




## COVID-19 Patient Survey - Test Version

Codebook ▾

### Data Dictionary Codebook

06/02/2020 2:50pm

[^ Collapse all instruments](#)

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)								
Instrument: <b>COVID-19 Patient Survey</b> (covid19_patient_survey)  Enabled as survey <a href="#">^ Collapse</a>											
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	dob_range_warning  Show the field ONLY if: datediff ([dob], "today", "y","m dy", true) < 18 or datediff ([dob], "today", "y","mdy", true) > 100	Date of birth is outside expected range of 18-100 years old. Please check the date.	descriptive								
9	email	What is your email address?	text (email), Required, Identifier Question number: 3								
10	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								
11	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										
12	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										

13	gender_sex_match	Does your current gender identity match your sex assigned at birth?	radio, Required <table border="1"> <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																										
14	gender_identity Show the field ONLY if: [gender_sex_match] = '0'	What is your current gender identity?	radio, Required <table border="1"> <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																										
15	gender_self_identity Show the field ONLY if: [gender_identity] = '7'	Please specify gender self-identity	text, Required																								
16	age	How old are you (in years)?	text (integer, Min: 0, Max: 130), Required Question number: 7																								
17	weight	How much do you weigh (in pounds)?	text (integer, Min: 1, Max: 1000), Required Question number: 8																								
18	height_header	How tall are you?	descriptive Question number: 9																								
19	height_feet	Feet	text (integer, Min: 0, Max: 8), Required																								
20	height_inches	Inches	text (integer, Min: 0, Max: 11), Required Custom alignment: RH																								
21	ancestry_ethnicity	What is your ethnicity/ancestry?	checkbox, Required <table border="1"> <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																									
2	ancestry_ethnicity__2	White - European																									
3	ancestry_ethnicity__3	Asian																									
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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																									
22	live_alone	Do you live alone?	yesno, Required <table border="1"> <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																										

23	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 roommates -- 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																										
24	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																									
25	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																									
26	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																									
27	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																									
28	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																									
29	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																									
30	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																									
31	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																									
32	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																											
33	residence_other Show the field ONLY if: [residence_type] = '5'	Please describe "Other" residence type	text, Required																									
34	patient_address	What is your address? (For geocoding purposes only)	notes, Required Question number: 13																									

	35	page2of4	Section Header: COVID-19 related questions Page 2 of 4	descriptive						
	36	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									
	37	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									
	38	testing_location Show the field ONLY if: [testing_done] = '1'	Where were you tested for COVID-19?	radio, Required <table><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
1	Outpatient office or lab / drive-through									
2	Emergency Department									
3	Other									
	39	other_test_location Show the field ONLY if: [testing_location] = '3'	What is the "other" testing location indicated above?	text						
	40	symptoms_tested Show the field ONLY if: [testing_done] = '1'	Did you have symptoms when you were tested?	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									
	41	no_symptom_testing Show the field ONLY if: [symptoms_tested] = '0'	Why were you tested?	radio, Required <table><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
1	Healthcare worker / first responder									
2	Susceptible family member at home									
3	Other									
	42	other_testing_reason Show the field ONLY if: [no_symptom_testing] = '3'	What "other" reason did you have for testing?	text, Required						

43	symptoms	Please describe your COVID-19 symptoms (check all that apply)	<div>checkbox, Required</div> <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 &gt; 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 (&gt;= 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> <div>Question number: 16 Field Annotation: @NONEOFTHEABOVE=0</div>	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
0	symptoms__0	none																																																																
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19	symptoms__19	mild conjunctivitis or red eye																																																																
20	symptoms__20	other																																																																
44	symptoms_cough Show the field ONLY if: [symptoms(1)] = '1'	How many days of coughing? (If you remember)	text (integer, Min: 0, Max: 100)																																																															
45	symptoms_cough_type Show the field ONLY if: [symptoms(1)] = '1'	Please describe type of cough	<div>radio, Required</div> <table border="1"> <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																																																																	
46	symptoms_sore_throat Show the field ONLY if: [symptoms(2)] = '1'	How many days with a sore throat? (If you remember)	text (integer, Min: 1, Max: 100)																																																															
47	symptoms_fever_days Show the field ONLY if: [symptoms(3)] = '1'	How many days with fever > 100.4? (If you remember)	text (integer, Min: 1, Max: 100)																																																															
48	symptoms_fever_max Show the field ONLY if: [symptoms(3)] = '1'	What was the maximum fever temperature recorded?	text (number, Min: 100, Max: 110), Required																																																															
49	symptoms_other Show the field ONLY if: [symptoms(20)] = '1'	Please describe "other" COVID-19 symptoms	notes, Required																																																															

