatin or simvastatin) daily?	text
	129	angiotensin_daily Show the field ONLY if: [meds_taken(13)] = '1'	Do you take angiotensin receptor blockers for hypertension (Edarbi, Atacand, Eprosartan, Avapro, etc.) daily?	yesno, Required 1 Yes 0 No
	130	angiotensin_as_prescribed Show the field ONLY if: [meds_taken(13)] = '1'	Do you take angiotensin receptor blockers for hypertension (Edarbi, Atacand, Eprosartan, Avapro, etc.)as prescribed?	yesno, Required 1 Yes 0 No
	131	angiotensin_num_doses Show the field ONLY if: [meds_taken(13)] = '1'	How many doses of angiotensin receptor blockers for hypertension (Edarbi, Atacand, Eprosartan, Avapro, etc.)daily?	text
	132	jak_daily Show the field ONLY if: [meds_taken(14)] = '1'	Do you take JAK Inhibitors (Baricitinib, ruxolitinib, fedratinib, tofacitinib) daily?	yesno, Required 1 Yes 0 No
	133	jak_as_prescribed Show the field ONLY if: [meds_taken(14)] = '1'	Do you take JAK Inhibitors (Baricitinib, ruxolitinib, fedratinib, tofacitinib) as prescribed?	yesno, Required 1 Yes 0 No
	134	jak_num_doses Show the field ONLY if: [meds_taken(14)] = '1'	How many doses of JAK Inhibitors (Baricitinib, ruxolitinib, fedratinib, tofacitinib) daily?	text
	135	hydroxychlor_daily Show the field ONLY if: [meds_taken(15)] = '1'	Do you take Hydroxychloroquine daily?	yesno, Required 1 Yes 0 No
	136	hydroxychlor_as_prescribed Show the field ONLY if: [meds_taken(15)] = '1'	Do you take Hydroxychloroquine as prescribed?	yesno, Required 1 Yes 0 No
	137	hydroxychlor_num_doses Show the field ONLY if: [meds_taken(15)] = '1'	How many doses of Hydroxychloroquine daily?	text

138	il6_daily Show the field ONLY if: [meds_taken(16)] = '1'	Do you take IL-6 pathway inhibitors (sarilumab,tocilizumab, siltuximab, others) daily?	yesno, Required 1 Yes 0 No
139	il6_as_prescribed Show the field ONLY if: [meds_taken(16)] = '1'	Do you take IL-6 pathway inhibitors (sarilumab,tocilizumab, siltuximab, others) as prescribed?	yesno, Required 1 Yes 0 No
140	il6_num_doses Show the field ONLY if: [meds_taken(16)] = '1'	How many doses of IL-6 pathway inhibitors (sarilumab,tocilizumab, siltuximab, others) daily?	text
141	thyroid_med_daily Show the field ONLY if: [meds_taken(17)] = '1'	Do you take thyroid medication levothyroxine daily?	yesno, Required 1 Yes 0 No
142	thyroid_med_as_prescribed Show the field ONLY if: [meds_taken(17)] = '1'	Do you take thyroid medication levothyroxine as prescribed?	yesno, Required 1 Yes 0 No
143	thyroid_med_doses Show the field ONLY if: [meds_taken(17)] = '1'	How many doses of thyroid medication levothyroxine daily?	text
144	beta_blocker_daily Show the field ONLY if: [meds_taken(18)] = '1'	Do you take a beta-blocker to lower blood pressure (metoprolol, atenolol, tramadol, ...) daily?	yesno, Required 1 Yes 0 No
145	beta_blocker_as_prescribed Show the field ONLY if: [meds_taken(18)] = '1'	Do you take a beta-blocker to lower blood pressure (metoprolol, atenolol, tramadol, ...) as prescribed?	yesno, Required 1 Yes 0 No
146	beta_blocker_num_doses Show the field ONLY if: [meds_taken(18)] = '1'	How many doses of a beta-blocker to lower blood pressure (metoprolol, atenolol, tramadol, ...) daily?	text
147	drug_head Show the field ONLY if: [meds_taken(19)] = '1'	Please describe information on other drugs below	descriptive
148	other_drug_types Show the field ONLY if: [meds_taken(19)] = '1'	What other classes of drugs do you regularly take?	checkbox, Required 1 other_drug_types__1 Prescribed 2 other_drug_types__2 Non-Prescribed 3 other_drug_types__3 Vitamins/Supplements
149	other_drug_1 Show the field ONLY if: [meds_taken(19)] = '1'	Other drug/vitamin/supplement name	text, Required
150	other_daily_1 Show the field ONLY if: [meds_taken(19)] = '1'	Do you take [other_drug_1] daily?	yesno, Required 1 Yes 0 No
151	other_check_1 Show the field ONLY if: [meds_taken(19)] = '1'	Do you take any other drugs/vitamins/supplements?	yesno, Required 1 Yes 0 No
152	other_drug_2 Show the field ONLY if: [other_check_1] = '1'	Other drug/vitamin/supplement name	text, Required
153	other_daily_2 Show the field ONLY if: [other_check_1] = '1'	Do you take [other_drug_2] daily?	yesno, Required 1 Yes 0 No

154	other_check_2 Show the field ONLY if: [other_check_1] = '1'	Do you take any other drugs/vitamins/supplements?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
155	other_drug_3 Show the field ONLY if: [other_check_2] = '1'	Other drug/vitamin/supplement name	text, Required						
156	other_daily_3 Show the field ONLY if: [other_check_2] = '1'	Do you take [other_drug_3] daily?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
157	other_check_3 Show the field ONLY if: [other_check_2] = '1'	Do you take any other drugs/vitamins/supplements?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
