




Penn Biobank COVID-19 Patient Survey

Codebook ▾

Data Dictionary Codebook

04/27/2020 3:09pm

[^ Collapse all instruments](#)

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

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

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

| | | | | | | | | | | | | | | |
|---|--|---|---|--|---|--|---|-----------------------------------|---|----------------------------|---|---------------------|---|-------------------|
| | 36 | 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: 15 | 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 | | | | | | | | | | | | | |
| | 37 | 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 | | | | | | | | | | |
| | 38 | vaping | Do you vape? | radio, Required <table><tr><td>1</td><td>I have never vaped</td></tr><tr><td>2</td><td>I have never vaped regularly</td></tr><tr><td>3</td><td>I used to vape, but I quit</td></tr><tr><td>4</td><td>I vape only rarely</td></tr><tr><td>5</td><td>I vape very day</td></tr></table> Question number: 16 | 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 | | | | | | | | | | | | | |
| | 39 | page2of4 | Section Header: COVID-19 related questions Page 2 of 4 | descriptive | | | | | | | | | | |
| | 40 | 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: 17 | 1 | Yes | 0 | No | | | | | | |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| | 41 | 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: 18 | 1 | Yes | 0 | No | | | | | | |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| | 42 | 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 | | | | | | | | | | | | | |
| | 43 | other_test_location Show the field ONLY if: [testing_location] = '3' | What is the "other" testing location indicated above? | text | | | | | | | | | | |
| | 44 | 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 | | | | | | | | | | | | | |
| | 45 | 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 | | | | | | | | | | | | | |
| | 46 | other_testing_reason Show the field ONLY if: [no_symptom_testing] = '3' | What "other" reason did you have for testing? | text, Required | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|---|---|--|---|-------------|------|-----|-------------|-------|---|-------------|-------------|---|-------------|---------------|---|-------------|--------|---|-------------|----------|---|-------------|---|---|-------------|----------------------------------|---|-------------|---|---|-------------|----------------------------------|----|--------------|--------------------|----|--------------|--------------------|----|--------------|-------------|----|--------------|------------|----|--------------|---|----|--------------|--------------------|----|--------------|------------------|----|--------------|----------------------------------|----|--------------|-----------------------------|----|--------------|--------------------------------|----|--------------|-------|
| 47 | 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 > 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> <div>Question number: 19 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48 | symptoms_cough Show the field ONLY if: [symptoms(1)] = '1' | How many days of coughing? (If you remember) | text (integer, Min: 0, Max: 100) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 | 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53 | symptoms_other Show the field ONLY if: [symptoms(20)] = '1' | Please describe "other" COVID-19 symptoms | notes, Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | |
|----|---|--|--|---|-----|---|----|
| 54 | <div>date_first_symptom</div> <div>Show the field ONLY if: [symptoms(1)] = '1' or [symptoms(2)] = '1' or [symptoms(3)] = '1' or [symptoms(4)] = '1' or [symptoms(5)] = '1' or [symptoms(6)] = '1' or [symptoms(7)] = '1' or [symptoms(8)] = '1' or [symptoms(9)] = '1' or [symptoms(10)] = '1' or [symptoms(11)] = '1' or [symptoms(13)] = '1' or [symptoms(14)] = '1' or [symptoms(17)] = '1' or [symptoms(18)] = '1' or [symptoms(19)] = '1' or [symptoms(20)] = '1'</div> | Date of your first symptom | text (date_mdy, Min: 2019-01-12) | | | | |
| 55 | <div>first_symptom_warning</div> <div>Show the field ONLY if: datediff ([date_first_symptom], "today", "d", "mdy", true)<0</div> | Date of your first symptom is set to the future. Please check the date. | descriptive | | | | |
| 56 | <div>date_symptom_resolution</div> <div>Show the field ONLY if: [symptoms(1)] = '1' or [symptoms(2)] = '1' or [symptoms(3)] = '1' or [symptoms(4)] = '1' or [symptoms(5)] = '1' or [symptoms(6)] = '1' or [symptoms(7)] = '1' or [symptoms(8)] = '1' or [symptoms(9)] = '1' or [symptoms(10)] = '1' or [symptoms(11)] = '1' or [symptoms(13)] = '1' or [symptoms(14)] = '1' or [symptoms(17)] = '1' or [symptoms(18)] = '1' or [symptoms(19)] = '1' or [symptoms(20)] = '1'</div> | Date of your symptom resolution (if known) | text (date_mdy, Min: 2019-01-12) | | | | |
| 57 | <div>symptom_resolution_warning</div> <div>Show the field ONLY if: datediff ([date_symptom_resolution], "today", "d", "mdy", true)<0</div> | Date of your symptom resolution is set to the future. Please check the date. | descriptive | | | | |