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	first_symptom_warning  Show the field ONLY if: datediff ([date_first_symptom], "today", "d", "mdy", true)<0	Date of your first symptom 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	symptom_resolution_warning  Show the field ONLY if: datediff ([date_symptom_resolution], "today", "d", "mdy", true)<0	Date of your symptom resolution is set to the future. Please check the date.	descriptive				
54	traveled	Were you abroad just before getting sick / being exposed to or being suspected for COVID-19 infection?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Question number: 17	1	Yes	0	No
1	Yes						
0	No						
55	travel_country  Show the field ONLY if: [traveled] = '1'	Travel to which country?	text, Required				
56	travel_start_date  Show the field ONLY if: [traveled] = '1'	Travel start date	text (date_mdy)				
57	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				
58	travel_end_date  Show the field ONLY if: [traveled] = '1'	Travel end date	text (date_mdy)				
59	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				

60	exposure_known	Were you exposed to an individual known or suspected to have COVID-19?	radio, Required <table border="1"> <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																																												
61	exposure_location Show the field ONLY if: [exposure_known] = '1' or [exposure_known] = '2'	Was this at home, work, or elsewhere?	radio, Required <table border="1"> <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																																												
62	medication_treatment Show the field ONLY if: [diagnosed] = '1'	Were you treated with any medications for your COVID-19 illness?	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																																												
63	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 <table border="1"> <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	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
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13	medications_used__13	Don't know																																											
14	medications_used__14	Prefer not to answer																																											
64	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																																										
65	page3of4	Section Header: General Health questions Page 3 of 4	descriptive																																										

66	rate_general_health	How would you rate your general health?	radio, Required <table border="1"> <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	1	Excellent	2	Good	3	Fair	4	Poor																																											
1	Excellent																																																					
2	Good																																																					
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67	social_profile	Describe your usual level of social interactions with other people when not under stay at home and/or social distancing?	radio, Required <table border="1"> <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	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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68	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 <table border="1"> <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	1	1	2	2	3	3	4	4	5	5																																									
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2	2																																																					
3	3																																																					
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5	5																																																					
69	start_distancing Show the field ONLY if: [practicing_distancing] > 1	When did you start social distancing?	text (date_mdy), Required																																																			
70	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																																																			
71	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 <table border="1"> <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/ hypercholesterolemia/ high cholesterol</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/Alzheimer's disease</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	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/ hypercholesterolemia/ high cholesterol	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/Alzheimer's disease	16	diseases_list__16	Other	17	diseases_list__17	None of the above
1	diseases_list__1	Lung disease																																																				
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17	diseases_list__17	None of the above																																																				



	72	lung_disease  Show the field ONLY if: [diseases_list(1)] = '1'	What type of lung disease?	radio, Required <table><tr><td>1</td><td colspan="2">Asthma</td></tr><tr><td>2</td><td colspan="2">Chronic obstructive pulmonary disease (COPD)</td></tr><tr><td>3</td><td colspan="2">Idiopathic pulmonary fibrosis</td></tr><tr><td>4</td><td colspan="2">Bronchiectasis</td></tr><tr><td>5</td><td colspan="2">Alpha-1 antitrypsin deficiency</td></tr><tr><td>6</td><td colspan="2">Other lung disorder</td></tr></table>		1	Asthma		2	Chronic obstructive pulmonary disease (COPD)		3	Idiopathic pulmonary fibrosis		4	Bronchiectasis		5	Alpha-1 antitrypsin deficiency		6	Other lung disorder	
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5	Alpha-1 antitrypsin deficiency																						
6	Other lung disorder																						
	73	another_lung_disease  Show the field ONLY if: [lung_disease] = '6'	Please specify which other lung disorder you were diagnosed with	text, Required																			
	74	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 or history of heart attack</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 or history of heart attack	3	heart_disease_type__3	Congestive heart failure	4	heart_disease_type__4	Other						
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4	heart_disease_type__4	Other																					
	75	heart_disease_type_other  Show the field ONLY if: [heart_disease_type(4)] = '1'	Please list "other" type of heart disease	text																			
	76	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																						
	77	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												
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2	Osteoarthritis																						
3	Other																						
	78	joint_disease_other  Show the field ONLY if: [arthritis_type] = '3'	What "other" type of joint disease?	text, Required																			