158	other_drug_4 Show the field ONLY if: [other_check_3] = '1'	Other drug/vitamin/supplement name	text, Required						
159	other_daily_4 Show the field ONLY if: [other_check_3] = '1'	Do you take [other_drug_4] daily?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
160	other_check_4 Show the field ONLY if: [other_check_3] = '1'	Do you take any other drugs/vitamins/supplements?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
161	other_drug_5 Show the field ONLY if: [other_check_4] = '1'	Other drug/vitamin/supplement name	text, Required						
162	other_daily_5 Show the field ONLY if: [other_check_4] = '1'	Do you take [other_drug_5] daily?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
163	other_check_5 Show the field ONLY if: [other_check_4] = '1'	Do you take any other drugs/vitamins/supplements?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
164	other_drug_6 Show the field ONLY if: [other_check_5] = '1'	Other drug/vitamin/supplement name	text, Required						
165	other_daily_6 Show the field ONLY if: [other_check_5] = '1'	Do you take [other_drug_6] daily?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
166	other_check_6 Show the field ONLY if: [other_check_5] = '1'	Do you take any other drugs/vitamins/supplements?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
167	other_drug_7 Show the field ONLY if: [other_check_6] = '1'	Other drug/vitamin/supplement name	text, Required						
168	other_daily_7 Show the field ONLY if: [other_check_6] = '1'	Do you take [other_drug_7] daily?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
169	flu_vaccine_received	Did you get a flu vaccine this season (last 6 months)?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Do not remember</td></tr> </table> Question number: 26	1	Yes	2	No	3	Do not remember
1	Yes								
2	No								
3	Do not remember								

	170	flu_vaccine_date Show the field ONLY if: [flu_vaccine_received] = '1'	Date you received vaccine (if remembered)	text (date_mdy)																								
	171	flu_vaccine_warning Show the field ONLY if: datediff ([flu_vaccine_date], "today", "d","mdy", true)<0	Date for flu vaccine is set to the future. Please check the date.	descriptive																								
	172	last_flu_remembered	Do you remember the last time you got flu or flu-like illness prior to COVID pandemic?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Question number: 27	1	Yes	0	No																				
1	Yes																											
0	No																											
	173	last_flu_year Show the field ONLY if: [last_flu_remembered] = '1'	Approximately, what year was the last flu or flu-like illness?	text (integer, Min: 1900, Max: 2020)																								
	174	last_flu_month Show the field ONLY if: [last_flu_remembered] = '1'	Approximately, what month in [last_flu_year] did you have the flu?	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
1	January																											
2	February																											
3	March																											
4	April																											
5	May																											
6	June																											
7	July																											
8	August																											
9	September																											
10	October																											
11	November																											
12	December																											
	175	last_flu_warning Show the field ONLY if: [last_flu_year]>2020	Year of your last flu or flu-like illness is set to the future. Please check the date.	descriptive																								
	176	last_flu_hospital Show the field ONLY if: [last_flu_remembered] = '1'	Did you get hospitalized due to flu?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																				
1	Yes																											
0	No																											
	177	flu_frequency	How often do you get flu or flu-like illness?	radio, Required <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Once a year</td></tr><tr><td>4</td><td>Twice a year or more</td></tr></table> Question number: 28	1	Never	2	Rarely	3	Once a year	4	Twice a year or more																
1	Never																											
2	Rarely																											
3	Once a year																											
4	Twice a year or more																											
	178	last_antibiotics	When were you on your last course of antibiotics?	radio, Required <table><tr><td>1</td><td>Currently</td></tr><tr><td>2</td><td>This month</td></tr><tr><td>3</td><td>Last month</td></tr><tr><td>4</td><td>In past 2 months</td></tr><tr><td>5</td><td>In past 6 months</td></tr><tr><td>6</td><td>In the last year</td></tr><tr><td>7</td><td>Over a year</td></tr><tr><td>8</td><td>Never/Do not remember</td></tr></table> Question number: 29	1	Currently	2	This month	3	Last month	4	In past 2 months	5	In past 6 months	6	In the last year	7	Over a year	8	Never/Do not remember								