| 58 | <div>traveled</div> | Were you abroad just before getting sick / being exposed to or being suspected for COVID-19 infection? | <div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Question number: 20</div> | 1 | Yes | 0 | No |
| 1 | Yes | | | | | | |
| 0 | No | | | | | | |
| 59 | <div>travel_country</div> <div>Show the field ONLY if: [traveled] = '1'</div> | Travel to which country? | text, Required | | | | |
| 60 | <div>travel_start_date</div> <div>Show the field ONLY if: [traveled] = '1'</div> | Travel start date | text (date_mdy) | | | | |
| 61 | <div>travel_start_warning</div> <div>Show the field ONLY if: datediff ([travel_start_date], "today", "d", "mdy", true)<0</div> | Date for your start of travel is set to the future. Please check the date. | descriptive | | | | |
| 62 | <div>travel_end_date</div> <div>Show the field ONLY if: [traveled] = '1'</div> | Travel end date | text (date_mdy) | | | | |
| 63 | <div>travel_end_warning</div> <div>Show the field ONLY if: datediff ([travel_end_date], "today", "d", "mdy", true)<0</div> | Date for your end of travel is set to the future. Please check the date. | descriptive | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|--|---|--|---|---------------------|---|----------------|---------------------|-------------------------|---|---------------------|---|---|---------------------|--|---|---------------------|--|---|---------------------|--|---|---------------------|---|---|---------------------|-----------------------------------|---|---------------------|------------|----|----------------------|-----------|----|----------------------|------------------|----|----------------------|-------|----|----------------------|------------|----|----------------------|----------------------|
| 64 | exposure_known | Were you exposed to an individual known or suspected to have COVID-19? | <div>radio, Required</div> <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> <div>Question number: 21</div> | 1 | Yes; Known | 2 | Yes; Suspected | 3 | No | 4 | Not sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes; Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Yes; Suspected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Not sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65 | exposure_location Show the field ONLY if: [exposure_known] = '1' or [exposure_known] = '2' | Was this at home, work, or elsewhere? | <div>radio, Required</div> <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66 | medication_treatment Show the field ONLY if: [diagnosed] = '1' | Were you treated with any medications for your COVID-19 illness? | <div>yesno, Required</div> <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67 | 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)? | <div>checkbox, Required</div> <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> <div>Field Annotation: @NONEOFTHEABOVE=14</div> | 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 |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 68 | 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? | <div>notes, Required</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 69 | page3of4 | Section Header: <i>General Health questions</i> Page 3 of 4 | <div>descriptive</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 70 | 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: 22 | 1 | Excellent | 2 | Good | 3 | Fair | 4 | Poor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Excellent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Good | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Fair | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Poor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 71 | 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: 23 | 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72 | 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: 24 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 73 | start_distancing Show the field ONLY if: [practicing_distancing] > 1 | When did you start social distancing? | text (date_mdy), Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 74 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75 | 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</td></tr> <tr><td>5</td><td>diseases_list__5</td><td>Anemia</td></tr> <tr><td>6</td><td>diseases_list__6</td><td>Liver Disease</td></tr> <tr><td>7</td><td>diseases_list__7</td><td>Diabetes</td></tr> <tr><td>8</td><td>diseases_list__8</td><td>Obesity</td></tr> <tr><td>9</td><td>diseases_list__9</td><td>Joint Diseases</td></tr> <tr><td>10</td><td>diseases_list__10</td><td>Inflammatory bowel disease</td></tr> <tr><td>11</td><td>diseases_list__11</td><td>Cancer</td></tr> <tr><td>12</td><td>diseases_list__12</td><td>Cystic Fibrosis</td></tr> <tr><td>13</td><td>diseases_list__13</td><td>Chronic Kidney Disease</td></tr> <tr><td>14</td><td>diseases_list__14</td><td>Neurological