79	<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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80	<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																																																																																	
81	<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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82	<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																																																																																	
83	<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																																																																																			

84	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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85	neurological_type_other Show the field ONLY if: [neurological_type] = '5'	What "other" type of neurological disorder?	text, Required																																					
86	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																																					
87	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																																							
88	organ_transplant Show the field ONLY if: [organ_transplant_hx] = '1'	Which organ?	text, Required																																					
89	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
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12	immune_related_conditions__12	None of the above																																						
90	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																		
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6	autoimmune_dx__6	other																																						

91	other_autoimmune_dx Show the field ONLY if: [autoimmune_dx(6)] = '1'	What other autoimmune condition have you been diagnosed with?	text, Required																																										
92	inflammatory_dx Show the field ONLY if: [immune_related_conditions (2)] = '1'	What inflammatory condition have you been diagnosed with?	text, Required																																										
93	meds_taken	Are you currently taking any of the following daily, several times a week or at least once a week? (Check all that apply)	checkbox, Required <table border="1"> <tr> <td>21</td> <td>meds_taken__21</td> <td>Aspirin, with or without a prescription.</td> </tr> <tr> <td>1</td> <td>meds_taken__1</td> <td>Non-steroidal anti-inflammatory agents (NSAIDs) with or without a prescription: (eg. ibuprofen (Motrin, Advil), naproxen (Naprosyn, Aleve, Anaprox, Naprelan), diclofenac (Cambia, Cataflam, Voltaren, Zipsor), indomethacin (Indocin), diflunisal, etodolac, ketoprofen, ketorolac, nambumetone, oxaprozin (Daypro), piroxicam (Feldene), salsalate (Disalate), sulidnac, tolmetin, celecoxib (Celebrex))</td> </tr> <tr> <td>2</td> <td>meds_taken__2</td> <td>Acetaminophen (Tylenol and others)</td> </tr> <tr> <td>4</td> <td>meds_taken__4</td> <td>Oral corticosteroids (eg. Prednisone)</td> </tr> <tr> <td>5</td> <td>meds_taken__5</td> <td>Inhaled corticosteroids (eg. fluticasone (Flovent), beclomethasone (QVar), etc )</td> </tr> <tr> <td>6</td> <td>meds_taken__6</td> <td>Inhaled bronchodilators (eg. albuterol)</td> </tr> <tr> <td>3</td> <td>meds_taken__3</td> <td>Other Asthma Medications</td> </tr> <tr> <td>7</td> <td>meds_taken__7</td> <td>Nerve pain medication (eg. gabapentin)</td> </tr> <tr> <td>8</td> <td>meds_taken__8</td> <td>Diabetes