




## Penn Biobank COVID-19 Patient Survey

Codebook ▾

### Data Dictionary Codebook

04/23/2020 2:44pm

[^ Collapse all instruments](#)

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)								
Instrument: <b>COVID-19 Patient Survey</b> (covid19_patient_survey)  Enabled as survey <a href="#">^ Collapse</a>											
1	record_id	Record ID	text								
2	page1of4	Section Header: <i>Personal Profile</i> Page 1 of 4	descriptive								
3	fname_txt1	Type your first name below:	descriptive Question number: 1								
4	fname		text, Required, Identifier Custom alignment: LV								
5	lname_txt1	Type your last name below:	descriptive								
6	lname		text, Required, Identifier Custom alignment: LV								
7	dob	What is your date of birth?	text (date_mdy), Required, Identifier Custom alignment: LV Question number: 2								
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																								

	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 &gt; 100.4</td></tr> <tr><td>4</td><td>symptoms__4</td><td>chills</td></tr> <tr><td>5</td><td>symptoms__5</td><td>headache</td></tr> <tr><td>6</td><td>symptoms__6</td><td>partial loss of smell (partial anosmia)</td></tr> <tr><td>7</td><td>symptoms__7</td><td>complete loss of smell (anosmia)</td></tr> <tr><td>8</td><td>symptoms__8</td><td>partial loss of taste (partial ageusia)</td></tr> <tr><td>9</td><td>symptoms__9</td><td>complete loss of taste (ageusia)</td></tr> <tr><td>10</td><td>symptoms__10</td><td>breathing problems</td></tr> <tr><td>11</td><td>symptoms__11</td><td>fatigue / lethargy</td></tr> <tr><td>12</td><td>symptoms__12</td><td>muscle pain</td></tr> <tr><td>13</td><td>symptoms__13</td><td>runny nose</td></tr> <tr><td>14</td><td>symptoms__14</td><td>diarrhea (&gt;= 3 loose/looser than normal stools in 24 hr period)</td></tr> <tr><td>15</td><td>symptoms__15</td><td>nausea or vomiting</td></tr> <tr><td>16</td><td>symptoms__16</td><td>bluish lips/face</td></tr> <tr><td>17</td><td>symptoms__17</td><td>confusion or inability to arouse</td></tr> <tr><td>18</td><td>symptoms__18</td><td>chest pressure / chest pain</td></tr> <tr><td>19</td><td>symptoms__19</td><td>mild conjunctivitis or red eye</td></tr> <tr><td>20</td><td>symptoms__20</td><td>other</td></tr> </table> <div>Question number: 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)&lt;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)&lt;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)&lt;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)&lt;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>																																										

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																																																				



	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																			

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																																																																																			

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																																					

	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)

				<table border="1"> <tr> <td>17</td><td>meds_taken__17</td><td>Thyroid medication levothyroxine</td></tr> <tr> <td>18</td><td>meds_taken__18</td><td>A beta-blocker to lower blood pressure (metoprolol, atenolol, tramadol, ...)</td></tr> <tr> <td>19</td><td>meds_taken__19</td><td>Other (prescribed/non- prescribed/vitamins or supplements)</td></tr> <tr> <td>20</td><td>meds_taken__20</td><td>None of the above</td></tr> </table> <p>Question number: 28 Field Annotation: @NONEOFTHEABOVE=20</p>	17	meds_taken__17	Thyroid medication levothyroxine	18	meds_taken__18	A beta-blocker to lower blood pressure (metoprolol, atenolol, tramadol, ...)	19	meds_taken__19	Other (prescribed/non- prescribed/vitamins or supplements)	20	meds_taken__20	None of the above
17	meds_taken__17	Thyroid medication levothyroxine														
18	meds_taken__18	A beta-blocker to lower blood pressure (metoprolol, atenolol, tramadol, ...)														
19	meds_taken__19	Other (prescribed/non- prescribed/vitamins or supplements)														
20	meds_taken__20	None of the above														
	98	nsaids_daily Show the field ONLY if: [meds_taken(1)] = '1'	Do you take conventional nonsteroidal anti-inflammatory agents (NSAIDS) daily?	yesno, Required <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes															
0	No															
	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 <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes															
0	No															
	100	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 <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															
	102	acetamin_as_prescribed Show the field ONLY if: [meds_taken(2)] = '1'	Do you take acetaminophen as prescribed?	yesno, Required <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes															
0	No															
	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 <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															
	105	asthma_meds_as_prescribed Show the field ONLY if: [meds_taken(3)] = '1'	Do you take asthma meds as prescribed?	yesno, Required <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes															
0	No															
	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 <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															
	108	cortico_as_prescribed Show the field ONLY if: [meds_taken(4)] = '1'	Do you take corticosteroids as prescribed?	yesno, Required <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes															
0	No															
	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 <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															

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 <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												
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 <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												
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 <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												
147	thyroid_med_as_prescribed Show the field ONLY if: [meds_taken(17)] = '1'	Do you take thyroid medication levothyroxine as prescribed?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>		1	Yes	0	No					
1	Yes												
0	No												
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 <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												
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 <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												
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	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 <table border="1"> <tr><td>1</td><td>other_drug_types__1</td><td>Prescribed</td></tr> <tr><td>2</td><td>other_drug_types__2</td><td>Non-Prescribed</td></tr> <tr><td>3</td><td>other_drug_types__3</td><td>Vitamins/Supplements</td></tr> </table>		1	other_drug_types__1	Prescribed	2	other_drug_types__2	Non-Prescribed	3	other_drug_types__3	Vitamins/Supplements
1	other_drug_types__1	Prescribed											
2	other_drug_types__2	Non-Prescribed											
3	other_drug_types__3	Vitamins/Supplements											
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 <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												
156	other_check_1 Show the field ONLY if: [meds_taken(19)] = '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												
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 <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												
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><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><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><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><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><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><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><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><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><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><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   <		

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											