disorder</td></tr> <tr><td>15</td><td>diseases_list__15</td><td>Dementia</td></tr> <tr><td>16</td><td>diseases_list__16</td><td>Other</td></tr> <tr><td>17</td><td>diseases_list__17</td><td>None of the above</td></tr> </table> Question number: 25 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 | 5 | diseases_list__5 | Anemia | 6 | diseases_list__6 | Liver Disease | 7 | diseases_list__7 | Diabetes | 8 | diseases_list__8 | Obesity | 9 | diseases_list__9 | Joint Diseases | 10 | diseases_list__10 | Inflammatory bowel disease | 11 | diseases_list__11 | Cancer | 12 | diseases_list__12 | Cystic Fibrosis | 13 | diseases_list__13 | Chronic Kidney Disease | 14 | diseases_list__14 | Neurological disorder | 15 | diseases_list__15 | Dementia | 16 | diseases_list__16 | Other | 17 | diseases_list__17 | None of the above |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | diseases_list__5 | Anemia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | diseases_list__6 | Liver Disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | diseases_list__7 | Diabetes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | diseases_list__8 | Obesity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | diseases_list__9 | Joint Diseases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | diseases_list__10 | Inflammatory bowel disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | diseases_list__11 | Cancer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | diseases_list__12 | Cystic Fibrosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | diseases_list__13 | Chronic Kidney Disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | diseases_list__14 | Neurological disorder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | diseases_list__15 | Dementia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | diseases_list__16 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | diseases_list__17 | None of the above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|--|--|--|--|---|-----------------------|--------------------------|----------------|--|---|---|-------------------------------|--------------------------|---|-----------------------|-------|---|--------------------------------|--|---|---------------------|--|
| | 76 | 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 | |
| 1 | Asthma | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Chronic obstructive pulmonary disease (COPD) | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Idiopathic pulmonary fibrosis | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Bronchiectasis | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Alpha-1 antitrypsin deficiency | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Other lung disorder | | | | | | | | | | | | | | | | | | | | | | |
| | 77 | another_lung_disease Show the field ONLY if: [lung_disease] = '6' | Please specify which other lung disorder you were diagnosed with | text, Required | | | | | | | | | | | | | | | | | | | |
| | 78 | heart_disease_type Show the field ONLY if: [diseases_list(2)] = '1' | Which type of heart disease do you have? (check all that apply) | checkbox, Required <table><tr><td>1</td><td>heart_disease_type__1</td><td>Congenital Heart disease</td></tr><tr><td>2</td><td>heart_disease_type__2</td><td>Coronary artery disease/ history of myocardial infarction</td></tr><tr><td>3</td><td>heart_disease_type__3</td><td>Congestive heart failure</td></tr><tr><td>4</td><td>heart_disease_type__4</td><td>Other</td></tr></table> | | 1 | heart_disease_type__1 | Congenital Heart disease | 2 | heart_disease_type__2 | Coronary artery disease/ history of myocardial infarction | 3 | heart_disease_type__3 | Congestive heart failure | 4 | heart_disease_type__4 | Other | | | | | | |
| 1 | heart_disease_type__1 | Congenital Heart disease | | | | | | | | | | | | | | | | | | | | | |
| 2 | heart_disease_type__2 | Coronary artery disease/ history of myocardial infarction | | | | | | | | | | | | | | | | | | | | | |
| 3 | heart_disease_type__3 | Congestive heart failure | | | | | | | | | | | | | | | | | | | | | |
| 4 | heart_disease_type__4 | Other | | | | | | | | | | | | | | | | | | | | | |
| | 79 | heart_disease_type_other Show the field ONLY if: [heart_disease_type(4)] = '1' | Please list "other" type of heart disease | text | | | | | | | | | | | | | | | | | | | |
| | 80 | 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 | | | | | | | | | | | | | | | | | | | | | | |
| | 81 | arthritis_type Show the field ONLY if: [diseases_list(9)] = '1' | What type of joint disease? | radio, Required <table><tr><td>1</td><td>Rheumatoid arthritis</td></tr><tr><td>2</td><td>Osteoarthritis</td></tr><tr><td>3</td><td>Other</td></tr></table> | | 1 | Rheumatoid arthritis | 2 | Osteoarthritis | 3 | Other | | | | | | | | | | | | |
| 1 | Rheumatoid arthritis | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Osteoarthritis | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Other | | | | | | | | | | | | | | | | | | | | | | |
| | 82 | joint_disease_other Show the field ONLY if: [arthritis_type] = '3' | What "other" type of joint disease? | text, Required | | | | | | | | | | | | | | | | | | | |