medication</td> </tr> <tr> <td>9</td> <td>meds_taken__9</td> <td>Anti-TNF medications (infliximab, adalimumab, certolizumab, golimumab, etanercept, others)</td> </tr> <tr> <td>16</td> <td>meds_taken__16</td> <td>IL-6 pathway inhibitors (sarilumab,tocilizumab, siltuximab, others)</td> </tr> <tr> <td>15</td> <td>meds_taken__15</td> <td>Conventional disease-modifying anti-rheumatic drugs (DMARDs) (eg. cyclosporin, cyclophosphamide, hydroxychloroquine, leflunomide, methotrexate, mycophenolate, sulfasalazine)</td> </tr> <tr> <td>14</td> <td>meds_taken__14</td> <td>JAK Inhibitors (Baricitinib, ruxolitinib, fedratinib, tofacitinib)</td> </tr> <tr> <td>10</td> <td>meds_taken__10</td> <td>Blood thinning medication (eg. warfarin (Coumadin), heparin, enoxaparin (Lovenox), apixaban (Eliquis), rivaroxaban (Xarelto), etc)</td> </tr> </table>	21	meds_taken__21	Aspirin, with or without a prescription.	1	meds_taken__1	Non-steroidal anti-inflammatory agents (NSAIDs) with or without a prescription: (eg. ibuprofen (Motrin, Advil), naproxen (Naprosyn, Aleve, Anaprox, Naprelan), diclofenac (Cambia, Cataflam, Voltaren, Zipsor), indomethacin (Indocin), diflunisal, etodolac, ketoprofen, ketorolac, nambumetone, oxaprozin (Daypro), piroxicam (Feldene), salsalate (Disalate), sulidnac, tolmetin, celecoxib (Celebrex))	2	meds_taken__2	Acetaminophen (Tylenol and others)	4	meds_taken__4	Oral corticosteroids (eg. Prednisone)	5	meds_taken__5	Inhaled corticosteroids (eg. fluticasone (Flovent), beclomethasone (QVar), etc )	6	meds_taken__6	Inhaled bronchodilators (eg. albuterol)	3	meds_taken__3	Other Asthma Medications	7	meds_taken__7	Nerve pain medication (eg. gabapentin)	8	meds_taken__8	Diabetes medication	9	meds_taken__9	Anti-TNF medications (infliximab, adalimumab, certolizumab, golimumab, etanercept, others)	16	meds_taken__16	IL-6 pathway inhibitors (sarilumab,tocilizumab, siltuximab, others)	15	meds_taken__15	Conventional disease-modifying anti-rheumatic drugs (DMARDs) (eg. cyclosporin, cyclophosphamide, hydroxychloroquine, leflunomide, methotrexate, mycophenolate, sulfasalazine)	14	meds_taken__14	JAK Inhibitors (Baricitinib, ruxolitinib, fedratinib, tofacitinib)	10	meds_taken__10	Blood thinning medication (eg. warfarin (Coumadin), heparin, enoxaparin (Lovenox), apixaban (Eliquis), rivaroxaban (Xarelto), etc)
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22	meds_taken__22	Platelet inhibitors (eg. clopidogrel (Plavix), prasugrel (Effient), ticagrelor (Brilinta), etc.)
11	meds_taken__11	Blood pressure medication: ACE inhibitors (eg. benazepril, captopril, enalapril, fosinopril, lisinopril, etc.)
13	meds_taken__13	Blood pressure medication: Angiotensin Receptor Blockers (eg. losartan, valsartan, irbesartan, candesartan, telmisartan, Olmesartan, etc)
18	meds_taken__18	Blood pressure medication: beta-blockers (eg. metoprolol, atenolol, carvedilol, etc.)
23	meds_taken__23	Blood pressure medication: others
12	meds_taken__12	Cholesterol medication: Statins (eg. atorvastatin, rosuvastatin, simvastatin, pravastatin, lovastatin, fluvastatin, pitavastatin)
24	meds_taken__24	Cholesterol medication: others (ezetimibe, fenofibrate, etc)
17	meds_taken__17	Thyroid medication (eg. levothyroxine, Synthroid)
19	meds_taken__19	Other (prescribed/non-prescribed/vitamins or supplements)
20	meds_taken__20	None of the above

