Penn Medicine

Penn Medicine
Institute for Translational Medicine and Therapeutics (ITMAT)

COVID-19 Patient Survey

Codebook

Data Dictionary Codebook

04/08/2020 6:01pm

Collapse all instruments

	#	Variable / Field Name	Field Label *Field Note*	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	personal_profile_header	Personal Profile	descriptive
	3	name	Name	text, Required, Identifier Question number: 1
	4	email_address	Email address	text (email), Required, Identifier Question number: 2
	5	mobile_phone_number	Mobile phone number	text (phone), Required, Identifier Question number: 3
	6	assigned_sex	What sex were you assigned at birth?	radio, Required Male, Male Female, Female Other, Other Prefer_not_to_answer, Prefer not to answer Question number: 4
	7	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 1, Yes 0, No
	8	gender_identity	What is your current gender identity?	radio, Required 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 Question number: 5 Field Annotation: @NONEOFTHEABOVE=8
	9	gender_self_identity Show the field ONLY if: [gender_identity] = '7'	Please specify gender self-identity	text, Required
	10	age	How old are you (in years)?	text (integer, Min: 0, Max: 130), Required Question number: 6
	11	weight	How much do you weigh (in pounds)?	text (integer, Min: 1, Max: 1000), Required Question number: 7

	12	height_header	How tall are you?	descriptive Question number: 8
	13	height_feet	Feet	text (integer, Min: 0, Max: 8), Required
	14	height_inches	Inches	text (integer, Min: 0, Max: 11), Required Custom alignment: RH
	15	ancestry_ethnicity	What is your ethnicity/ancestry?	checkbox, Required 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 Question number: 9
	16	live_alone	Do you live alone?	yesno, Required 1 | Yes 0 | No Question number: 10
	17	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 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
	18	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
	19	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
	20	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
	21	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
	22	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

	23	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
	24	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
	25	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
	26	residence_type	What type of residence do you live in?	radio, Required 1 Dormitory 2 Nursing home 3 Apartment 4 Single family home 5 Other Question number: 11
	27	residence_other Show the field ONLY if: [residence_type] = '5'	Please describe "Other" residence type	text, Required
	28	patient_address	What is your address? (For geocoding purposes only)	notes, Required Question number: 12
	29	recreational_drug_use	Do you take any recreational drugs like marijuana?	yesno, Required 1 Yes 0 No Question number: 13
	30	rec_drug_frequency Show the field ONLY if: [recreational_drug_use] = '1'	How often do you take recreational drugs?	dropdown, Required 1 daily 2 multiple times a week 3 once a week 4 multiple times a month 5 once a month 6 rarely
	31	smoking	Do you smoke?	radio, Required 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 Question number: 14
	32	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

	33	vaping	Do you vape?	radio, Required 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 Question number: 15
	34	covid_19_header	COVID-19 related questions	descriptive
	35	diagnosed	Have you been diagnosed with COVID-19?	yesno, Required 1 Yes 0 No Question number: 16
	36	testing_done	Were you tested for COVID-19?	yesno, Required 1 Yes 0 No Question number: 17
	37	testing_location Show the field ONLY if: [testing_done] = '1'	Where were you tested for COVID-19?	radio, Required 1 Outpatient office or lab / drive-through 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 1 Yes 0 No
	40	no_symptom_testing Show the field ONLY if: [symptoms_tested] = '0'	Why were you tested?	radio, Required 1 Healthcare worker / first responder 2 Susceptible family member at home 3 Other
	41	other_testing_reason Show the field ONLY if: [no_symptom_testing] = '3'	What "other" reason did you have for testing?	text, Required

<table>
<tr><td></td><td>42</td><td>symptoms</td><td>Please describe your COVID-19 symptoms (check all that apply)</td><td>checkbox, Required
<table>
<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: 18
Field Annotation: @NONEOFTHEABOVE=0</td></tr>
<tr><td></td><td>43</td><td>symptoms_cough

Show the field ONLY if:
[symptoms(1)] = '1'</td><td>How many days of coughing? (If you remember)</td><td>text (integer, Min: 0, Max: 100)</td></tr>
<tr><td></td><td>44</td><td>symptoms_cough_type

Show the field ONLY if:
[symptoms(1)] = '1'</td><td>Please describe type of cough</td><td>radio, Required
<table>
<tr><td>1</td><td>Dry</td></tr>
<tr><td>2</td><td>Wet</td></tr>
</table></td></tr>
<tr><td></td><td>45</td><td>symptoms_sore_throat