1	Currently																											
2	This month																											
3	Last month																											
4	In past 2 months																											
5	In past 6 months																											
6	In the last year																											
7	Over a year																											
8	Never/Do not remember																											

179	antibiotics_purpose Show the field ONLY if: [last_antibiotics] = '1' or [last_antibiotics] = '2' or [last_antibiotics] = '3' or [last_antibiotics] = '4' or [last_antibiotics] = '5' or [last_antibiotics] = '6' or [last_antibiotics] = '7'	For what purpose, were you prescribed antibiotics the last time you took antibiotics?(Check all that apply)	checkbox, Required <table><tr><td>1</td><td>antibiotics_purpose__1</td><td>respiratory infection (e.g. strep throat, sinusitis, bronchitis, pneumonia)</td></tr><tr><td>2</td><td>antibiotics_purpose__2</td><td>gastroenteritis, which caused diarrhea and/or vomiting</td></tr><tr><td>3</td><td>antibiotics_purpose__3</td><td>urinary tract infection</td></tr><tr><td>4</td><td>antibiotics_purpose__4</td><td>infection of the skin or a wound</td></tr><tr><td>5</td><td>antibiotics_purpose__5</td><td>other purpose</td></tr><tr><td>6</td><td>antibiotics_purpose__6</td><td>I don't know</td></tr></table>	1	antibiotics_purpose__1	respiratory infection (e.g. strep throat, sinusitis, bronchitis, pneumonia)	2	antibiotics_purpose__2	gastroenteritis, which caused diarrhea and/or vomiting	3	antibiotics_purpose__3	urinary tract infection	4	antibiotics_purpose__4	infection of the skin or a wound	5	antibiotics_purpose__5	other purpose	6	antibiotics_purpose__6	I don't know
1	antibiotics_purpose__1	respiratory infection (e.g. strep throat, sinusitis, bronchitis, pneumonia)																			
2	antibiotics_purpose__2	gastroenteritis, which caused diarrhea and/or vomiting																			
3	antibiotics_purpose__3	urinary tract infection																			
4	antibiotics_purpose__4	infection of the skin or a wound																			
5	antibiotics_purpose__5	other purpose																			
6	antibiotics_purpose__6	I don't know																			
180	page4of4	Section Header: <i>Personal Lifestyle Questions</i> Page 4 of 4	descriptive																		
181	recreational_drug_use	Do you take any recreational drugs like marijuana?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Question number: 30	1	Yes	0	No														
1	Yes																				
0	No																				
182	rec_drug_frequency Show the field ONLY if: [recreational_drug_use] = '1'	How often do you take recreational drugs?	dropdown, Required <table><tr><td>1</td><td>daily</td></tr><tr><td>2</td><td>multiple times a week</td></tr><tr><td>3</td><td>once a week</td></tr><tr><td>4</td><td>multiple times a month</td></tr><tr><td>5</td><td>once a month</td></tr><tr><td>6</td><td>rarely</td></tr></table>	1	daily	2	multiple times a week	3	once a week	4	multiple times a month	5	once a month	6	rarely						
1	daily																				
2	multiple times a week																				
3	once a week																				
4	multiple times a month																				
5	once a month																				
6	rarely																				
183	smoking	Do you smoke?	radio, Required <table><tr><td>1</td><td>I have never smoked</td></tr><tr><td>2</td><td>I have never smoked regularly</td></tr><tr><td>3</td><td>I used to smoke but I quit</td></tr><tr><td>4</td><td>I smoke only rarely</td></tr><tr><td>5</td><td>I smoke every day</td></tr></table> Question number: 31	1	I have never smoked	2	I have never smoked regularly	3	I used to smoke but I quit	4	I smoke only rarely	5	I smoke every day								
1	I have never smoked																				
2	I have never smoked regularly																				
3	I used to smoke but I quit																				
4	I smoke only rarely																				
5	I smoke every day																				
184	smoking_daily_avg Show the field ONLY if: [smoking] = '5'	How many cigarettes do you smoke a day on average?	text (integer, Min: 1, Max: 200), Required																		
185	vaping	Do you vape?	radio, Required <table><tr><td>1</td><td>I have never vaped</td></tr><tr><td>2</td><td>I have never vaped regularly</td></tr><tr><td>3</td><td>I used to vape, but I quit</td></tr><tr><td>4</td><td>I vape only rarely</td></tr><tr><td>5</td><td>I vape very day</td></tr></table> Question number: 32	1	I have never vaped	2	I have never vaped regularly	3	I used to vape, but I quit	4	I vape only rarely	5	I vape very day								
1	I have never vaped																				