Question number: 25  
Field Annotation: @NONEOFTHEABOVE=20

	94	aspirin_daily Show the field ONLY if: [meds_taken(21)] = '1'	Do you take aspirin daily?	yesno, Required 1 Yes 0 No
	95	aspirin_as_prescribed Show the field ONLY if: [meds_taken(21)] = '1'	Do you take aspirin as prescribed?	yesno, Required 1 Yes 0 No
	96	aspirin_num_doses Show the field ONLY if: [meds_taken(21)] = '1'	How many doses of aspirin daily?	text Field Annotation: @CHARLIMIT="30"
	97	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
	98	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
	99	nsaids_num_doses Show the field ONLY if: [meds_taken(1)] = '1'	How many doses of conventional nonsteroidal anti-inflammatory agents (NSAIDS) daily?	text Field Annotation: @CHARLIMIT="30"
	100	acetamin_daily Show the field ONLY if: [meds_taken(2)] = '1'	Do you take acetaminophen (Tylenol and others) daily?	yesno, Required 1 Yes 0 No

	101	acetamin_as_prescribed Show the field ONLY if: [meds_taken(2)] = '1'	Do you take acetaminophen as prescribed?	yesno, Required 1 Yes 0 No
	102	acetamin_num_doses Show the field ONLY if: [meds_taken(2)] = '1'	How many doses of Acetaminophen daily?	text Field Annotation: @CHARLIMIT="30"
	103	cortico_daily Show the field ONLY if: [meds_taken(4)] = '1'	Do you take oral corticosteroids daily?	yesno, Required 1 Yes 0 No
	104	cortico_as_prescribed Show the field ONLY if: [meds_taken(4)] = '1'	Do you take oral corticosteroids as prescribed?	yesno, Required 1 Yes 0 No
	105	cortico_num_doses Show the field ONLY if: [meds_taken(4)] = '1'	How many doses of oral corticosteroids daily?	text Field Annotation: @CHARLIMIT="30"
	106	inh_cortico_daily Show the field ONLY if: [meds_taken(5)] = '1'	Do you take inhaled corticosteroids (eg. fluticasone (Flovent), beclomethasone (QVar), etc) daily?	yesno, Required 1 Yes 0 No
	107	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
	108	inh_cortico_num_doses Show the field ONLY if: [meds_taken(5)] = '1'	How many doses of inhaled corticosteroids daily?	text Field Annotation: @CHARLIMIT="30"
	109	dilators_daily Show the field ONLY if: [meds_taken(6)] = '1'	Do you take inhaled bronchodilators (eg. albuterol) daily?	yesno, Required 1 Yes 0 No
	110	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
	111	dilators_num_doses Show the field ONLY if: [meds_taken(6)] = '1'	How many doses of inhaled bronchodilators daily?	text Field Annotation: @CHARLIMIT="30"
	112	asthma_meds_daily Show the field ONLY if: [meds_taken(3)] = '1'	Do you take other asthma meds daily?	yesno, Required 1 Yes 0 No
	113	asthma_meds_as_prescribed Show the field ONLY if: [meds_taken(3)] = '1'	Do you take other asthma meds as prescribed?	yesno, Required 1 Yes 0 No
	114	asthma_meds_num_doses Show the field ONLY if: [meds_taken(3)] = '1'	How many doses of other asthma meds daily?	text Field Annotation: @CHARLIMIT="30"
	115	nerve_med_daily Show the field ONLY if: [meds_taken(7)] = '1'	Do you take nerve pain medication (gabapentin) daily?	yesno, Required 1 Yes 0 No
	116	nerve_med_as_prescribed Show the field ONLY if: [meds_taken(7)] = '1'	Do you take nerve pain medication (gabapentin) as prescribed?	yesno, Required 1 Yes 0 No

	117	nerve_med_num_doses Show the field ONLY if: [meds_taken(7)] = '1'	How many doses of nerve pain medication (gabapentin) daily?	text Field Annotation: @CHARLIMIT="30"
	118	diabetic_daily Show the field ONLY if: [meds_taken(8)] = '1'	Do you take diabetic medication daily?	yesno, Required 1 Yes 0 No
	119	diabetic_as_prescribed Show the field ONLY if: [meds_taken(8)] = '1'	Do you take diabetic medication as prescribed?	yesno, Required 1 Yes 0 No
	120	diabetic_num_doses Show the field ONLY if: [meds_taken(8)] = '1'	How many doses of diabetic medication daily?	text Field Annotation: @CHARLIMIT="30"
	121	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
	122	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
	123	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 Field Annotation: @CHARLIMIT="30"
	124	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
	125	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
	126	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 Field Annotation: @CHARLIMIT="30"
	127	hydroxychlor_daily Show the field ONLY if: [meds_taken(15)] = '1'	Do you take conventional disease-modifying anti-rheumatic drugs (DMARDs) (eg. cyclosporin, cyclophosphamide, hydroxychloroquine, leflunomide, methotrexate, mycophenolate, sulfasalazine) daily?	yesno, Required 1 Yes 0 No
	128	hydroxychlor_as_prescribed Show the field ONLY if: [meds_taken(15)] = '1'	Do you take conventional disease-modifying anti-rheumatic drugs (DMARDs) as prescribed?	yesno, Required 1 Yes 0 No
	129	hydroxychlor_num_doses Show the field ONLY if: [meds_taken(15)] = '1'	How many doses of conventional disease-modifying anti-rheumatic drugs (DMARDs) daily?	text Field Annotation: @CHARLIMIT="30"
	130	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
	131	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
	132	jak_num_doses Show the field ONLY if: [meds_taken(14)] = '1'	How many doses of JAK Inhibitors (Baricitinib, ruxolitinib, fedratinib, tofacitinib) daily?	text Field Annotation: @CHARLIMIT="30"