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|----|---|--|---|---|---------------------|-------------|----|---------------------|----------------|---|---------------------|---------------|---|----------------|--------------|---|----------------|-----------------|---|----------------|--------------|---|----------------|-------------------|---|----------------|--------------------|---|----------------|--|----|-----------------|--|----|-----------------|--|----|-----------------|---|----|-----------------|---|----|-----------------|-------------|----|-----------------|-------------------------------------|----|-----------------|----------|----|-----------------|---|----|-----------------|------------------|----|-----------------|----------------|----|-----------------|-------------------|----|-----------------|-----------------|----|-----------------|---------|----|-----------------|---|----|-----------------|-------------------|----|-----------------|----------------|----|-----------------|---|----|-----------------|---------------------------|
| 83 | <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 |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 84 | <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85 | <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | cancer_treatment__1 | Drugs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | cancer_treatment__2 | Radiation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | cancer_treatment__3 | Immunotherapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 86 | <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 87 | <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----|---|--|--|--|---|-------------------------------------|----------------------|--------------------|------------------------------|------------------------|---|------------------------------|-------------------------|-------|------------------------------|-------------------|---|------------------------------|--|---|------------------------------|------------------------------|---|------------------------------|----------------|---|------------------------------|------------|---|------------------------------|----------|----|-------------------------------|--------|----|-------------------------------|-------|----|-------------------------------|-------------------|
| 88 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Amyotrophic lateral sclerosis (ALS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Multiple Sclerosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Parkinson's | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Huntington's | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 89 | neurological_type_other Show the field ONLY if: [neurological_type] = '5' | What "other" type of neurological disorder? | text, Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 90 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 91 | 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: 26 | | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 92 | organ_transplant Show the field ONLY if: [organ_transplant_hx] = '1' | Which organ? | text, Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 93 | 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: 27 Field Annotation: @NONEOFTHEABOVE=12 | | 1 | immune_related_conditions__1 | Autoimmune condition | 2 | immune_related_conditions__2 | Inflammatory condition | 3 | immune_related_conditions__3 | Periodic/Frequent fever | 4 | immune_related_conditions__4 | Immune deficiency | 5 | immune_related_conditions__5 | Recurrent warts or viral skin infections | 6 | immune_related_conditions__6 | Seasonal Allergies/Hay Fever | 7 | immune_related_conditions__7 | Food allergies | 8 | immune_related_conditions__8 | Cold sores | 9 | immune_related_conditions__9 | Shingles | 10 | immune_related_conditions__10 | Eczema | 11 | immune_related_conditions__11 | Hives | 12 | immune_related_conditions__12 | None of the above |
| 1 | immune_related_conditions__1 | Autoimmune condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | immune_related_conditions__2 | Inflammatory condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | immune_related_conditions__3 | Periodic/Frequent fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | immune_related_conditions__4 | Immune deficiency | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | immune_related_conditions__5 | Recurrent warts or viral skin infections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | immune_related_conditions__6 | Seasonal Allergies/Hay Fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | immune_related_conditions__7 | Food allergies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | immune_related_conditions__8 | Cold sores | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | immune_related_conditions__9 | Shingles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | immune_related_conditions__10 | Eczema | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | immune_related_conditions__11 | Hives | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | immune_related_conditions__12 | None of the above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 94 | autoimmune_dx Show the field ONLY if: [immune_related_conditions (1)] = '1' | What autoimmune condition have you been diagnosed with? | checkbox, Required <table border="1"> <tr><td>1</td><td>autoimmune_dx__1</td><td>thyroid</td></tr> <tr><td>2</td><td>autoimmune_dx__2</td><td>lupus</td></tr> <tr><td>3</td><td>autoimmune_dx__3</td><td>multiple sclerosis</td></tr> <tr><td>4</td><td>autoimmune_dx__4</td><td>cytopenia</td></tr> <tr><td>5</td><td>autoimmune_dx__5</td><td>colitis/inflammatory bowel disease</td></tr> <tr><td>6</td><td>autoimmune_dx__6</td><td>other</td></tr> </table> | | 1 | autoimmune_dx__1 | thyroid | 2 | autoimmune_dx__2 | lupus | 3 | autoimmune_dx__3 | multiple sclerosis | 4 | autoimmune_dx__4 | cytopenia | 5 | autoimmune_dx__5 | colitis/inflammatory bowel disease | 6 | autoimmune_dx__6 | other | | | | | | | | | | | | | | | | | | |
| 1 | autoimmune_dx__1 | thyroid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | autoimmune_dx__2 | lupus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | autoimmune_dx__3 | multiple sclerosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | autoimmune_dx__4 | cytopenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | autoimmune_dx__5 | colitis/inflammatory bowel disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | autoimmune_dx__6 | other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|----|---|---|--------------------|----------------|--|
| | 95 | other_autoimmune_dx Show the field ONLY if: [autoimmune_dx(6)] = '1' | What other autoimmune condition have you been diagnosed with? | text, Required | | |
| | 96 | inflammatory_dx Show the field ONLY if: [immune_related_conditions (2)] = '1' | What inflammatory condition have you been diagnosed with? | text, Required | | |
| | 97 | meds_taken | Are you currently taking any of the following (at least once a week) ? (Check all that apply) | checkbox, Required | | |
| | | | | 1 | meds_taken__1 | Conventional nonsteroidal anti-inflammatory agents NSAIDS (aspirin, celecoxib, diclofenac (Cambia, Cataflam, Voltaren), diflunisal, etodolac, ibuprofen (Motrin, Advil), indomethacin (Indocin), ketoprofen, ketorolac, nambumetone, naproxen (Aleve, Anaprox, Naprelan, Naprosyn), oxaprozin (Daypro), piroxicam (Feldene), salsalate (Disalate), sulidnac, tolmetin) |
| | | | | 2 | meds_taken__2 | Acetaminophen (Benadryl, Excedrin, Robitussin, Sinutab, Sudafed, Tylenol, Vicks, and others) |
| | | | | 3 | meds_taken__3 | Asthma Meds (bronchodilator Ventolin,albuterol) |
| | | | | 4 | meds_taken__4 | Corticosteroids(not inhaled), eg. Prednisone |
| | | | | 5 | meds_taken__5 | Inhaled corticosteroids |
| | | | | 6 | meds_taken__6 | Inhaled Bronchodialators |
| | | | | 7 | meds_taken__7 | Nerve pain medication, Gabapetin |
| | | | | 8 | meds_taken__8 | Diabetic medication, Metformin |
| | | | | 9 | meds_taken__9 | Anti-TNF medications (infliximab, adalimumab, certolizumab, golimumab, etanercept, others) |
| | | | | 10 | meds_taken__10 | Blood Thinning Medications (Eliquis, Xarelto, Coumadin, Warfarin, etc.) |
| | | | | 11 | meds_taken__11 | ACE inhibitors for the treatment of hypertension (Benazepril, Captopril, Fosinopril, Lisinopril, etc.) |
| | | | | 12 | meds_taken__12 | A statin to lower cholesterol (such as atorvastatin or simvastatin) |
| | | | | 13 | meds_taken__13 | Angiotensin Receptor Blockers forhypertension (Edarbi, Atacand, Eprosartan, Avapro, etc.) |
| | | | | 14 | meds_taken__14 | JAK Inhibitors (Baricitinib, ruxolitinib, fedratinib, tofacitinib) |
| | | | | 15 | meds_taken__15 | Hydroxychloroquine |
| | | | | 16 | meds_taken__16 | IL-6 pathway inhibitors (sarilumab,tocilizumab, siltuximab, others) |