Show the field ONLY if:
[symptoms(2)] = '1'</td><td>How many days with a sore throat? (If you remember)</td><td>text (integer, Min: 1, Max: 100)</td></tr>
<tr><td></td><td>46</td><td>symptoms_fever_days

Show the field ONLY if:
[symptoms(3)] = '1'</td><td>How many days with fever > 100.4? (If you remember)</td><td>text (integer, Min: 1, Max: 100)</td></tr>
<tr><td></td><td>47</td><td>symptoms_fever_max

Show the field ONLY if:
[symptoms(3)] = '1'</td><td>What was the maximum fever temperature recorded?</td><td>text (number, Min: 100, Max: 110), Required</td></tr>
<tr><td></td><td>48</td><td>symptoms_other

Show the field ONLY if:
[symptoms(20)] = '1'</td><td>Please describe "other" COVID-19 symptoms</td><td>notes, Required</td></tr>
<tr><td></td><td>49</td><td>first_symptom_warning

Show the field ONLY if:
datediff ([date_first_symptom], "today", "d","mdy", true)<0</td><td>Date of your first symptom is set to the future. Please check the date.</td><td>descriptive</td></tr>
</table>

	50	date_first_symptom 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'	Date of your first symptom	text (date_mdy, Min: 2019-01-12)
	51	symptom_resolution_warning Show the field ONLY if: datediff ([date_symptom_resolution], "today", "d","mdy", true)<0	Date of your symprom resolution is set to the future. Please check the date.	descriptive
	52	date_symptom_resolution 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'	Date of your symptom resolution (if known)	text (date_mdy, Min: 2019-01-12)
	53	traveled	Were you abroad just before getting sick / being exposed to or being suspected for COVID-19 infection?	yesno, Required 1 Yes 0 No Question number: 19
	54	travel_country Show the field ONLY if: [traveled] = '1'	Travel to which country?	text, Required
	55	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
	56	travel_start_date Show the field ONLY if: [traveled] = '1'	Travel start date	text (date_mdy)
	57	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
	58	travel_end_date Show the field ONLY if: [traveled] = '1'	Travel end date	text (date_mdy)

	59	exposure_known	Were you exposed to an individual known or suspected to have COVID-19?	radio, Required 1 Yes; Known 2 Yes; Suspected 3 No 4 Not sure Question number: 20
	60	exposure_location Show the field ONLY if: [exposure_known] = '1' or [exposure_known] = '2'	Was this at home, work, or elsewhere?	radio, Required 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 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)?	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 Field Annotation: @NONEOFTHEABOVE=14
	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	general_health_header	General Health questions	descriptive

	65	rate_general_health	How would you rate your general health?	radio, Required 1 Excellent 2 Good 3 Fair 4 Poor Question number: 21
	66	social_profile	Describe your usual level of social interactions with other people when not under stay at home and/or social distancing?	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) Question number: 22
	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)	radio, Required 1 1 2 2 3 3 4 4 5 5 Custom alignment: RH Question number: 23
	68	start_distance_warning Show the field ONLY if: datediff ([start_distancing], "today", "d","mdy", true)<0	Date for start of social distancing is set to the future. Please check the date.	descriptive
	69	start_distancing Show the field ONLY if: [practicing_distancing] > 1	When did you start social distancing?	text (date_mdy), Required
	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)	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 Inflamatory 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 Question number: 24 Field Annotation: @NONEOFTHEABOVE=17

	71	lung_disease Show the field ONLY if: [diseases_list(1)] = '1'	What type of lung disease?	radio, Required 1 Asthma 2 Chronic obstructive pulmonary disease (COPD) 3 Idiopathic pulmonary fibrosis 4 Bronchtiectasis 5 Alpha-1 antitrypsin deficency 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 1 heart_disease_type___1 Congenital Heart disease 2 heart_disease_type___2 Coronory artery disease/ history of myocardial infarction 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 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 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	cancer_type Show the field ONLY if: [diseases_list(11)] = '1'	Cancer type	checkbox, Required

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

	79	other_cancer_type Show the field ONLY if: [cancer_type(27)] = '1'	Please specify the type of cancer that was not listed above	text
	80	cancer_treatment Show the field ONLY if: [diseases_list(11)] = '1'	Cancer treatments received	checkbox

1	cancer_treatment___1	Drugs
2	cancer_treatment___2	Radiation
3	cancer_treatment___3	Immunotherapy