	133	thinner_daily Show the field ONLY if: [meds_taken(10)] = '1'	Do you take blood thinning medications (eg. warfarin (Coumadin), heparin, enoxaparin (Lovenox), apixaban (Eliquis), rivaroxaban (Xarelto), etc) daily?	yesno, Required 1 Yes 0 No
	134	thinner_as_prescribed Show the field ONLY if: [meds_taken(10)] = '1'	Do you take conventional blood thinning medications as prescribed?	yesno, Required 1 Yes 0 No
	135	thinner_num_doses Show the field ONLY if: [meds_taken(10)] = '1'	How many doses of blood thinning medications daily?	text Field Annotation: @CHARLIMIT="30"
	136	platelet_daily Show the field ONLY if: [meds_taken(22)] = '1'	Do you take platelet inhibitors (eg. clopidogrel (Plavix), prasugrel (Effient), ticagrelor (Brilinta), etc.) daily?	yesno, Required 1 Yes 0 No
	137	platelet_as_prescribed Show the field ONLY if: [meds_taken(22)] = '1'	Do you take platelet inhibitors (eg. clopidogrel (Plavix), prasugrel (Effient), ticagrelor (Brilinta), etc.) as prescribed?	yesno, Required 1 Yes 0 No
	138	platelet_num_doses Show the field ONLY if: [meds_taken(22)] = '1'	How many doses of platelet inhibitors (eg. clopidogrel (Plavix), prasugrel (Effient), ticagrelor (Brilinta), etc.) daily?	text Field Annotation: @CHARLIMIT="30"
	139	ace_inhib_daily Show the field ONLY if: [meds_taken(11)] = '1'	Do you take ACE inhibitors (eg. benazepril, captopril, enalapril, fosinopril, lisinopril, etc.) daily?	yesno, Required 1 Yes 0 No
	140	ace_inhib_as_prescribed Show the field ONLY if: [meds_taken(11)] = '1'	Do you take ACE inhibitors as prescribed?	yesno, Required 1 Yes 0 No
	141	ace_inhib_num_doses Show the field ONLY if: [meds_taken(11)] = '1'	How many doses of ACE inhibitors daily?	text Field Annotation: @CHARLIMIT="30"
	142	angiotensin_daily Show the field ONLY if: [meds_taken(13)] = '1'	Do you take angiotensin receptor blockers for hypertension (eg. losartan, valsartan, irbesartan, candesartan, telmisartan, Olmesartan, etc) daily?	yesno, Required 1 Yes 0 No
	143	angiotensin_as_prescribed Show the field ONLY if: [meds_taken(13)] = '1'	Do you take angiotensin receptor blockers for hypertension as prescribed?	yesno, Required 1 Yes 0 No
	144	angiotensin_num_doses Show the field ONLY if: [meds_taken(13)] = '1'	How many doses of angiotensin receptor blockers for hypertension daily?	text Field Annotation: @CHARLIMIT="30"
	145	beta_blocker_daily Show the field ONLY if: [meds_taken(18)] = '1'	Do you take a beta-blocker to lower blood pressure (eg. metoprolol, atenolol, carvedilol, etc.) daily?	yesno, Required 1 Yes 0 No
	146	beta_blocker_as_prescribed Show the field ONLY if: [meds_taken(18)] = '1'	Do you take a beta-blocker to lower blood pressure (eg. metoprolol, atenolol, carvedilol, etc.) as prescribed?	yesno, Required 1 Yes 0 No
	147	beta_blocker_num_doses Show the field ONLY if: [meds_taken(18)] = '1'	How many doses of a beta-blocker to lower blood pressure (eg. metoprolol, atenolol, carvedilol, etc.) daily?	text Field Annotation: @CHARLIMIT="30"
	148	bpmed_other_daily Show the field ONLY if: [meds_taken(23)] = '1'	Do you take other blood pressure medications daily?	yesno, Required 1 Yes 0 No