2	I have never vaped regularly																				
3	I used to vape, but I quit																				
4	I vape only rarely																				
5	I vape very day																				
186	education_level	What is your education level?	radio, Required <table><tr><td>1</td><td>Primary/elementary school</td></tr><tr><td>2</td><td>Vocational school</td></tr><tr><td>3</td><td>High school</td></tr><tr><td>4</td><td>College / Bachelors degree</td></tr><tr><td>5</td><td>Masters degree or higher</td></tr></table> Question number: 33	1	Primary/elementary school	2	Vocational school	3	High school	4	College / Bachelors degree	5	Masters degree or higher								
1	Primary/elementary school																				
2	Vocational school																				
3	High school																				
4	College / Bachelors degree																				
5	Masters degree or higher																				

187	job_title	What is your job title?	text Question number: 34																					
188	hazard_exposure	Are you exposed to any particular hazards in your job?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>hazard_exposure__1</td> <td>Fumes</td> </tr> <tr> <td>2</td> <td>hazard_exposure__2</td> <td>Medical facilities</td> </tr> <tr> <td>3</td> <td>hazard_exposure__3</td> <td>Lead</td> </tr> <tr> <td>4</td> <td>hazard_exposure__4</td> <td>Asbestos</td> </tr> <tr> <td>5</td> <td>hazard_exposure__5</td> <td>Work that causes excessive sweat/dehydration/physical</td> </tr> <tr> <td>6</td> <td>hazard_exposure__6</td> <td>Other</td> </tr> <tr> <td>7</td> <td>hazard_exposure__7</td> <td>None of the above</td> </tr> </table> Question number: 35 Field Annotation: @NONEOFTHEABOVE=7	1	hazard_exposure__1	Fumes	2	hazard_exposure__2	Medical facilities	3	hazard_exposure__3	Lead	4	hazard_exposure__4	Asbestos	5	hazard_exposure__5	Work that causes excessive sweat/dehydration/physical	6	hazard_exposure__6	Other	7	hazard_exposure__7	None of the above
1	hazard_exposure__1	Fumes																						
2	hazard_exposure__2	Medical facilities																						
3	hazard_exposure__3	Lead																						
4	hazard_exposure__4	Asbestos																						
5	hazard_exposure__5	Work that causes excessive sweat/dehydration/physical																						
6	hazard_exposure__6	Other																						
7	hazard_exposure__7	None of the above																						
189	hazard_other Show the field ONLY if: [hazard_exposure(6)] = '1'	Please describe the other hazards in your job	notes, Required																					
190	exercise_level	What is the level of your usual physical activity?	radio, Required <table border="1"> <tr> <td>1</td> <td>I read, watch TV, and perform chores that are not physically taxing</td> </tr> <tr> <td>2</td> <td>I walk, bike, or are otherwise physically active for many days a week. Including among other activities: walking, fishing, hunting, and light gardening work</td> </tr> <tr> <td>3</td> <td>I do endurance sports for many hours a week. Including jogging, skiing, weight lifting, calisthenics, swimming, ball games and physically taxing gardening work.</td> </tr> <tr> <td>4</td> <td>I train for competitive sports for regularly, many times a week.</td> </tr> </table> Question number: 36	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.													
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.																							
191	exercise_location Show the field ONLY if: [exercise_level] = '3' or [exercise_level] = '4'	Where do you exercise? (Check all that apply)	checkbox, Required <table border="1"> <tr> <td>1</td> <td>exercise_location__1</td> <td>At home</td> </tr> <tr> <td>2</td> <td>exercise_location__2</td> <td>Gym</td> </tr> <tr> <td>3</td> <td>exercise_location__3</td> <td>Outdoors</td> </tr> </table>	1	exercise_location__1	At home	2	exercise_location__2	Gym	3	exercise_location__3	Outdoors												
1	exercise_location__1	At home																						
2	exercise_location__2	Gym																						
3	exercise_location__3	Outdoors																						
192	exercise_days_home Show the field ONLY if: [exercise_location(1)] = '1'	How many days a week do you exercise at home?	text (integer), Required																					
193	exercise_days_gym Show the field ONLY if: [exercise_location(2)] = '1'	How many days a week do you exercise at a gym?	text (integer), Required																					
194	exercise_days_outdoors Show the field ONLY if: [exercise_location(3)] = '1'	How many days a week do you exercise outdoors?	text (integer), Required																					
195	covid19_patient_survey_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete															
0	Incomplete																							
1	Unverified																							
2	Complete																							