| | | |
|----|-----------------|--|
| 17 | meds_taken___17 | Thyroid medication levothyroxine |
| 18 | meds_taken___18 | A beta-blocker to lower blood pressure (metoprolol, atenolol, tramadol, ...) |
| 19 | meds_taken___19 | Other (prescribed/non- prescribed/vitamins or supplements) |
| 20 | meds_taken___20 | None of the above |

Question number: 28
Field Annotation: @NONEOFTHEABOVE=20

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|-----|---|---|----------------------------------|--|
| | | | | |
| 98 | 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 | |
| 99 | 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 | |
| 100 | nsaids_num_doses Show the field ONLY if: [meds_taken(1)] = '1' | How many doses of conventional nonsteroidal anti-inflammatory agents (NSAIDS) daily? | text | |
| 101 | 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 | |
| 102 | acetamin_as_prescribed Show the field ONLY if: [meds_taken(2)] = '1' | Do you take acetaminophen as prescribed? | yesno, Required 1 Yes 0 No | |
| 103 | acetamin_num_doses Show the field ONLY if: [meds_taken(2)] = '1' | How many doses of Acetaminophen daily? | text | |
| 104 | asthma_meds_daily Show the field ONLY if: [meds_taken(3)] = '1' | Do you take asthma meds daily? | yesno, Required 1 Yes 0 No | |
| 105 | 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 | |
| 106 | asthma_meds_num_doses Show the field ONLY if: [meds_taken(3)] = '1' | How many doses of asthma meds daily? | text | |
| 107 | cortico_daily Show the field ONLY if: [meds_taken(4)] = '1' | Do you take corticosteroids daily? | yesno, Required 1 Yes 0 No | |
| 108 | cortico_as_prescribed Show the field ONLY if: [meds_taken(4)] = '1' | Do you take corticosteroids as prescribed? | yesno, Required 1 Yes 0 No | |
| 109 | cortico_num_doses Show the field ONLY if: [meds_taken(4)] = '1' | How many doses of corticosteroids daily? | text | |
| 110 | inh_cortico_daily Show the field ONLY if: [meds_taken(5)] = '1' | Do you take inhaled corticosteroids daily? | yesno, Required 1 Yes 0 No | |

| | | | |
|-----|---|--|----------------------------------|
| 111 | 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 |
| 112 | inh_cortico_num_doses Show the field ONLY if: [meds_taken(5)] = '1' | How many doses of inhaled corticosteroids daily? | text |
| 113 | dilators_daily Show the field ONLY if: [meds_taken(6)] = '1' | Do you take inhaled bronchodilators daily? | yesno, Required 1 Yes 0 No |
| 114 | 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 |
| 115 | dilators_num_doses Show the field ONLY if: [meds_taken(6)] = '1' | How many doses of inhaled bronchodilators daily? | text |
| 116 | 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 |
| 117 | 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 |
| 118 | nerve_med_num_doses Show the field ONLY if: [meds_taken(7)] = '1' | How many doses of nerve pain medication (Gabapetin) daily? | text |
| 119 | diabetic_daily Show the field ONLY if: [meds_taken(8)] = '1' | Do you take diabetic medication (Metformin) daily? | yesno, Required 1 Yes 0 No |
| 120 | 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 |
| 121 | diabetic_num_doses Show the field ONLY if: [meds_taken(8)] = '1' | How many doses of diabetic medication (Metformin) daily? | text |
| 122 | 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 |
| 123 | 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 |
| 124 | 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 |
| 125 | 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 |
| 126 | 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 |