149	bpmed_other_as_prescribed Show the field ONLY if: [meds_taken(23)] = '1'	Do you take other blood pressure medications as prescribed?	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											
150	bpmed_other_num_doses Show the field ONLY if: [meds_taken(23)] = '1'	How many doses of other blood pressure medication daily?	text Field Annotation: @CHARLIMIT="30"									
151	statin_daily Show the field ONLY if: [meds_taken(12)] = '1'	Do you take a statin to lower cholesterol (eg. atorvastatin, rosuvastatin, simvastatin, pravastatin, lovastatin, fluvastatin, pitavastatin) daily?	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											
152	statin_as_prescribed Show the field ONLY if: [meds_taken(12)] = '1'	Do you take a statin to lower cholesterol (eg. atorvastatin, rosuvastatin, simvastatin, pravastatin, lovastatin, fluvastatin, pitavastatin) as prescribed?	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											
153	statin_num_doses Show the field ONLY if: [meds_taken(12)] = '1'	How many doses of a statin to lower cholesterol (eg. atorvastatin, rosuvastatin, simvastatin, pravastatin, lovastatin, fluvastatin, pitavastatin) daily?	text Field Annotation: @CHARLIMIT="30"									
154	cholmed_oth_daily Show the field ONLY if: [meds_taken(24)] = '1'	Do you take other cholesterol medications (ezetimibe, fenofibrate, etc) daily?	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											
155	cholmed_oth_as_prescribed Show the field ONLY if: [meds_taken(24)] = '1'	Do you take other cholesterol medications as prescribed?	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											
156	cholmed_oth_num_doses Show the field ONLY if: [meds_taken(24)] = '1'	How many doses of other cholesterol medications daily?	text Field Annotation: @CHARLIMIT="30"									
157	thyroid_med_daily Show the field ONLY if: [meds_taken(17)] = '1'	Do you take thyroid medication (eg. levothyroxine, Synthroid) daily?	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											
158	thyroid_med_as_prescribed Show the field ONLY if: [meds_taken(17)] = '1'	Do you take thyroid medication (eg. levothyroxine, Synthroid) as prescribed?	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											
159	thyroid_med_doses Show the field ONLY if: [meds_taken(17)] = '1'	How many doses of thyroid medication (eg. levothyroxine, Synthroid) daily?	text Field Annotation: @CHARLIMIT="30"									
160	drug_head Show the field ONLY if: [meds_taken(19)] = '1'	Please describe information on other drugs below	descriptive									
161	other_drug_types Show the field ONLY if: [meds_taken(19)] = '1'	What other classes of drugs do you regularly take?	checkbox, Required <table><tr><td>1</td><td>other_drug_types__1</td><td>Prescribed</td></tr><tr><td>2</td><td>other_drug_types__2</td><td>Non-Prescribed</td></tr><tr><td>3</td><td>other_drug_types__3</td><td>Vitamins/Supplements</td></tr></table>	1	other_drug_types__1	Prescribed	2	other_drug_types__2	Non-Prescribed	3	other_drug_types__3	Vitamins/Supplements
1	other_drug_types__1	Prescribed										
2	other_drug_types__2	Non-Prescribed										
3	other_drug_types__3	Vitamins/Supplements										
162	other_drug_1 Show the field ONLY if: [meds_taken(19)] = '1'	Other drug/vitamin/supplement name	text, Required									
163	other_daily_1 Show the field ONLY if: [meds_taken(19)] = '1'	Do you take [other_drug_1] daily?	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											
164	other_check_1 Show the field ONLY if: [meds_taken(19)] = '1'	Do you take any other drugs/vitamins/supplements?	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											