	81	past_cancer_treatment Show the field ONLY if: [cancer_treatment(1)] = '1' or [cancer_treatment(2)] = '1' or [cancer_treatment(3)] = '1'	How long ago was cancer treated?	text, Required
	82	dialysis Show the field ONLY if: [diseases_list(13)] = '1'	Are you currently on dialysis for chronic kidney disease?	yesno, Required

1	Yes
0	No

	83	neurological_type Show the field ONLY if: [diseases_list(14)] = '1'	What type of neurological disorder?	radio, Required 1 Amyotrophic lateral sclerosis (ALS) 2 Multiple Sclerosis 3 Parkinson's 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 1 Yes 0 No Question number: 25
	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 1 immune_related_conditions___1 Autoimmune condition 2 immune_related_conditions___2 Inflammatory condition 3 immune_related_conditions___3 Periodic/Frequen 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 Question number: 26 Field Annotation: @NONEOFTHEABOVE=12
	89	autoimmune_dx Show the field ONLY if: [immune_related_conditions (1)] = '1'	What autoimmune condition have you been diagnosed with?	checkbox, Required 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, Lisinpril, 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)

				17 | meds_taken___17 | Thyroid medication levothryroxyne 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 Question number: 27 Field Annotation: @NONEOFTHEABOVE=20
	93	nsaids_daily Show the field ONLY if: [meds_taken(1)] = '1'	Do you take conventional nonsteroidal anti-inflammatory agents (NSAIDS) daily?	yesno, Required 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 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 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 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 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 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 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 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 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, Lisinpril, 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, Lisinpril, 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, Lisinpril, 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 levothryroxyne 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 levothryroxyneas 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 levothryroxyne 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	header_describe_other 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 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 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 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 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 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 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 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 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 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 1 Yes 0 No
	169	flu_vaccine_received	Did you get a flu vaccine this season (last 6 months)?	radio, Required 1 Yes 2 No 3 Do not remember Question number: 28

	170	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
	171	flu_vaccine_date Show the field ONLY if: [flu_vaccine_received] = '1'	Date you received vaccine (if remembered)	text (date_mdy)
	172	last_flu_remembered	Do you remember the last time you got flu or flu-like illness prior to COVID pandemic?	yesno, Required 1 Yes 0 No Question number: 29
	173	last_flu_warning Show the field ONLY if: datediff ([last_flu_date], "today", "d","mdy", true)<0	Date of your last flu or flu-like illness is set to the future. Please check the date.	descriptive
	174	last_flu_date Show the field ONLY if: [last_flu_remembered] = '1'	Approximately, when was the last flu or flu-like illness?	text (date_mdy)
	175	last_flu_hospital Show the field ONLY if: [last_flu_remembered] = '1'	Did you get hospitalized due to flu?	yesno, Required 1 Yes 0 No
	176	flu_frequency	How often do you get flu or flu-like illness?	radio, Required 1 Never 2 Rarely 3 Once a year 4 Twice a year or more Question number: 30
	177	last_antibiotics	When were you on your last course of antibiotics?	radio, Required 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 Question number: 31
	178	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 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
	179	header_lifestyle	Personal Lifestyle Questions	descriptive

	180	education_level	What is your education level?	radio, Required 1 Primary/elementary school 2 Vocational school 3 High school 4 College / Bachelors degree 5 Masters degree or higher Question number: 32
	181	job_title	What is your job title?	text Question number: 33
	182	hazard_exposure	Are you exposed to any particular hazards in your job?	checkbox, Required 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 Question number: 34 Field Annotation: @NONEOFTHEABOVE=7
	183	hazard_other Show the field ONLY if: [hazard_exposure(6)] = '1'	Please describe the other hazards in your job	notes, Required
	184	exercise_level	What is the level of your usual physical activity?	radio, Required 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. Question number: 35
	185	exercise_location Show the field ONLY if: [exercise_level] = '3' or [exercise_level] = '4'	Where do you exercise? (Check all that apply)	checkbox, Required 1 exercise_location___1 At home 2 exercise_location___2 Gym 3 exercise_location___3 Outdoors
	186	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
	187	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
	188	exercise_days_outdoors Show the field ONLY if: [exercise_location(3)] = '1'	How many days a week do you exercise outdoors?	text (integer), Required

	189	covid19_patient_survey_complete	Section Header: *Form Status* Complete?	dropdown 0, Incomplete 1, Unverified 2, Complete