| | | | | | | | | |
|---|-----|---|---|---|---|-----|---|----|
| | 127 | 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 | | | | |
| | 128 | ace_inhib_daily Show the field ONLY if: [meds_taken(11)] = '1' | Do you take ACE inhibitors for the treatment of hypertension (Benazepril, Captopril, Fosinopril, Lisinopril, etc.) daily? | yesno, Required <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 | | | | | | | |
| | 129 | ace_inhib_as_prescribed Show the field ONLY if: [meds_taken(11)] = '1' | Do you take ACE inhibitors for the treatment of hypertension (Benazepril, Captopril, Fosinopril, Lisinopril, etc.) as prescribed? | yesno, Required <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 | | | | | | | |
| | 130 | ace_inhib_num_doses Show the field ONLY if: [meds_taken(11)] = '1' | How many doses of ACE inhibitors for the treatment of hypertension (Benazepril, Captopril, Fosinopril, Lisinopril, etc.) daily? | text | | | | |
| | 131 | 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 <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 | | | | | | | |
| | 132 | 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 <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 | | | | | | | |
| | 133 | 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 | | | | |
| | 134 | 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 <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 | | | | | | | |
| | 135 | 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 <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 | | | | | | | |
| | 136 | 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 | | | | |
| | 137 | jak_daily Show the field ONLY if: [meds_taken(14)] = '1' | Do you take JAK Inhibitors (Baricitinib, ruxolitinib, fedratinib, tofacitinib) 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 | | | | | | | |
| | 138 | 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 <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 | | | | | | | |
| | 139 | jak_num_doses Show the field ONLY if: [meds_taken(14)] = '1' | How many doses of JAK Inhibitors (Baricitinib, ruxolitinib, fedratinib, tofacitinib) daily? | text | | | | |
| | 140 | hydroxychlor_daily Show the field ONLY if: [meds_taken(15)] = '1' | Do you take Hydroxychloroquine 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 | | | | | | | |
| | 141 | hydroxychlor_as_prescribed Show the field ONLY if: [meds_taken(15)] = '1' | Do you take Hydroxychloroquine 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 | | | | | | | |
| | 142 | hydroxychlor_num_doses Show the field ONLY if: [meds_taken(15)] = '1' | How many doses of Hydroxychloroquine daily? | text | | | | |

| | | | | |
|--|-----|---|---|--|
| | 143 | 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 |
| | 144 | 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 |
| | 145 | 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 |
| | 146 | thyroid_med_daily Show the field ONLY if: [meds_taken(17)] = '1' | Do you take thyroid medication levothyroxine daily? | yesno, Required 1 Yes 0 No |
| | 147 | thyroid_med_as_prescribed Show the field ONLY if: [meds_taken(17)] = '1' | Do you take thyroid medication levothyroxine as prescribed? | yesno, Required 1 Yes 0 No |
| | 148 | thyroid_med_doses Show the field ONLY if: [meds_taken(17)] = '1' | How many doses of thyroid medication levothyroxine daily? | text |
| | 149 | 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 |
| | 150 | 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 |
| | 151 | 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 |
| | 152 | drug_head Show the field ONLY if: [meds_taken(19)] = '1' | Please describe information on other drugs below | descriptive |
| | 153 | 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 |
| | 154 | other_drug_1 Show the field ONLY if: [meds_taken(19)] = '1' | Other drug/vitamin/supplement name | text, Required |
| | 155 | 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 |
| | 156 | 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 |
| | 157 | other_drug_2 Show the field ONLY if: [other_check_1] = '1' | Other drug/vitamin/supplement name | text, Required |
| | 158 | 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 |