	165	other_drug_2 Show the field ONLY if: [other_check_1] = '1'	Other drug/vitamin/supplement name	text, Required				
	166	other_daily_2 Show the field ONLY if: [other_check_1] = '1'	Do you take [other_drug_2] daily?	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							
	167	other_check_2 Show the field ONLY if: [other_check_1] = '1'	Do you take any other drugs/vitamins/supplements?	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							
	168	other_drug_3 Show the field ONLY if: [other_check_2] = '1'	Other drug/vitamin/supplement name	text, Required				
	169	other_daily_3 Show the field ONLY if: [other_check_2] = '1'	Do you take [other_drug_3] daily?	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							
	170	other_check_3 Show the field ONLY if: [other_check_2] = '1'	Do you take any other drugs/vitamins/supplements?	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							
	171	other_drug_4 Show the field ONLY if: [other_check_3] = '1'	Other drug/vitamin/supplement name	text, Required				
	172	other_daily_4 Show the field ONLY if: [other_check_3] = '1'	Do you take [other_drug_4] daily?	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							
	173	other_check_4 Show the field ONLY if: [other_check_3] = '1'	Do you take any other drugs/vitamins/supplements?	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							
	174	other_drug_5 Show the field ONLY if: [other_check_4] = '1'	Other drug/vitamin/supplement name	text, Required				
	175	other_daily_5 Show the field ONLY if: [other_check_4] = '1'	Do you take [other_drug_5] daily?	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							
	176	other_check_5 Show the field ONLY if: [other_check_4] = '1'	Do you take any other drugs/vitamins/supplements?	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	other_drug_6 Show the field ONLY if: [other_check_5] = '1'	Other drug/vitamin/supplement name	text, Required				
	178	other_daily_6 Show the field ONLY if: [other_check_5] = '1'	Do you take [other_drug_6] daily?	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							
	179	other_check_6 Show the field ONLY if: [other_check_5] = '1'	Do you take any other drugs/vitamins/supplements?	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							
	180	other_drug_7 Show the field ONLY if: [other_check_6] = '1'	Other drug/vitamin/supplement name	text, Required				

	181	other_daily_7  Show the field ONLY if: [other_check_6] = '1'	Do you take [other_drug_7] daily?	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																											
	182	flu_vaccine_received	Did you get a flu vaccine this season (last 6 months)?	radio, Required <table><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																											
	183	flu_vaccine_date  Show the field ONLY if: [flu_vaccine_received] = '1'	Date you received vaccine (if remembered)	text (date_mdy)																								
	184	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																								
	185	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																											
	186	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)																								
	187	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																											
	188	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																								
	189	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																											
	190	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																											

191	last_antibiotics	When were you on your last course of antibiotics?	radio, Required <table><tr><td>1</td><td colspan="2">Currently</td></tr><tr><td>2</td><td colspan="2">This month</td></tr><tr><td>3</td><td colspan="2">Last month</td></tr><tr><td>4</td><td colspan="2">In past 2 months</td></tr><tr><td>5</td><td colspan="2">In past 6 months</td></tr><tr><td>6</td><td colspan="2">In the last year</td></tr><tr><td>7</td><td colspan="2">Over a year</td></tr><tr><td>8</td><td colspan="2">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																												
192	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																											
193	page4of4	Section Header: <i>Personal Lifestyle Questions</i> Page 4 of 4	descriptive																										
194	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																												
195	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																												
196	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																												
197	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																										

198	vaping	Do you vape?	radio, Required <table border="1"> <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> <p>Question number: 32</p>	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																							
199	education_level	What is your education level?	radio, Required <table border="1"> <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/Bachelor's degree</td></tr> <tr><td>5</td><td>Master's degree or higher</td></tr> </table> <p>Question number: 33</p>	1	Primary/elementary school	2	Vocational school	3	High school	4	College/Bachelor's degree	5	Master's degree or higher											
1	Primary/elementary school																							
2	Vocational school																							
3	High school																							
4	College/Bachelor's degree																							
5	Master's degree or higher																							
200	job_title	What is your job title?	text <p>Question number: 34</p>																					
201	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> <p>Question number: 35</p> <p>Field Annotation: @NONEOFTHEABOVE=7</p>	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																						
202	hazard_other Show the field ONLY if: [hazard_exposure(6)] = '1'	Please describe the other hazards in your job	notes, Required																					
203	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> <p>Question number: 36</p>	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.																							
204	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																						
205	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																					

	206	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						
	207	exercise_days_outdoors  Show the field ONLY if: [exercise_location(3)] = '1'	How many days a week do you exercise outdoors?	text (integer), Required						
	208	covid19_patient_survey_complete	Section Header: <i>Form Status</i>  Complete?	dropdown <table><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									