| | | | | | | | | | |
|-----|---|--|--|---|-----|---|----|---|-----------------|
| 159 | other_check_2 Show the field ONLY if: [other_check_1] = '1' | Do you take any other drugs/vitamins/supplements? | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | |
| 1 | Yes | | | | | | | | |
| 0 | No | | | | | | | | |
| 160 | other_drug_3 Show the field ONLY if: [other_check_2] = '1' | Other drug/vitamin/supplement name | text, Required | | | | | | |
| 161 | other_daily_3 Show the field ONLY if: [other_check_2] = '1' | Do you take [other_drug_3] daily? | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | |
| 1 | Yes | | | | | | | | |
| 0 | No | | | | | | | | |
| 162 | other_check_3 Show the field ONLY if: [other_check_2] = '1' | Do you take any other drugs/vitamins/supplements? | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | |
| 1 | Yes | | | | | | | | |
| 0 | No | | | | | | | | |
| 163 | other_drug_4 Show the field ONLY if: [other_check_3] = '1' | Other drug/vitamin/supplement name | text, Required | | | | | | |
| 164 | other_daily_4 Show the field ONLY if: [other_check_3] = '1' | Do you take [other_drug_4] daily? | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | |
| 1 | Yes | | | | | | | | |
| 0 | No | | | | | | | | |
| 165 | other_check_4 Show the field ONLY if: [other_check_3] = '1' | Do you take any other drugs/vitamins/supplements? | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | |
| 1 | Yes | | | | | | | | |
| 0 | No | | | | | | | | |
| 166 | other_drug_5 Show the field ONLY if: [other_check_4] = '1' | Other drug/vitamin/supplement name | text, Required | | | | | | |
| 167 | other_daily_5 Show the field ONLY if: [other_check_4] = '1' | Do you take [other_drug_5] daily? | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | |
| 1 | Yes | | | | | | | | |
| 0 | No | | | | | | | | |
| 168 | other_check_5 Show the field ONLY if: [other_check_4] = '1' | Do you take any other drugs/vitamins/supplements? | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | |
| 1 | Yes | | | | | | | | |
| 0 | No | | | | | | | | |
| 169 | other_drug_6 Show the field ONLY if: [other_check_5] = '1' | Other drug/vitamin/supplement name | text, Required | | | | | | |
| 170 | other_daily_6 Show the field ONLY if: [other_check_5] = '1' | Do you take [other_drug_6] daily? | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | |
| 1 | Yes | | | | | | | | |
| 0 | No | | | | | | | | |
| 171 | other_check_6 Show the field ONLY if: [other_check_5] = '1' | Do you take any other drugs/vitamins/supplements? | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | |
| 1 | Yes | | | | | | | | |
| 0 | No | | | | | | | | |
| 172 | other_drug_7 Show the field ONLY if: [other_check_6] = '1' | Other drug/vitamin/supplement name | text, Required | | | | | | |
| 173 | other_daily_7 Show the field ONLY if: [other_check_6] = '1' | Do you take [other_drug_7] daily? | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | |
| 1 | Yes | | | | | | | | |
| 0 | No | | | | | | | | |
| 174 | flu_vaccine_received | Did you get a flu vaccine this season (last 6 months)? | radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Do not remember</td></tr> </table> Question number: 29 | 1 | Yes | 2 | No | 3 | Do not remember |
| 1 | Yes | | | | | | | | |
| 2 | No | | | | | | | | |
| 3 | Do not remember | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|-----------------------|---|--|---|---|-----------|---|------------|---|-------------|---|----------------------|---|------------------|---|------------------|---|-------------|---|-----------------------|---|-----------|----|---------|----|----------|----|----------|
| | 175 | flu_vaccine_date Show the field ONLY if: [flu_vaccine_received] = '1' | Date you received vaccine (if remembered) | text (date_mdy) | | | | | | | | | | | | | | | | | | | | | | | | |
| | 176 | 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 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 177 | 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: 30 | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 178 | 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) | | | | | | | | | | | | | | | | | | | | | | | | |
| | 179 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 180 | 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 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 181 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 182 | 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: 31 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 183 | last_antibiotics | When were you on your last course of antibiotics? | radio, Required <table><tr><td>1</td><td>Currently</td></tr><tr><td>2</td><td>This month</td></tr><tr><td>3</td><td>Last month</td></tr><tr><td>4</td><td>In past 2 months</td></tr><tr><td>5</td><td>In past 6 months</td></tr><tr><td>6</td><td>In the last year</td></tr><tr><td>7</td><td>Over a year</td></tr><tr><td>8</td><td>Never/Do not remember</td></tr></table> Question number: 32 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|---|--|---|---|---|--|------------------------|--|---|--|-------------------------|--------------------------|------------------------|----------------------------------|---|------------------------|---|---|------------------------|--------------|---|--------------------|-------------------|
| 184 | 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 border="1"> <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 | | | | | | | | | | | | | | | | | | | | | | |
| 185 | page4of4 | Section Header: <i>Personal Lifestyle Questions</i> Page 4 of 4 | descriptive | | | | | | | | | | | | | | | | | | | | | |
| 186 | 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 / Bachelors degree</td> </tr> <tr> <td>5</td> <td>Masters degree or higher</td> </tr> </table> Question number: 33 | 1 | Primary/elementary school | 2 | Vocational school | 3 | High school | 4 | College / Bachelors degree | 5 | Masters degree or higher | | | | | | | | | | | |
| 1 | Primary/elementary school | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Vocational school | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | High school | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | College / Bachelors degree | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Masters degree or higher | | | | | | | | | | | | | | | | | | | | | | | |
| 187 | job_title | What is your job title? | text Question number: 34 | | | | | | | | | | | | | | | | | | | | | |
| 188 | hazard_exposure | Are you exposed to any particular hazards in your job? | checkbox, Required <table border="1"> <tr> <td>1</td> <td>hazard_exposure__1</td> <td>Fumes</td> </tr> <tr> <td>2</td> <td>hazard_exposure__2</td> <td>Medical facilities</td> </tr> <tr> <td>3</td> <td>hazard_exposure__3</td> <td>Lead</td> </tr> <tr> <td>4</td> <td>hazard_exposure__4</td> <td>Asbestos</td> </tr> <tr> <td>5</td> <td>hazard_exposure__5</td> <td>Work that causes excessive sweat/dehydration/physical</td> </tr> <tr> <td>6</td> <td>hazard_exposure__6</td> <td>Other</td> </tr> <tr> <td>7</td> <td>hazard_exposure__7</td> <td>None of the above</td> </tr> </table> Question number: 35 Field Annotation: @NONEOFTHEABOVE=7 | 1 | hazard_exposure__1 | Fumes | 2 | hazard_exposure__2 | Medical facilities | 3 | hazard_exposure__3 | Lead | 4 | hazard_exposure__4 | Asbestos | 5 | hazard_exposure__5 | Work that causes excessive sweat/dehydration/physical | 6 | hazard_exposure__6 | Other | 7 | hazard_exposure__7 | None of the above |
| 1 | hazard_exposure__1 | Fumes | | | | | | | | | | | | | | | | | | | | | | |
| 2 | hazard_exposure__2 | Medical facilities | | | | | | | | | | | | | | | | | | | | | | |
| 3 | hazard_exposure__3 | Lead | | | | | | | | | | | | | | | | | | | | | | |
| 4 | hazard_exposure__4 | Asbestos | | | | | | | | | | | | | | | | | | | | | | |
| 5 | hazard_exposure__5 | Work that causes excessive sweat/dehydration/physical | | | | | | | | | | | | | | | | | | | | | | |
| 6 | hazard_exposure__6 | Other | | | | | | | | | | | | | | | | | | | | | | |
| 7 | hazard_exposure__7 | None of the above | | | | | | | | | | | | | | | | | | | | | | |
| 189 | hazard_other Show the field ONLY if: [hazard_exposure(6)] = '1' | Please describe the other hazards in your job | notes, Required | | | | | | | | | | | | | | | | | | | | | |
| 190 | exercise_level | What is the level of your usual physical activity? | radio, Required <table border="1"> <tr> <td>1</td> <td>I read, watch TV, and perform chores that are not physically taxing</td> </tr> <tr> <td>2</td> <td>I walk, bike, or are otherwise physically active for many days a week. Including among other activities: walking, fishing, hunting, and light gardening work</td> </tr> <tr> <td>3</td> <td>I do endurance sports for many hours a week. Including jogging, skiing, weight lifting, calisthenics, swimming, ball games and physically taxing gardening work.</td> </tr> <tr> <td>4</td> <td>I train for competitive sports for regularly, many times a week.</td> </tr> </table> Question number: 36 | 1 | I read, watch TV, and perform chores that are not physically taxing | 2 | I walk, bike, or are otherwise physically active for many days a week. Including among other activities: walking, fishing, hunting, and light gardening work | 3 | I do endurance sports for many hours a week. Including jogging, skiing, weight lifting, calisthenics, swimming, ball games and physically taxing gardening work. | 4 | I train for competitive sports for regularly, many times a week. | | | | | | | | | | | | | |
| 1 | I read, watch TV, and perform chores that are not physically taxing | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | I walk, bike, or are otherwise physically active for many days a week. Including among other activities: walking, fishing, hunting, and light gardening work | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | I do endurance sports for many hours a week. Including jogging, skiing, weight lifting, calisthenics, swimming, ball games and physically taxing gardening work. | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | I train for competitive sports for regularly, many times a week. | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|-----|--|---|---|---|----------------------|---------|------------|----------------------|----------|---|----------------------|----------|
| 191 | exercise_location Show the field ONLY if: [exercise_level] = '3' or [exercise_level] = '4' | Where do you exercise? (Check all that apply) | checkbox, Required <table><tr><td>1</td><td>exercise_location__1</td><td>At home</td></tr><tr><td>2</td><td>exercise_location__2</td><td>Gym</td></tr><tr><td>3</td><td>exercise_location__3</td><td>Outdoors</td></tr></table> | 1 | exercise_location__1 | At home | 2 | exercise_location__2 | Gym | 3 | exercise_location__3 | Outdoors |
| 1 | exercise_location__1 | At home | | | | | | | | | | |
| 2 | exercise_location__2 | Gym | | | | | | | | | | |
| 3 | exercise_location__3 | Outdoors | | | | | | | | | | |
| 192 | exercise_days_home Show the field ONLY if: [exercise_location(1)] = '1' | How many days a week do you exercise at home? | text (integer), Required | | | | | | | | | |
| 193 | exercise_days_gym Show the field ONLY if: [exercise_location(2)] = '1' | How many days a week do you exercise at a gym? | text (integer), Required | | | | | | | | | |
| 194 | exercise_days_outdoors Show the field ONLY if: [exercise_location(3)] = '1' | How many days a week do you exercise outdoors? | text (integer), Required | | | | | | | | | |
| 195 | covid19_patient_survey_complete | Section Header: <i>Form Status</i> Complete? | dropdown <table><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 | | | | | | | | | | | |